

Community Acquired Meningitis

Common Pathogens

Streptococcus pneumoniae

Neisseria meningitidis

Listeria monocytogenes (age greater than 50 years old)

HSV-1 & HSV-2

First-Line Therapy



Diagnostic procedures (i.e. CT imaging and lumbar puncture) should never delay the initiation of empiric therapy

IV Ceftriaxone 2 g q12h PLUS Vancomycin[†] 15 mg/kg q8h (*see Osler guidelines for dosing*)

If age greater than 50 years old:

Add Ampicillin 2 g IV q4h (for suspected *Listeria monocytogenes*)

If viral meningoencephalitis is suspected:

Add Acyclovir^(R) 10 mg/kg IV q8h

[†] A loading dose of vancomycin (25 mg/kg) is recommended in most cases

Alternative therapy (i.e. anaphylaxis to beta-lactams)

Consult the Infectious Disease Services



Consider dexamethasone IV 0.15mg/kg q6h x 4 days, with the first dose given 10-20 minutes prior to or concomitantly with antibiotics – DO NOT give if antibiotics have already been given. Discontinue if meningitis is not caused by *S. pneumoniae*.

Duration

Streptococcus pneumoniae – 10 to 14 days

Neisseria meningitidis – 7 days

Listeria monocytogenes – 21 days

(R) – This antimicrobial agent is **restricted**; Refer to Osler's antimicrobial restriction policies for more information