Nursing Care Management

Keep the room as quiet as possible, and keep environmental stimuli at a minimum because most children with meningitis are sensitive to noise, bright lights, and other external stimuli. Most children are more comfortable without a pillow and with the head of the bed slightly elevated. A side-lying position is more often assumed because of nuchal rigidity. The nurse should avoid actions that cause pain or increase discomfort, such as lifting the child's head. Evaluating the child for pain and implementing appropriate relief measures are important during the initial 24 to 72 hours. Acetaminophen with codeine is often used. The nurse should be cautious to evaluate if a patient is febrile before giving acetaminophen or ibuprofen because either of these medications may mask a fever, which is an important clinical indication of infection.

The nursing care of the child with meningitis is determined by the child's symptoms and treatment. Observation of vital signs, neurologic signs, LOC, urinary output, and other pertinent data is carried out at frequent intervals. The child who is unconscious is managed as described previously (see earlier in chapter), and all children are observed carefully for signs of the complications just described, especially increased ICP, shock, and respiratory distress. Frequent assessment of the open fontanels is needed in the infant because subdural effusions and obstructive hydrocephalus can develop as a complication of meningitis.

Administration of fluids and nourishment are determined by the child's status. The child with dulled sensorium is usually kept NPO. Other children are allowed clear liquids initially and, if tolerated, progress to a diet suitable for their age. Careful monitoring and recording of intake and output are needed to determine deviations that might indicate impending shock or increasing fluid accumulation, such as cerebral edema or subdural effusion.

One of the most difficult problems in the nursing care of children with meningitis is maintaining IV infusion for the length of time needed to provide adequate antimicrobial therapy (usually 10 days). Because continuous IV fluids are usually not necessary, an intermittent infusion device is used. In some cases, children who are recovering uneventfully are sent home with the device, and the