

parents are taught IV drug administration.

Family Support

The sudden nature of the illness makes emotional support of the child and parents extremely important. Parents are upset and concerned about their child's condition and often feel guilty for not having suspected the seriousness of the illness sooner. They need much reassurance that the natural onset of meningitis is sudden and that they acted responsibly in seeking medical assistance when they did. The nurse encourages the parents to openly discuss their feelings to minimize blame and guilt. They also are kept informed of the child's progress and of all procedures, results, and treatments. In the event that the child's condition worsens, they need the same psychological care as parents facing the possible death of their child (see [Chapter 17](#)).

Nonbacterial (Aseptic) Meningitis

The term *aseptic meningitis* refers to the onset of meningeal symptoms, fever, and pleocytosis without bacterial growth from CSF cultures. Aseptic meningitis is caused by many different viruses, including arbovirus, herpes simplex virus (HSV), cytomegalovirus, adenovirus, and human immunodeficiency virus (HIV). Enteroviruses are the most common cause of aseptic meningitis ([Prober and Matthew, 2016](#)). The onset may be abrupt or gradual, and many of the presenting signs and symptoms are the same as bacterial meningitis, including headache, fever, photophobia, and nuchal rigidity.

Diagnosis is based on clinical features and CSF findings. [Table 27-2](#) lists variations in CSF values in bacterial and viral meningitis. It is important to differentiate this self-limiting disorder from the more serious forms of meningitis.

TABLE 27-2
Variation of Cerebrospinal Fluid Analysis in Bacterial and Viral Meningitis

Manifestations	Bacterial*	Viral
White blood cell count	Elevated; increased neutrophils	Slightly elevated; increased lymphs