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Empiric treatment of bacterial meningitis

This material should not be used for commercial purposes, or in any hospital or medical facility. Non-compliance can lead to legal action. Bacterial meningitis is an inflammation of the mucosa that surrounds and protects the brain and spinal cord. Inflammation is caused by a bacterial infection and can be life-threatening. What increases the risk of bacterial meningitis? Bacteria are found in the mouth, throat or nose. They spread from an infected person to another, coughing, kissing or sharing food or drinks. It can also spread from the ear, nose, throat, sinuses, or brain infections. A head injury or head surgery can also spread the infection. The risk of bacterial meningitis increases if you are over 60 years of age or 15 to 24 years old. Diabetes, cancer or organ transplants also increase the risk. What are the signs and symptoms of bacterial meningitis? Any of the following can develop within hours or days: severe headache, stiff neck, pain, nausea or vomiting, red or purple rash of eye pain when you look into the bright lights of drowsiness or confusion How bacterial meningitis is diagnosed? Your doctor will examine you and ask about your signs and symptoms. Tell it if you have been recently around those who have bacterial meningitis. You may also need any of the following: Blood tests are used to test the bacteria that cause meningitis. CT or MRI photos can show signs of infection. You may be given a contrasting liquid to help the images show better. Tell your doctor if you have ever had an allergic reaction to a contrast fluid. Don't enter the MRI room with anything metal. Metal can cause serious injury. Tell your doctor if you have metal in or on your body. A lumbar puncture, or cerebrospinal fluid tap, is a procedure used to produce a sample of the fluid that surrounds the spinal cord. Your attending physician inserts a needle into your spine. All the liquid will pass through the needle. It will be sent to the laboratory and tested for bacteria that cause meningitis. Throat culture is a test that can help find the type of germs that cause your disease. Throat culture is done by rubbing a cotton swab against the back of the throat. How is bacterial meningitis treated? Antibiotics help treat bacterial infection. Steroids reduce redness, pain and swelling. Seizure medicine helps control seizures. Acetaminophen reduces pain and fever. It is available without a doctor's order. Ask how much to take and how often to take it. Follow the instructions. Read the labels of all the other medications you use to see if they also contain acetaminophen, or ask your doctor or pharmacist. Acetaminophen can damage the liver if not taken correctly. use more than 4 grams (4000 milligrams) of total acetaminophen in one day. NSAIDs, such as Help reduce swelling, pain and fever. This medicine is available with or without a doctor's order. NSAIDs can cause gastric bleeding or kidney problems in some people. If you are taking blood thinners, always ask your doctor if NSAIDs are safe for you. Always read the drug label and follow the instructions. How can I help prevent the spread of bacterial meningitis? Wash your hands often. Use soap and water. Wash your hands after you use the bathroom, change the baby's diapers, or sneeze. Wash your hands before cooking or eating food. Don't share food or drinks. Give up the tissues after you use them to wipe or wash away. Get the vaccine as a target. Vaccines help protect you and the people around you from diseases caused by infection. Call 911 or someone call 911 for any of the following: You have a hard time waking up. You're having a seizure. When should I seek immediate medical attention? You have a headache, fever and a stiff neck. You're confused. You start to have problems with hearing or hearing. You have a new red or purple skin rash. When should I contact my GP? You have questions or concerns about your condition or care. Care agreement you have the right to help plan your treatment. Learn about your health and how it can be treated. Discuss treatment options with health care providers to decide what kind of care you want to get. You always have the right to refuse treatment. The above information is only educational help. It is not intended as a medical consultation for individual conditions or treatment. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you. © IBM Corporation 2020 Information is only used for end users and cannot be sold, redistributed or otherwise used for commercial purposes. All illustrations and images included in CareNotes® are owned by A.D.A.M., Inc. or IBM Watson Health Further Information Always to ensure that the information displayed on this page is relevant to your personal circumstances. Medical failure More about bacterial meningitis Associate drugs IBM Watson Micromedex Acinetobacter Baumanni Infection Bacterial Meningitis in Children Medically reviewed by Drugs.com. Last updated on February 25, 2020. What is meningitis? Meningitis is an inflammation of the coatings (meninges) of the brain and spinal cord. It is most often caused by a viral or bacterial infection. Other infectious agents such as fungi can also cause meningitis. Rare causes of meningitis include atypical drug reactions and lupus erythematosus. Viral, or aseptic, meningitis is the most common type. Generally, viral meningitis is not directly contagious. Anyone can get viral meningitis, but it happens most often in children. Many different viruses can cause meningitis; enterovirus is usually a normal viral meningitis due to enterovirus peaks in midsummer until early autumn. But it can happen at any time of the year. With the exception of a rare case of herpes meningitis, viral meningitis will resolve itself after 7-10 days. Bacterial meningitis, formerly called cerebrospinal meningitis, is a very serious and potentially fatal infection. It may affect very healthy people, but infants and seniors are more susceptible. In the past, the three most common types of bacterial meningitis have been caused by neisseria meningitidis, hemophilus influenzae and streptococcal pneumonia. Now that we have a very effective vaccine to help prevent all three types, bacterial meningitis in otherwise healthy children and adults occurs less frequently. In addition to infants and the elderly, people with chronic diseases and/or immune system disorders are most at risk of developing meningitis caused by bacteria and fungi. Symptoms of meningitis symptoms vary, but often include: Headache Fever Stiff Neck Other symptoms may include: Sensitivity to light Nausea Vomiting Drowsiness Confusion May be Milder in Cases of Viral Meningitis, while in cases of bacterial meningitis, symptoms can occur quite suddenly. In very young children, the symptoms can be particularly difficult to detect. Babies with meningitis may be less active, vomiting, refusing to eat or being irritable. A person in the later stages of bacterial meningitis may have seizures and lose consciousness (as a result). Meningitis diagnosis is diagnosed by testing some of the fluid that surrounds the spinal cord for pathogenic bacteria or infection of combat cells. This fluid is removed from the spinal cord using a needle in a procedure known as a spinal tap or lumbar puncture. The expected duration of viral meningitis is usually better on its own in 7 to 10 days. In contrast, if bacterial meningitis is not diagnosed and treated early, it can lead to permanent disability or death. The length of time that medication is needed for bacterial meningitis depends on the age of the person, the response to medication and other factors. Prevention of bacteria and viruses that cause meningitis are found in bodily fluids such as saliva and mucus, and are spread through direct contact. Some people carry germs in the nose and throat and can pass them on to other people, even if these carriers are not sick. If you are in close contact with someone who has been diagnosed with bacterial meningitis, you can get antibiotics to prevent you from getting the disease. Vaccination against streptococcal pneumonia (pneumonia shot), hemophilus flu and Neisseria meningitidis is the best way to prevent bacterial meningitis. there is no such thing as a common type of viral meningitis. Treatment for viral meningitis is treated in the same way as the flu, with rest and plenty of fluids, and you should recover in a week to 10 days. Bacterial meningitis is a medical emergency This requires high doses of intravenous antibiotics in hospital settings. Depending on the patient and the suspected type of bacterial meningitis, intravenous dexamethasone, corticosteroid, can be given at the time of diagnosis. When you call a professional if you or your child shows symptoms of meningitis, see your doctor immediately. The prognosis for people with viral meningitis, the prospects are excellent. The prognosis for bacterial meningitis depends on the age of the person, which bacterium causes the disease, and how early the disease has been diagnosed. Up to 10% of people with the disease will die, and a larger percentage of survivors have long-term effects such as hearing loss or neurological problems. Learn more about Meningitis Associate Drugs May Clinic Reference Centers for Disease Control and Prevention (CDC) More information All consult with your health care provider to make sure that the information displayed on this page relates to your personal circumstances. Medical Failure Links Laborative Methods for Diagnosing Meningitis. Centers for Disease Control and Prevention. April 15, 2016. Thippen MC, Whitney CG, Messonnier MC et al. Bacterial Meningitis in the USA, 1998-2007. New England Journal of Medicine. May 26, 2011. Meningitis: Pneumococcal vaccine. Medlineplus. March 5, 2018. Meningococcal disease: Technical and clinical information. Centers for Disease Control and Prevention. July 6, 2017. Serogroup B Meningococcal disease. National Meningitis Association. Anand V, Homen J, Neely M, et al. Brief Case: Neonatal meningitis caused by listeria monocytogenes Is diagnosed by multiplex molecular panel. In the Journal of Clinical Microbiology. December 2016. 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