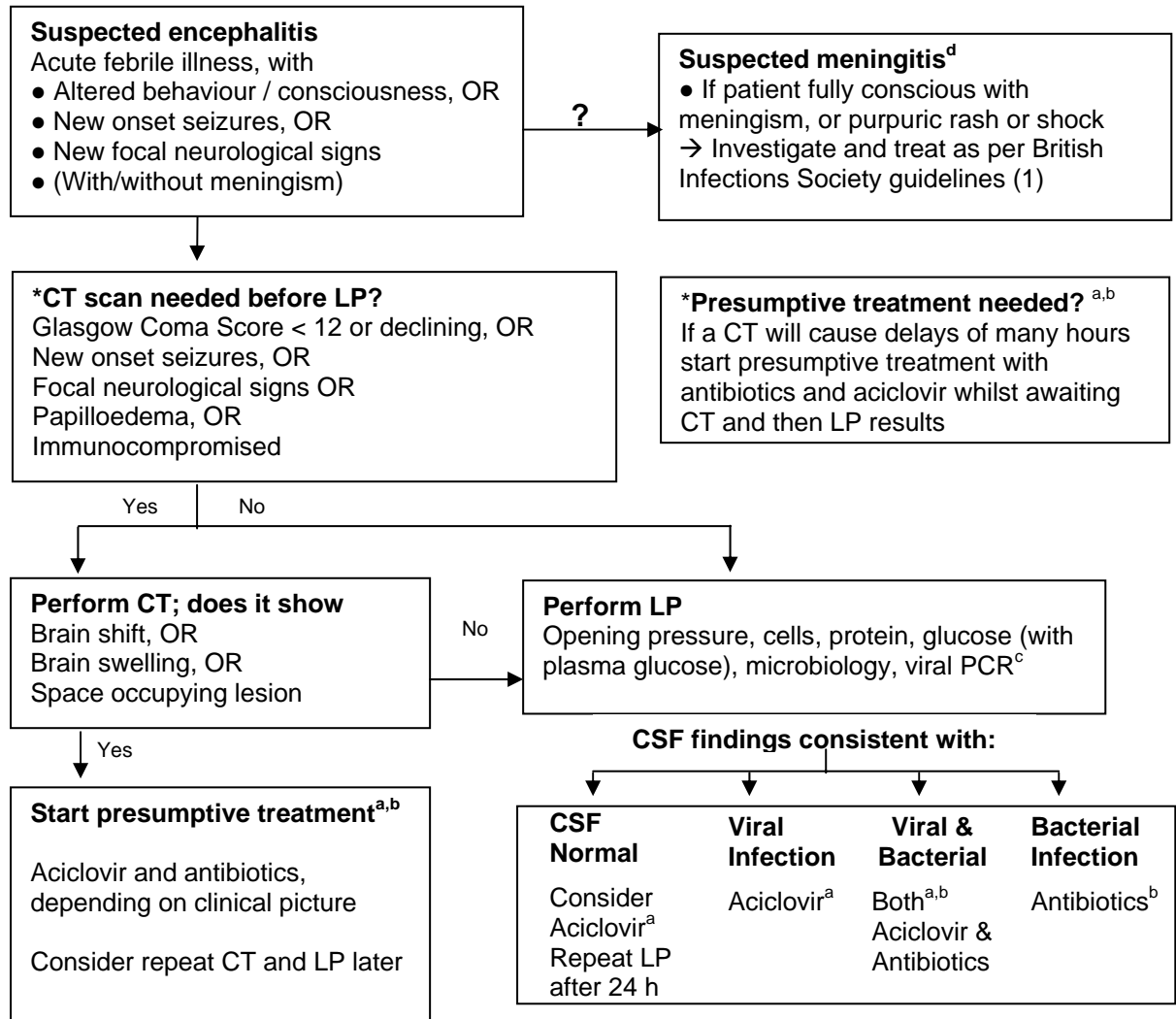


Liverpool Algorithm for Investigation and Treatment of Immunocompetent Adults with Suspected Viral Encephalitis



^aAciclovir treatment (i.v. 10mg/kg tds)

- Treat for 2-3 weeks if Herpes Simplex Virus (HSV) encephalitis proven by PCR
- Stop earlier if definite alternative diagnosis, or viral encephalitis seems unlikely based on clinical, imaging and CSF findings.
- Consider repeating CSF at 2-3 weeks, and if PCR is still positive, or patient is still febrile, continue aciclovir treatment

^cCSF Viral PCR (initial investigations for the immunocompetent)
HSV, Varicella zoster virus, enteroviruses, parechoviruses

Additional Investigations MRI. EEG

Complications

- Seizures including subtle motor seizures
- Raised intracranial pressure
- Secondary pneumonia
- SIADH

^bAntibiotic treatment for bacterial meningitis (British Infection Society guidelines)

- Cefotaxime or ceftriaxone IV 2g
- Ampicillin IV 2g QDS should be added for possible listeria in those age>55y
- Consider dexamethasone 0.15mg/kg qds for 4 days started with or just before the first dose of antibiotics, particularly where pneumococcal meningitis is suspected

^dEarly management of suspected bacterial meningitis and Meningococcal Septicaemia in Adults see www.meningitis.org

Additional measures

Physiotherapy, Occupational Therapy
Neuropsychology
Notifiable disease - inform local Health Protection Unit
Support – www.encephalitis.info

www.liv.ac.uk/braininfections

Please email suggestions / comments about this Field Test See version to braininfections@liv.ac.uk