Meningitis and Meningococcal Sepsis Recognition

Quick-reference for community pharmacists | Aligned with NICE NG240 (2024)

ACTION: Call 999 Immediately

- ☐ Non-blanching rash: remains visible through a pressed glass
- ☐ Drowsiness, confusion, or difficulty waking
- ☐ Seizures
- ☐ Severe unexplained limb pain, cold hands and feet, or mottled skin (limb pain can precede rash)
- ☐ Rapidly worsening illness, even without a rash
- ☐ Infant: poor feeding, floppiness, high-pitched cry, or bulging fontanelle

Do not reassure because the fever improved with paracetamol or because there is no rash. Rash is a late sign. Check palms, soles, and mouth on darker skin tones.

ALARM: Meningitis Recognition Framework

A	**Altered consciousness**	Drowsy, confused, or difficult to wake: act immediately. Often precedes other signs.
L	**Limb pain and circulation**	Severe limb pain may precede the rash. Cold extremities or mottled skin: suspect meningococcal sepsis.
A	**Age-specific infant features**	Poor feeding, floppiness, high-pitched cry, bulging fontanelle, or extreme irritability require 999.
R	**Rash: non-blanching**	Does not fade under glass. Do not wait for a rash. Trust parental concern if child is "not themselves".
M	**Meningococcal sepsis**	Sepsis may occur without neck stiffness or photophobia. Looks more unwell than expected? Act.

ACTION: Emergency Assessment Required

- ☐ Severe headache with marked neck stiffness and/or photophobia, even if currently stable
- ☐ Any genuine clinical suspicion of meningitis or meningococcal disease
- ☐ Patient appears significantly more unwell than expected for a viral illness
- ☐ Parent or carer concerned child is "not themselves": lower the threshold for 999

NICE NG240 (2024): call 999 or arrange immediate emergency transfer. Do not refer to GP or advise NHS 111 callback.

SELF-CARE: Mild Viral Illness Only

- ☐ History clearly consistent with mild viral illness, no suspicion of meningitis
- ☐ OTC analgesia, rest, and hydration as appropriate

Safety-net: call 999 if rash develops, symptoms worsen rapidly, confusion appears, or they become difficult to wake.

Key reminders: Limb pain can precede the rash: do not wait for a rash before acting. Fever improving with paracetamol does not exclude meningitis if red flags are present. Meningococcal sepsis can occur without neck stiffness or photophobia. If the patient looks wrong for a viral illness, trust your instinct and call 999.

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