

Encephalitis

The presence or absence of normal brain function/cognition is the important distinguishing clinical feature between encephalitis and meningitis

Initial work-up/assessment:

1. Imaging:
 - a. Results of imaging may or may not demonstrate abnormal radiographic findings in patients with encephalitis with MRI considered more sensitive than CT.
2. Lumbar puncture – similar studies as noted above under “meningitis,” with the caveat that ALL patients suspect to have encephalitis should have HSV PCR, VZV PCR, and Enteroviral PCR as part of the initial testing algorithm.

Empiric Therapy:

1. Therapy should be acyclovir 10mg/kg IV q8hr, consideration of antibacterial therapy if unable to conclusively exclude a bacterial meningitis, consideration of doxycycline if tick-borne infection is in the differential, and further treatment as guided by Infectious Diseases.
2. ID consult is strongly encouraged for all patients with suspected encephalitis