Guideline for the management of a child aged 0-18 years with a decreased conscious level

Appendix J

Contains;

- Research recommendation
Research recommendations

Part of the role of clinical Guidelines is to highlight areas for future research. This should aid prioritisation of research resources. During the evidence searching and appraisal, one key area was identified.

Research question

What is the optimum duration for treatment with aciclovir in children and young people with a decreased conscious level and suspected herpes simplex encephalitis (HSE)?

Background

Most children and young people with a decreased conscious level and suspected HSE will receive initial treatment with aciclovir; however it can become difficult for clinicians to decide if and when to stop treatment. HSE can be a challenging diagnosis to confirm, frequently relying on CSF PCRs which can be run multiple times (as results may be returned as 'normal' initially and abnormal later) causing delays. Whilst aciclovir use has minimal side effects, it can cause difficulties with managing care, and its continued use in those without HSE represents unnecessary cost.

Suggested methodology

Multicentre randomised controlled trial

Research PICO

- **Population** - Children and young people with decreased conscious level and suspected HSE
- **Intervention** - Aciclovir treatment for a specified period of time e.g. 7 days
- **Comparator** - Aciclovir treatment for alternative specified duration(s) e.g. 14 (and 21 days)
- **Outcomes** - Neurological outcome measures; return to normal neurological functioning