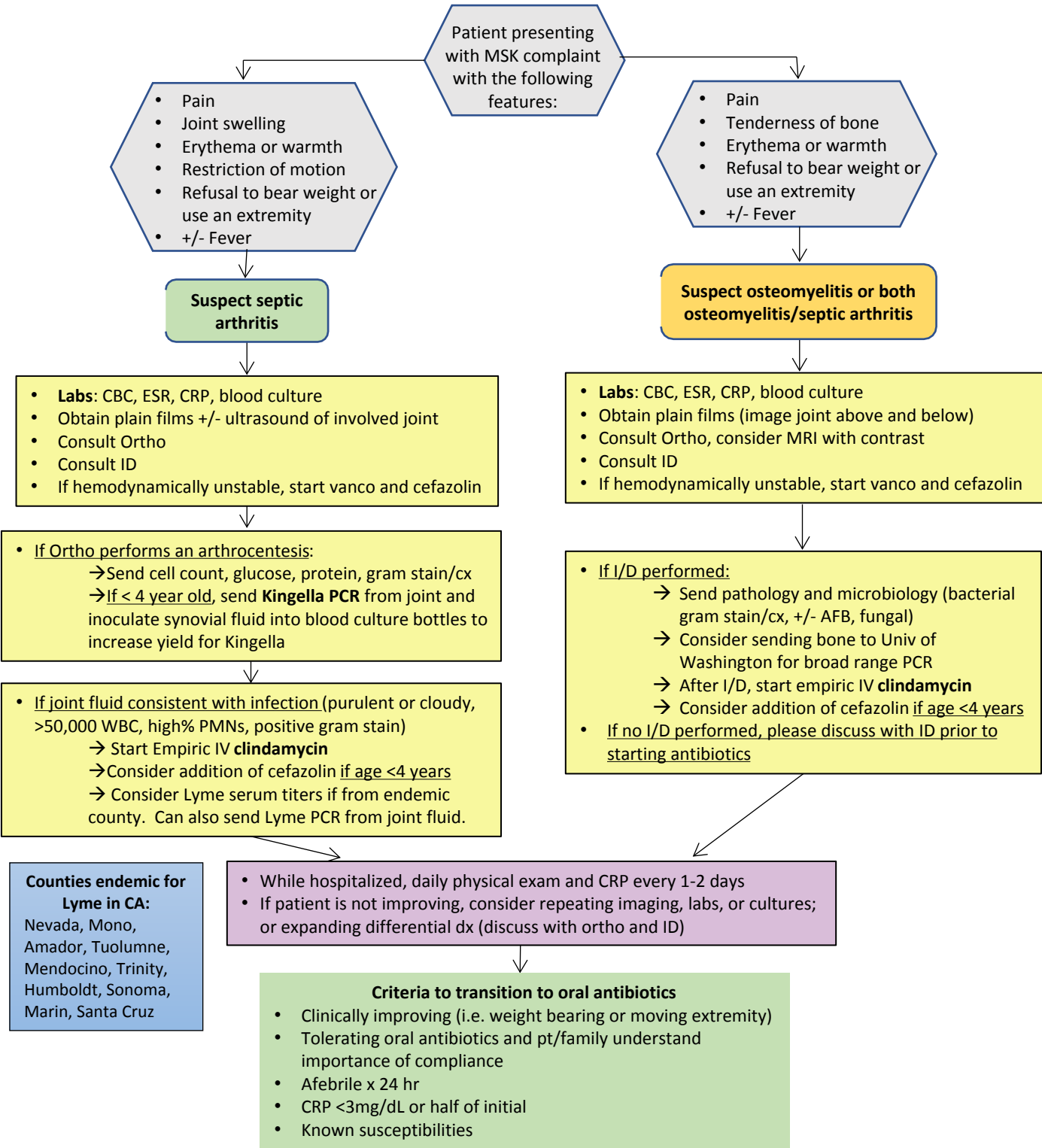


Guidelines for management of pediatric patients with suspected musculoskeletal infections



- EXCLUSION criteria**
- Age < 6 months (may need to consider LP, unusual organisms)
 - Chronic infection or previous septic joint/osteomyelitis
 - Immunocompromised
 - Hardware infection
 - Penetrating trauma injuries

- How to send special labs:**
Place miscellaneous order with the following information:
- Kingella DNA PCR from joint fluid: Send out to Quest (Test Code 18872)
 - Lyme PCR from joint fluid: Send out to ARUP (Test Code 0055570)
 - University of Washington broad range PCR (bacterial, fungal, AFB)
 - Needs a separate fluid/bone sample to be sent directly to send out lab
 - Needs add'l lab form faxed to sendout lab (734-5665) available at: <http://depts.washington.edu/molmicdx/forms/order.pdf>

- Discharge and outpatient management**
- General length of therapy:
 - Septic arthritis 3-4 weeks
 - Osteomyelitis 4-6 weeks
 - If indicated, arrange for outpatient parenteral (IV) antimicrobial therapy (OPAT) with ID and discharge planner
 - Ortho outpatient referral for follow-up in 1-2 weeks
 - ID outpatient referral for follow-up in 2-3 weeks
 - Weekly labs if receiving parenteral therapy to monitor side effects of antibiotics (see below)

- Counties endemic for Lyme in CA:**
Nevada, Mono, Amador, Tuolumne, Mendocino, Trinity, Humboldt, Sonoma, Marin, Santa Cruz

- Weekly labs for patients while on IV antibiotics**
- All will need CBC, CRP, ESR, BMP
 - Additional:
 - Ceftriaxone: LFTs
 - Vancomycin: Weekly trough
 - Daptomycin: CK

Most commonly used antibiotics for MSK infections with typical dosing and side effects

	Cefazolin (IV)	Cephalexin (PO)	Ceftriaxone (IV)	Vancomycin (IV)	Clindamycin (IV or PO)	Ampicillin (IV)	Amoxicillin (PO)	Bactrim (IV or PO)	Linezolid (IV)	Daptomycin (IV)
Daily amount	150 mg/kg/day divided Q8H	100-150 mg/kg/day divided TID or QID	50-100 mg/kg/day divided Q12-24h	Start at 15mg/kg Q6H	40mg/kg/day divided Q6H or Q8H	200 mg/kg/day divided Q6H	100 mg/kg/day divided TID	12mg/kg/day divided BID	<12 years: 10mg/kg Q8H ≥12 years: 10mg/kg Q12h	6-10 mg/kg daily (more frequent dosing < 2mo)
Single daily max for MSK infection	2000 mg max dose	1000 mg max dose	2000 mg max dose	Adjust based on vanc trough level and renal function	900 mg max IV dose 600 mg max PO dose	2000 mg max dose	1000 mg max dose	160 mg max dose	600mg max dose	No max dose
Side Effects										
Diarrhea including <i>C. difficile colitis</i>	+	+	+	+	++	+	+	+	++	+
Bone marrow suppression	+	+	+	+		+	+	+	++	
Rash, including Stevens-Johnson syndrome	+	+	+	+	+	++	++	++	+	+
Nephrotoxicity	+	+		++		+	+	+		+
Elevated transaminases			+					+	+	+
Elevated CK										+
Optic neuropathy									+	
Serotonin syndrome									+	
Lactic acidosis									+	

(modified from Antimicrobial Stewardship at Children’s Hospital Colorado, Sarah Parker and Jason Child 2014)

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