



Inclusion Criteria

- 6 months to 21 years
- Suspicion of acute musculoskeletal infection (Symptoms less than 2 weeks): osteomyelitis, septic arthritis, pyomyositis

Exclusion Criteria

- Infants (less than 6 months)
- Chronic and subacute musculoskeletal infection (Symptoms greater than 2 weeks)
- Postoperative infection
- Penetrating trauma
- Patient with hardware
- Myelomeningocele
- Chronic recurrent multifocal osteomyelitis (CRMO)
- Immunocompromised

¹ Suspicion of MSK Infection

Obtain the following:

History

Pain, fever, inability to bear weight, gait disturbance/limp, limited use or immobility of extremity or spine, travel to endemic Lyme areas

Physical Exam

Limited range of motion, swelling, tenderness, warmth at site, fever, erythema, psoas sign

² Blood Cultures

- Obtain maximum allowable blood culture volume per **Blood Culture Policy**
- Send blood culture by courier to hospital for any patient being transferred



Only Cefazolin and Ceftriaxone available in Urgent Care

IV Antibiotic Table				
Patient Demographic	Bacterial Targets	Drug	Dose	Max Single Dose
6 months - ≤4 years	<i>S. aureus</i> , <i>S. pyogenes</i> (GAS), <i>K. kingae</i>	Clindamycin AND	13mg/kg IV q8h	900mg
		Cefazolin	40mg/kg IV q8h	2000mg
6 months - ≤4 years and not fully immunized against <i>H. influenzae</i> or <i>S. pneumoniae</i>	<i>S. aureus</i> , <i>S. pyogenes</i> (GAS), <i>K. kingae</i> , <i>H. influenzae</i> , <i>S. pneumoniae</i>	Clindamycin AND	13mg/kg IV q8h	900mg
		Ceftriaxone	75mg/kg IV q24h	2000mg
> 6 months and ill appearing	<i>S. aureus</i> , <i>S. pyogenes</i> (GAS), <i>K. kingae</i> , <i>H. influenzae</i> , <i>S. pneumoniae</i>	Vancomycin ¹ AND	15mg/kg IV q6h	1000 mg
		Ceftriaxone	75mg/kg IV q24h	2000mg
		Consider Clindamycin ²	13mg/kg IV q8h	900mg
> 4 years old	<i>S. aureus</i> , <i>S. pyogenes</i> (GAS)	Clindamycin	13mg/kg IV q8h	900mg
		Consider Ceftriaxone ³	75mg/kg IV q24h	2000mg
<p>¹ Recommended vancomycin starting dose. Goal trough 10-15µg/mL. Pharmokinetic service will monitor trough levels and adjust accordingly.</p> <p>² Consider adding clindamycin empirically in critically ill patients while waiting for confirmation of therapeutic vancomycin level.</p> <p>³ If not fully immunized against <i>H. influenzae</i> or <i>S. pneumoniae</i> OR concern for Lyme disease or Gonorrhea, add ceftriaxone.</p>				