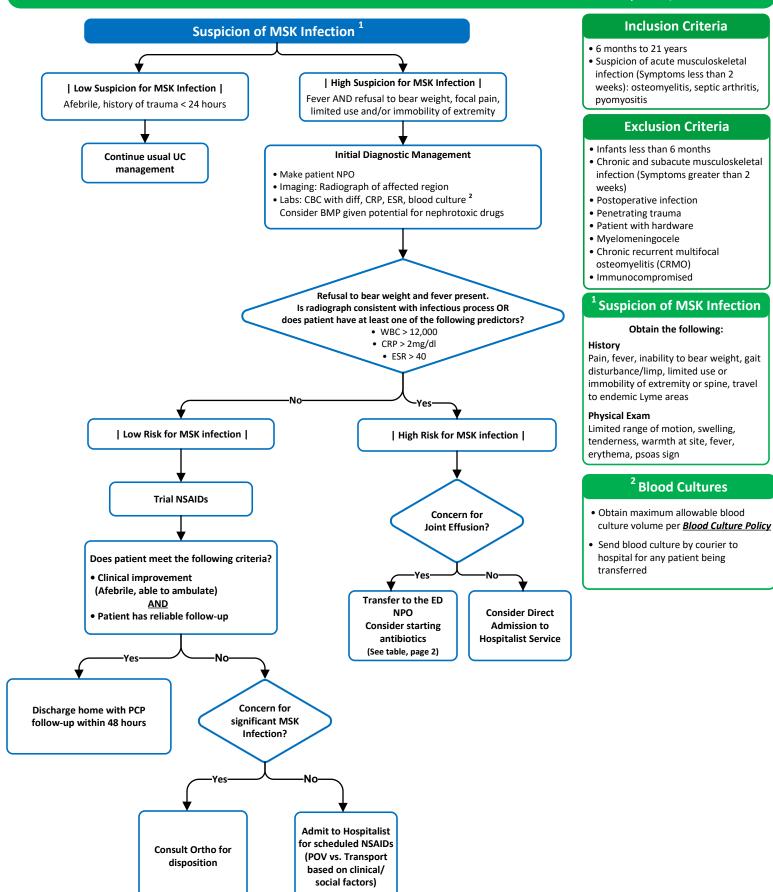
Musculoskeletal (MSK) Infection Clinical Practice Guideline

Urgent Care Management





Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2018 Children's Healthcare of Atlanta, Inc.





Only Cefazolin and Ceftriaxone available in Urgent Care

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

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