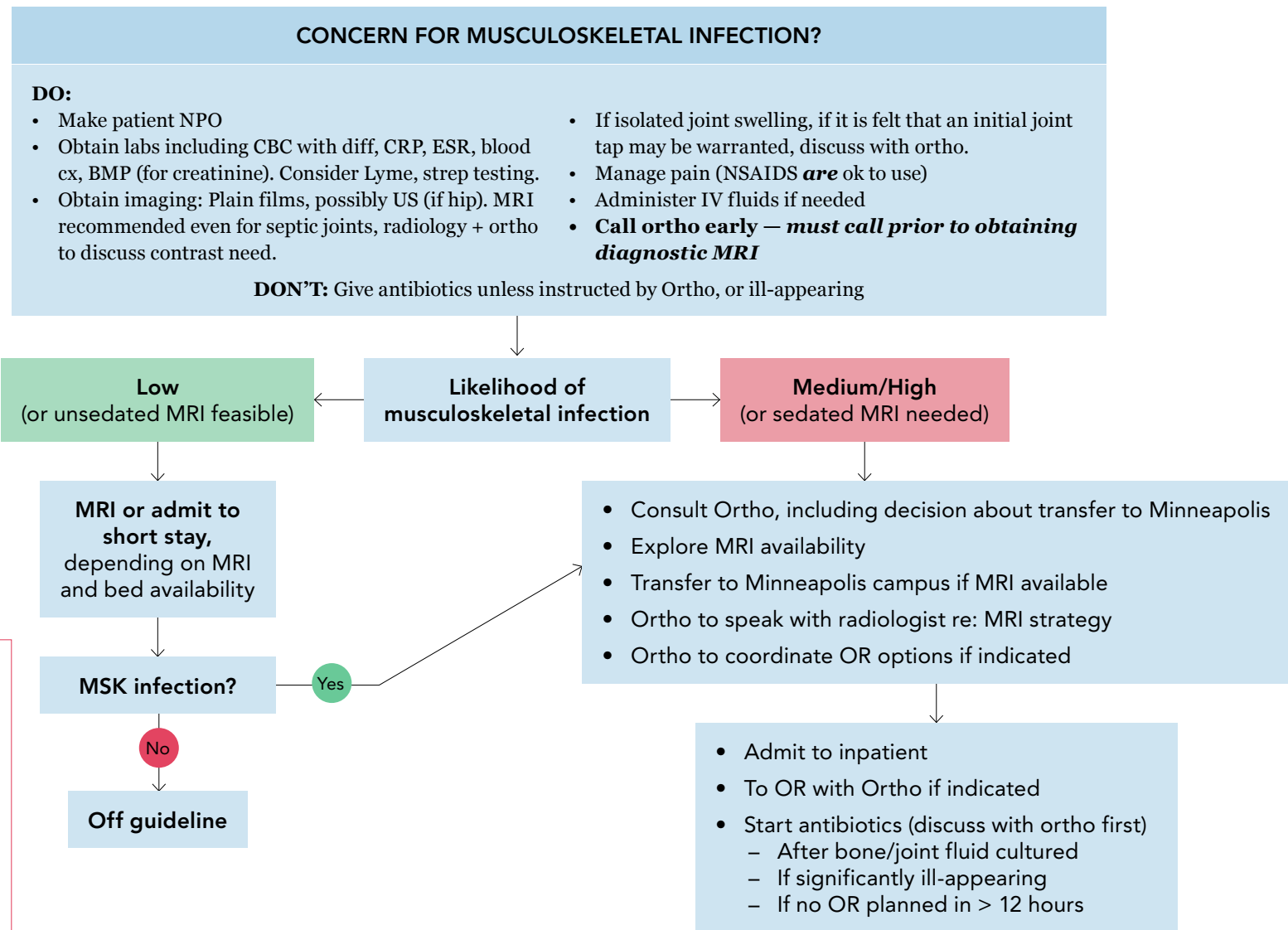


Aim: To decrease variation in management of patients with musculoskeletal infections.

Patients referred into system with definite diagnosis of MSK infection should be directed to **Minneapolis campus**

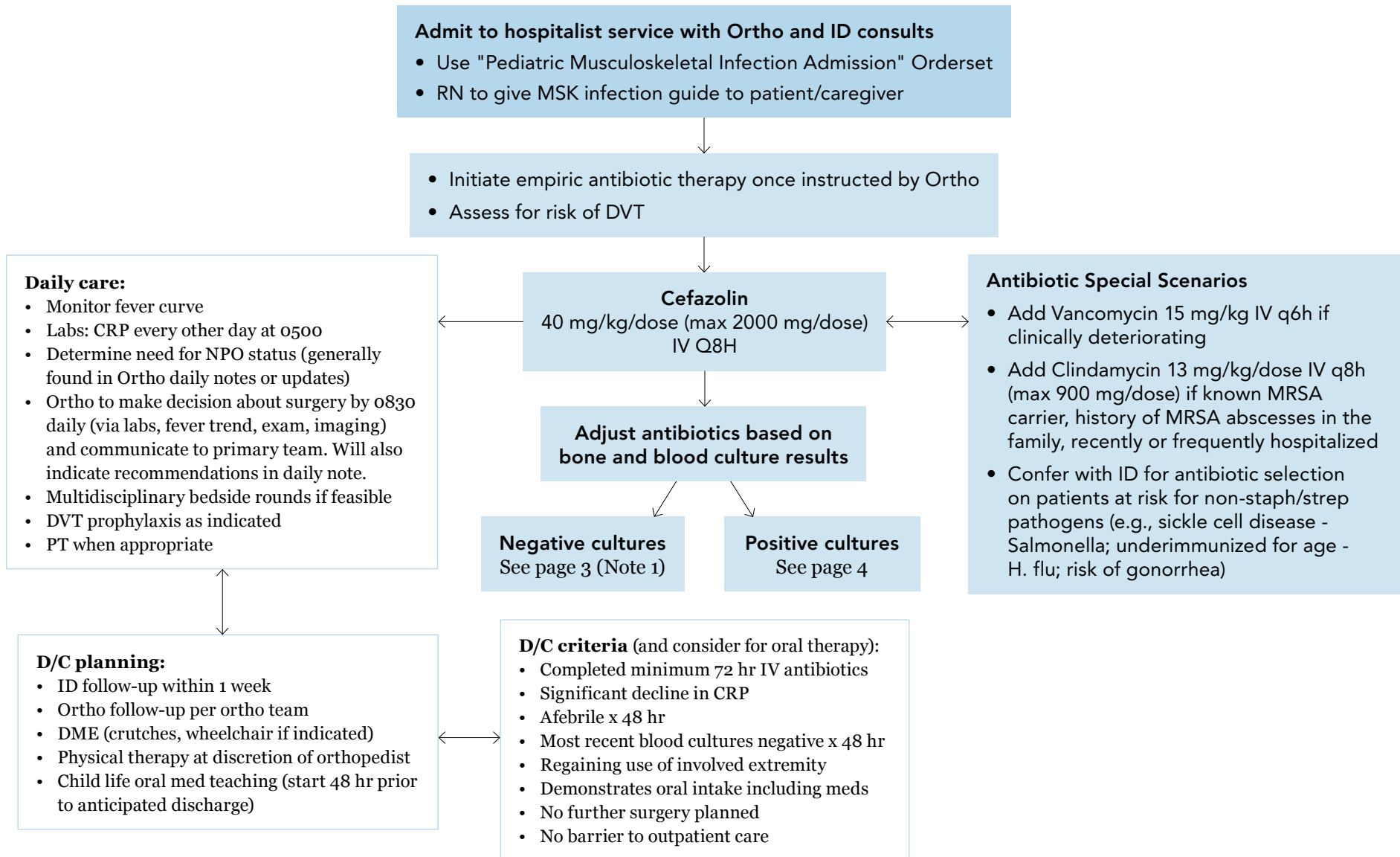
EXCLUSION GUIDELINES
Patients **excluded** from this guideline:

- ≥ 14 days of symptoms
- Critically ill
- Immunodeficiency
- Sickle Cell disease
- Trauma
- Post operative infection
- Skull/vertebral, hand/foot infection
- Concern for necrotizing fasciitis or unusual organism

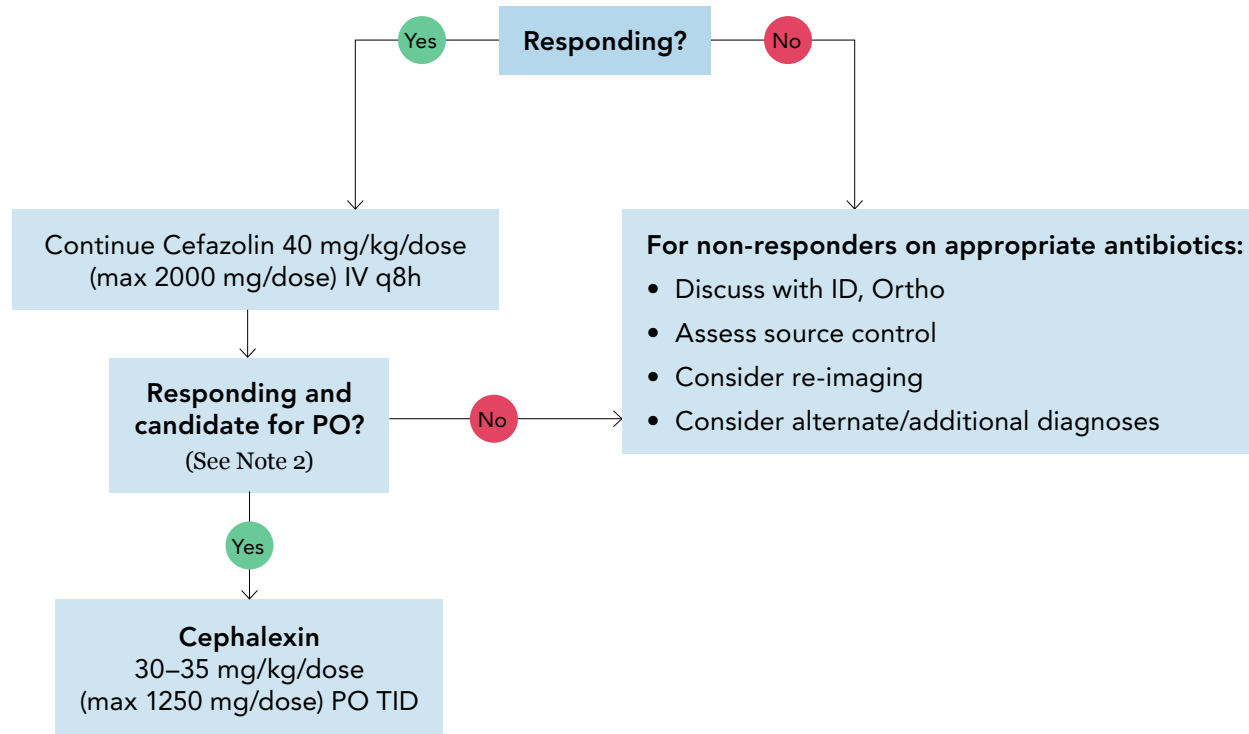


Aim: To decrease variation in management of patients with musculoskeletal infections.

See page 1 (ED/Inpatient guideline) for details on exclusions and initial workup



Aim: To decrease variation in management of patients with musculoskeletal infections.

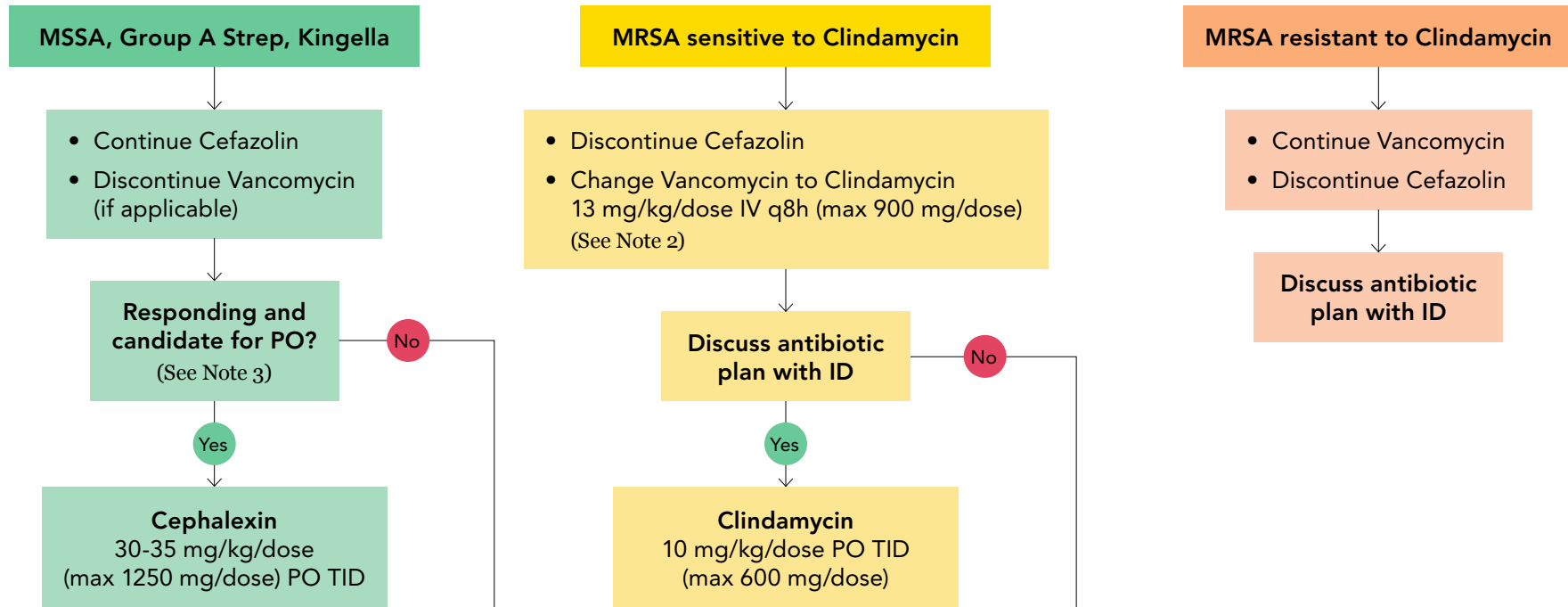


NOTE 1.

Consider transition to oral antibiotics if:

- Completed minimum 72 hr IV antibiotics
- Significant decline in CRP
- Most recent blood cultures negative x 48 hr
- Afebrile x 48 hr
- Regaining use of involved extremity
- Demonstrates oral intake including meds
- No further surgery planned
- No barrier to outpatient care

Aim: To decrease variation in management of patients with musculoskeletal infections.



NOTE 2.
Only change from Vanco if most recent blood cultures negative x 48 hours and good source control.

NOTE 3.
Consider transition to oral antibiotics if:

- Completed minimum 72 hr IV antibiotics
- Significant decline in CRP
- Most recent blood cultures negative x 48 hr
- Afebrile x 48 hr
- Regaining use of involved extremity
- Demonstrates oral intake including meds
- No further surgery planned
- No barrier to outpatient care

For non-responders on appropriate antibiotics:

- Consult with ID, Ortho
- Assess source control
- Consider re-imaging
- Consider alternate/additional diagnoses

REFERENCES

1. Woods CR, Bradley JS, Chatterjee A et al. Clinical Practice Guideline by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America: 2021 Guideline on Diagnosis and Management of Acute Hematogenous Osteomyelitis in Pediatrics. *J Pediatric Infect Dis Soc.* 2021 Sep 23;10(8):801-844.
2. Donaldson N, Sanders J, Child J et al. Acute Hematogenous Bacterial Osteoarticular Infections in Children. *Pediatr Rev.* 2020 Mar;41(3):120-136