## Pediatric Guidelines: Bone and Joint Infections - Osteomyelitis

<table>
<thead>
<tr>
<th>Condition</th>
<th>Major Pathogens</th>
<th>First Choice Therapy</th>
<th>Alternative Therapy</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute osteomyelitis in child &gt; 3 months old without medical comorbidities or penetrating trauma</td>
<td><em>Staphylococcus aureus</em>&lt;br&gt;Group A streptococcus&lt;br&gt;<em>Kingella kingae</em> in children &lt; 3 years&lt;br&gt;Incomplete immunization: <em>Streptococcus pneumoniae</em></td>
<td><strong>Clinically stable:</strong>&lt;br&gt;Clindamycin 13mg/kg/dose IV q8h (max 900mg/dose)</td>
<td>ID and Orthopedic Surgery consults recommended&lt;br&gt;Therapy should be tailored to the identified organism. Change from IV to PO and total duration of therapy should be determined in consultation with ID based on the patient's clinical course</td>
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<td>Ill-appearing or known positive blood culture (while awaiting final ID and susceptibility): Vancomycin 20mg/kg/dose IV q6-8h (initial max 1g/dose) AND Ceftriaxone 50mg/kg/dose IV q24h (max 2g/dose)</td>
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Chronic osteomyelitis

Variable based on risk factors

Antibiotic therapy should generally be withheld pending operative cultures from the involved site, and is selected based on individual patient risk factors. Consult ID for guidance.

ID and Orthopedic Surgery consults recommended

Bone or joint infection in patient with significant medical comorbidities, age 0-3 months, incomplete immunization, penetrating trauma, contiguous infection or other modifying factors

Variable based on risk factors

Consult ID for guidance before initiating empiric therapy

ID and Orthopedic Surgery consults recommended

These are guidelines only and not intended to replace clinical judgment. Modification of therapy may be indicated based on patient comorbidities, previous antibiotic therapy or infection history. Doses provided are usual doses but may require modification based on patient age or comorbid conditions. Refer to Pediatric Antimicrobial Dosing Guideline[1] for further guidance on dosing in children, and Neonatal Dosing Guideline[2] for infants < 1 month of age. Consult a pediatric pharmacist for individualized renal or hepatic dose adjustment. For additional guidance, please contact Pediatric Infectious Diseases (ID) or the Pediatric Antimicrobial Stewardship Program (ASP).

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