

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Paediatrics - Bone and Joint Infections

Infection
Paediatrics - Acute Osteomyelitis or Septic Arthritis
Likely Organisms
Child < 3 months
S. aureus, Group B Streptococcus, H. influenzae & other gram negative bacilli
Child ≥ 3 months
S. aureus, Group A Streptococcus, Kingella kingae if ≤ 5 years, H. influenzae in septic arthritis in unvaccinated individuals
Empiric Antimicrobial Treatment
Child < 3 months
Cef-O-taxime IV
plus
Flucloxacillin IV
plus
Gentamicin IV
Child ≥ 3 months to ≤ 5 years
Cef-AZ-olin IV 50mg/kg TDS (max 6g/day)
Child > 5 years
Flucloxacillin IV
OR
Cef-AZ-olin IV 50mg/kg TDS (max 6g/day)
Duration of Treatment
Contact Consultant Microbiologist for advice.
IV to Oral Switch
<ul style="list-style-type: none"> Child < 2 months should have IV antibiotics for entire duration of treatment Child > 2 months who is afebrile and who has shown improvement both clinically and in inflammatory markers can change to oral antibiotics after 5-7 days. Discuss optimum choice of oral antibiotic with Microbiology. For difficult to treat organisms, IV therapy will be required for longer.
Comments
Kingella kingae susceptible to cephalosporins but not to flucloxacillin.
Infection
Paediatrics - Osteomyelitis in sickle cell disease or galactosaemia
Likely Organisms
S. aureus, Group A Streptococcus, Salmonella
Empiric Antimicrobial Treatment
Flucloxacillin IV
plus
Cef-TRI-axone IV OR Cef-O-taxime IV
Duration of Treatment
Contact Consultant Microbiologist for advice.
IV to Oral Switch
<ul style="list-style-type: none"> Child < 2 months should have IV antibiotics for entire duration of treatment Child > 2 months who is afebrile and who has shown improvement both clinically and in inflammatory markers can change to oral antibiotics after 5-7 days. Discuss optimum choice of oral antibiotic with Microbiology. For difficult to treat organisms, IV therapy will be required for longer.