

Algorithm modified: 9/10/20
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Assessment and treatment of suspected musculoskeletal (MSK) infection

Musculoskeletal infections include:

- Septic arthritis
- Osteomyelitis
- Pyomyositis

Signs and symptoms concerning for musculoskeletal infection include one or more:

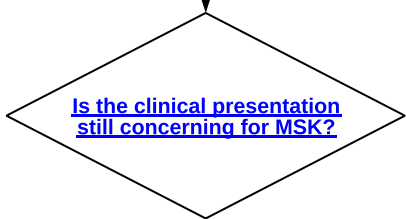
- Painful fixed joint (pseudoparalysis)
- Point tenderness over the bony metaphysis
- Hip rests in a position of flexion, abduction, and external rotation
- Fever > 38.0 C (100.4F)
- Limb pain in absence of trauma
- Refusal to bear weight or use an extremity
- Previous health care visit for the same problem

Initial evaluation for suspected MSK infection

- History and physical exam
- Plain radiographs of the affected area
- Hip ultrasound if suspected effusion
- CBC with differential
- Blood Culture
- [Infection site culture](#)
- Inflammatory markers (CRP and ESR)

If concern for sepsis or necrotizing fasciitis, please refer to:

- [Sepsis CPM](#)
- [Necrotizing fasciitis](#)



No

- Consider alternative diagnosis
- Arrange follow up within 24-48 hours if patient discharged

Kingella kingae

High index of suspicion:

- Typically 6 months to 4 years of age
- Often indolent course, frequently >3 days of symptoms
- Often well-appearing
- May have preceding viral URI or viral stomatitis infection
- Often attend daycare
- No h/o previous MRSA infection

Diagnosis:

- Joint fluid PCR (preferred)
- Joint fluid culture

Yes

- Consult Orthopedics
- Determine need for MRI
- Discuss with Infectious Disease when initiating antibiotics
 - Most common **antibiotics** include clindamycin 10 mg/kg/dose every 6 hours OR if suspected **Kingella kingae**, cefazolin 50mg/kg/dose every 8 hours



No

Is the patient at Adele Hall?

Yes

Admit to General Pediatrics Inpatient consults for ID and Ortho

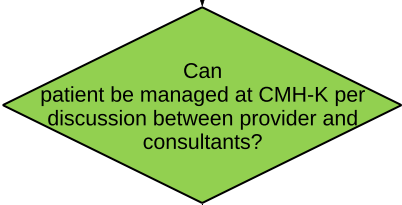
Discharge Considerations

- Is suspicion for MSK infection low?
- Is pain well controlled?
- Is there access to timely follow-up?
- Lack of social factors limiting care?
- Provider comfort for discharge?

If any "No" consider admission.

Yes

Arrange follow up within 24-48 hours



No

Transfer to Adele Hall campus

Can Patient be managed at CMH-K?

- MRI must be obtained in the Emergency Department PRIOR to admission
- Ortho, Hospitalist, ED and ID attending agree case can be managed at CMH-K
- Transfer to Adele Hall campus if MRI is unavailable or patient requires surgery (typically direct admit)