

Musculoskeletal infections include:

- Septic arthritis
- Osteomyelitis
- Pyomyositis

Signs and symptoms concerning for MSK infection include **one or more:**

- Painful fixed joint (psuedoparalysis)
- Point tenderness over the bony metaphysis
- Hip rests in a position of flexion, abduction, and external rotation
- Fever > 38.0C (100.4F)
- Limb pain in absence of trauma
- Refusal to bear weight or use an extremity
- Previous health care visit for the same problem
- Chronic infection: infection >6 weeks with/without drainage

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 attends daycare
- No h/o previous MRSA infection

Diagnosis:

- Joint fluid PCR (preferred)
- Joint fluid culture

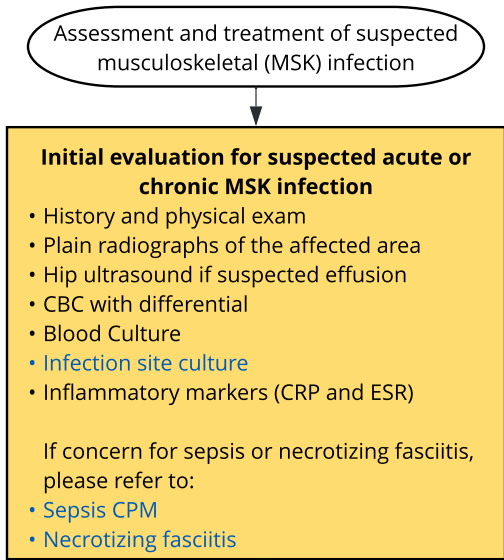
Discharge Considerations

- 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.

Can pt. be managed at CM-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 pt. requires surgery (typically direct admit)



Abbreviations (laboratory & radiology excluded):

pt. = patient
 CMH-K = Children's Mercy Kansas
 ID = Infectious Disease
 MRSA = Methicillin-resistant Staphylococcus aureus
 MSKI = Musculoskeletal Infection
 Ortho = Orthopedics
 URI = Upper respiratory infection

