Assessment and treatment of suspected musculoskeletal (MSK) infection

Initial evaluation for suspected MSK infection
- History and physical exam
- Plain radiographs of the affected area
- Hip ultrasound if suspected effusion
- CBC with differential
- Infection site culture
- Inflammatory markers (CRP and ESR)

If concern for sepsis or necrotizing fasciitis, please refer to:
- Sepsis CPM
- Necrotizing fasciitis

Is the clinical presentation still concerning for MSK?

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

Can the patient be safely discharged?

Yes
- Admit to General Pediatrics Inpatient consults for ID and Ortho

No
- Transfer to Adele Hall campus

Is the patient at Adele Hall?

No
- Arrange follow up within 24-48 hours

Yes
- Can patient be managed at CMH-K per discussion between provider and consultants?

No
- Admit to Platinum Team Inpatient consults for ID and Ortho

Yes

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

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 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)