#### SUSPECTED MUSCULOSKELETAL (MSK) INFECTION **ED/INPATIENT**

Patients 6 months to 18 years of age

Aim: To decrease variation in management of patients with musculoskeletal infections.

### EXCLUSION GUIDELINES

GUIDELINE

Patients excluded from this guideline:

- <6 months or >18 years of age
- ≥ 14 davs of symptoms
- Critically ill (See Sepsis Guideline)
- Immunodeficiency ٠
- Sickle Cell disease
- ٠ Penetrating trauma/foreign body
- Post-operative infection, including surgical hardware infection
- Skull, vertebral, or hand infection
- Concern for necrotizing fasciitis or unusual organism
- Bursitis, superficial myositis (see Note 7, page 5)

## NOTE 1.

Well-appearing children should ideally have source cultures collected prior to antibiotics; however, orthopedics may recommended starting antibiotics before source cultures in certain cases.

Do not delay antibiotic therapy if:

- Suspicion for sepsis (see Sepsis Guideline)
- Source culture has been obtained
- Blood culture becomes positive
- Multifocal or disseminated infection ٠

Antibiotics can be thoughtfully considered once:

- Blood culture obtained
- Arthrocentesis performed in ED (if recommended)
- Orthopedics has reviewed the case



infection should be directed to the Minneapolis campus



Disclaimer: This guideline is designed for general use with most patients; each clinician should use their own independent judgment to meet the needs of each individual patient. This guideline is not a substitute for professional medical advice, diagnosis or treatment. ©2025 Children's Minnesota

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Ortho follow-up per ortho team

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INPATIENT GUIDELINE MUSCULOSKELETAL INFECTION

Preferred therapy by identified organism



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## NOTE 7.

Although bursitis and superficial myositis (e.g. extension from cellulitis) may follow similar pathways to more invasive infection, the timelines and recommendations for parenteral antibiotics and total duration of antibiotics may differ. Antibiotic dosing may differ as well, although antibiotic choice may be similar. Extent and severity of infection may also impact clinical decision-making.

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