Musculoskeletal Infections



INFECTION	MOST LIKELY ORGANIMS	THERAPY CATEGORY	ANTIMICROBIALS	COMMENTS
ACUTE HEMATOGENOUS OSTEOMYELITIS OR SEPTIC ARTHRITIS • Less than 3 months • community-acquired	Staph aureus Group B strep Enterobacteriales H. influenzae	First line	Cefazolin 50 mg/kg/dose IV q8h (max. 12 g/DAY) AND Gentamicin* 7.5 mg/kg/dose IV q24h Refer to MCH formulary for neonatal dosages: For cefazolin For gentamicin OR If meningitis suspected: Cefotaxime 225-300 mg/kg/DAY IV DIVIDED q6-8h (max. 2 g/dose) AND Cloxacillin 100 mg/kg/DAY IV DIVIDED q6h (max. 2 g/dose) Refer to MCH formulary for neonatal dosages: For cloxacillin For cefotaxime	* Refer to <u>Protocol for</u> <u>the Use and Therapeutic</u> <u>Drug Monitoring of</u> <u>Aminoglycosides at the</u> <u>Montreal Children's</u> <u>Hospital (MCH)</u>
		Penicillin allergy	If meningitis suspected or cannot be excluded: Consult ID	
ACUTE HEMATOGENOUS OSTEOMYELITIS OR SEPTIC ARTHRITIS • 3 months and above	Staph aureus K. kingae Group A strep Strep pneumoniae H. influenzae	First line	Cefazolin 50 mg/kg/dose IV q8h (max. 12 g/DAY) If sickle cell disease, also cover for Salmonella: Cefotaxime 150-200 mg/kg/DAY IV DIVIDED q8h (max. 12 g/DAY)	Switch to PO antibiotic when clinical and laboratory criteria for improvement met

community- acquired		Penicillin allergy	Same	
OSTEOMYELITIS OR SEPTIC ARTHRITIS • Post-surgical • Post traumatic	Staph aureus CoNS Pseudomonas (if puncture wound of foot through rubber shoe) Enterobacteriaceae	First line	Cefazolin 50 mg/kg/dose IV q8h (max. 3 g/DOSE) If contaminated traumatic wound and/or puncture wound through rubber shoe or in certain post-surgical cases (e.g., fecal contamination of surgical spinal wound), use instead: Piperacillin/tazobactam 300 mg/kg/DAY IV DIVIDED q6h (max. 16 g/DAY)	
		Penicillin allergy	If contaminated traumatic wound and/or puncture wound through rubber shoe or in certain post-surgical cases (e.g., fecal contamination of surgical spinal wound), use instead: Meropenem 40 mg/kg/dose IV q8h (max. 2 g/dose)	

REFERENCES:

Empiric Antimicrobial Therapy Guide: Version 9, May 2025

