

## Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Paediatrics - Bone and Joint Infections

<b>Infection</b>
<b>Paediatrics - Acute Osteomyelitis or Septic Arthritis</b>
<b>Likely Organisms</b>
<b>Child &lt; 3 months</b>
S. aureus, Group B Streptococcus, H. influenzae & other gram negative bacilli
<b>Child ≥ 3 months</b>
S. aureus, Group A Streptococcus, Kingella kingae if ≤ 5 years, H. influenzae in septic arthritis in unvaccinated individuals
<b>Empiric Antimicrobial Treatment</b>
<b>Child &lt; 3 months</b>
Cef-O-taxime IV
<b>plus</b>
Flucloxacillin IV
<b>plus</b>
<a href="#">Gentamicin</a> IV
<b>Child ≥ 3 months to ≤ 5 years</b>
Cef-AZ-olin IV 50mg/kg TDS (max 6g/day)
<b>Child &gt; 5 years</b>
Flucloxacillin IV
<b>OR</b>
Cef-AZ-olin IV 50mg/kg TDS (max 6g/day)
<b>Duration of Treatment</b>
Contact Consultant Microbiologist for advice.
<b>IV to Oral Switch</b>
<ul style="list-style-type: none"> <li>• Child &lt; 2 months should have IV antibiotics for entire duration of treatment</li> <li>• Child &gt; 2 months who is afebrile and who has shown improvement both clinically and in inflammatory markers can change to oral antibiotics after 5-7 days.</li> <li>• <b>Discuss optimum choice of oral antibiotic with Microbiology.</b></li> <li>• For difficult to treat organisms, IV therapy will be required for longer.</li> </ul>
<b>Comments</b>
Kingella kingae susceptible to cephalosporins but not to flucloxacillin.
<b>Infection</b>
<b>Paediatrics - Osteomyelitis in sickle cell disease or galactosaemia</b>
<b>Likely Organisms</b>
S. aureus, Group A Streptococcus, Salmonella
<b>Empiric Antimicrobial Treatment</b>
Flucloxacillin IV
<b>plus</b>
Cef-TRI-axone IV <b>OR</b> Cef-O-taxime IV
<b>Duration of Treatment</b>
Contact Consultant Microbiologist for advice.
<b>IV to Oral Switch</b>
<ul style="list-style-type: none"> <li>• Child &lt; 2 months should have IV antibiotics for entire duration of treatment</li> <li>• Child &gt; 2 months who is afebrile and who has shown improvement both clinically and in inflammatory markers can change to oral antibiotics after 5-7 days.</li> <li>• <b>Discuss optimum choice of oral antibiotic with Microbiology.</b></li> <li>• For difficult to treat organisms, IV therapy will be required for longer.</li> </ul>