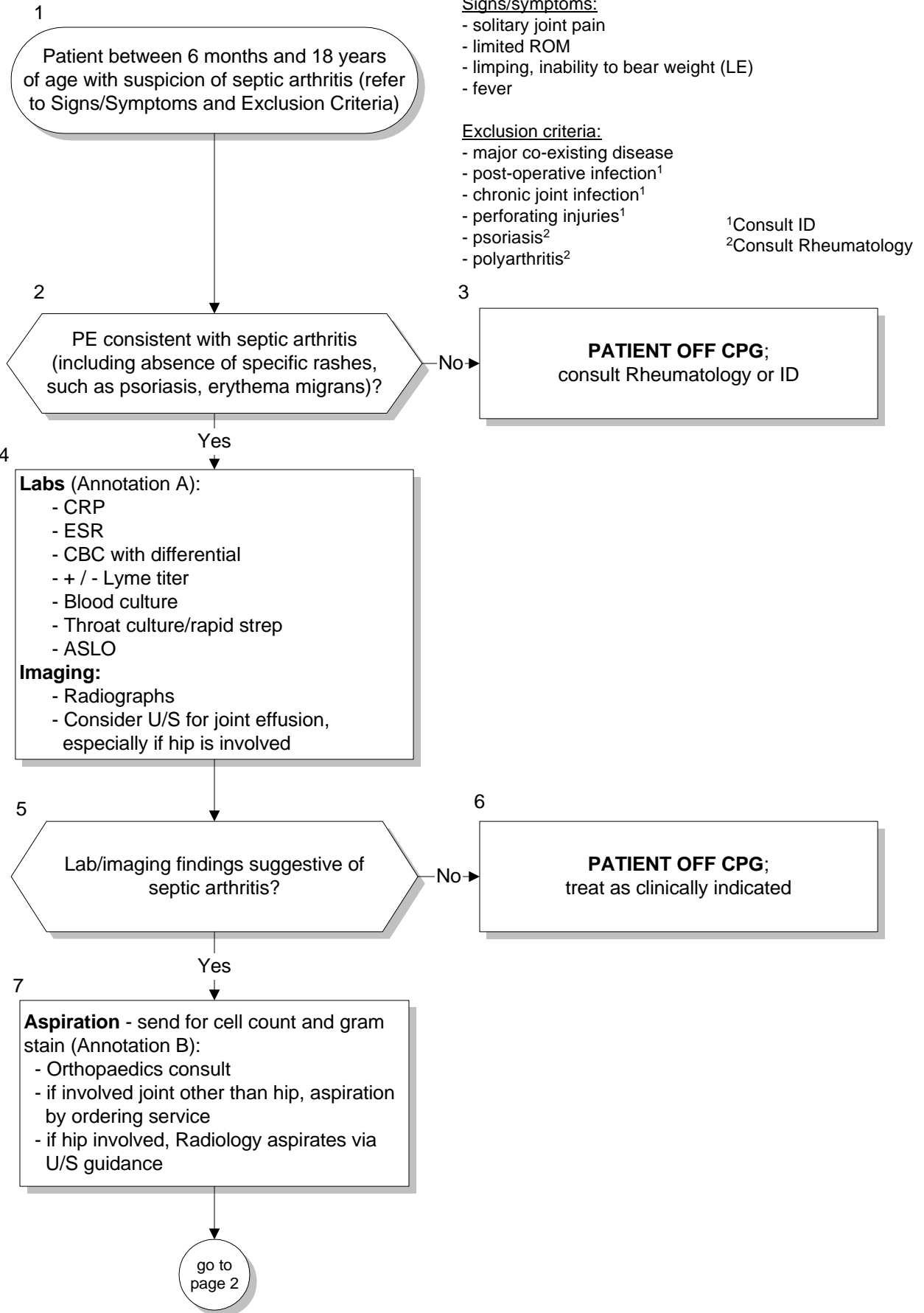


SEPTIC ARTHRITIS CPG ALGORITHM

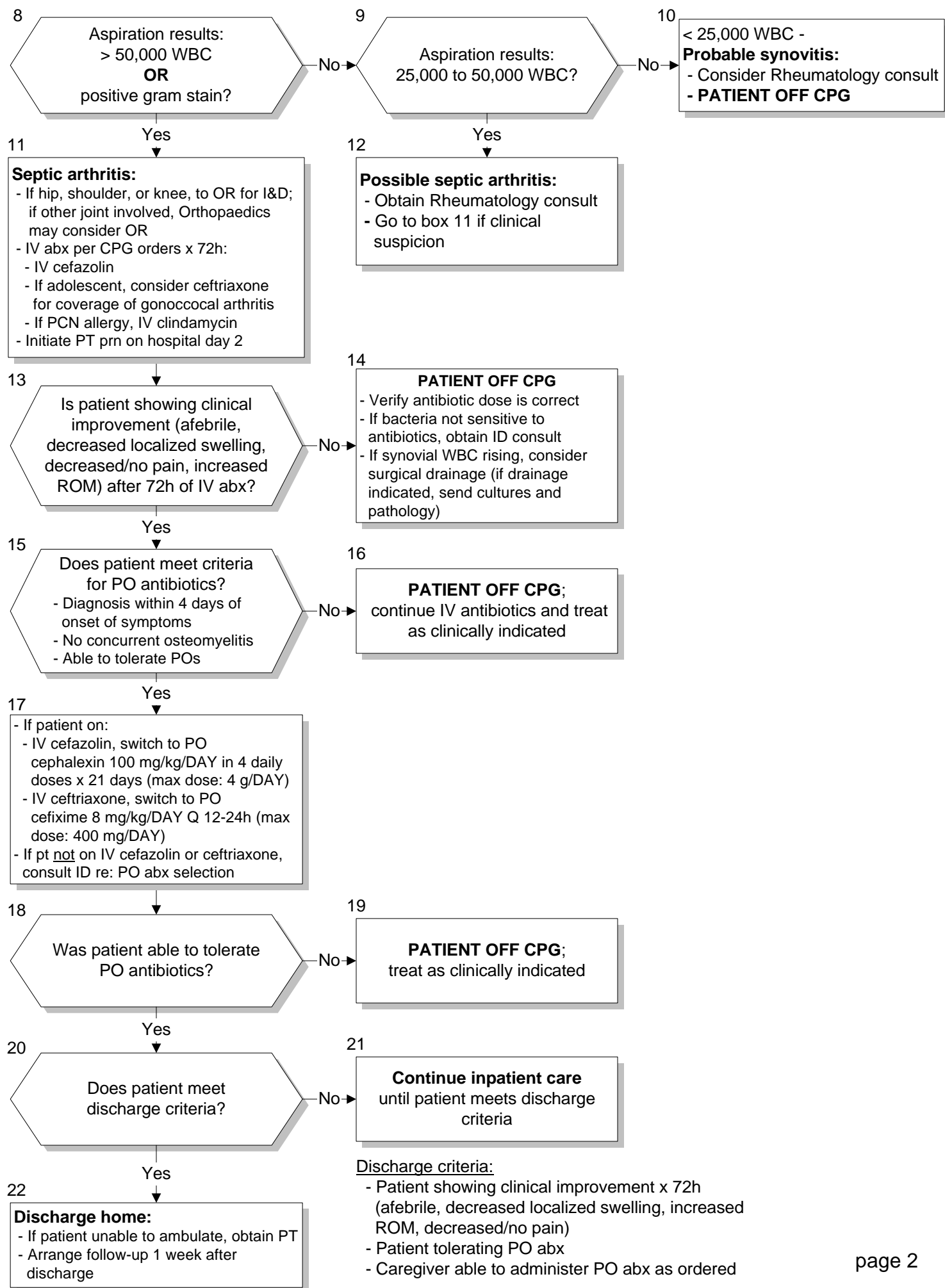


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CLINICAL PRACTICE GUIDELINES DISCLAIMER STATEMENT

"This Clinical Practice Guideline is designed to provide clinicians an analytical framework for evaluation and treatment of a particular diagnosis or condition. This Clinical Practice Guideline is not intended to establish a protocol for all patients with a particular condition, nor is it intended to replace a clinician's clinical judgment. A clinician's adherence to this Clinical Practice Guideline is voluntary. It is understood that some patients will not fit the clinical conditions contemplated by this Clinical Practice Guideline and that the recommendations contained in this Clinical Practice Guideline should not be considered inclusive of all proper methods or exclusive of other methods of care reasonably directed to obtaining the same results. Decisions to adopt any specific recommendation of this Clinical Practice Guideline must be made by the clinician in light of available resources and the individual circumstances presented by the patient."



SEPTIC ARTHRITIS CPG ALGORITHM ANNOTATIONS

Annotation A: Preliminary Work-up Laboratory Information

Test	Blood Specimen Amount	Type of Tube Used with Patient Label	Form to Complete:	For:	Send Specimen To:	Results returned:
CRP C-Reactive Protein	Minimum 1 mL	Mint green top tube	Hematology/ Chemistry	Core Lab	Lab Control	1 day
Sed Rate (ESR) Erythrocyte Sedimentation Rate	2 mL	Lavender top tube	Hematology/ Chemistry	Hematology	Lab Control	< 4 hours
CBC /Plt +Diff Complete Blood Count, Platelets and Differential	Minimum 1 mL * Mix specimen by gentle inversion x10	Lavender top tube	Hematology/ Chemistry	Hematology	Lab Control	Stat: 30 min Routine: 1 hour
Lyme Titer	3 mL	Red top tube	Children's Hospital Misc. Form	ARUP laboratory	Lab Control	3 days
Blood Culture	5 mL: • 1 mL minimum into Aerobic btl	Blood culture bottles	Bacteriology *State clinical diagnosis	Bacteriology	Lab Control	Prelim: 24 hrs and 48 hrs. Final negative: 6 days
Rapid Strep Throat Culture	N/A	Culturette Swab (2 swabs)	1. Misc form 2. Bacteriology	Hematology Bacteriology	Lab Control	48 hours
ASLO	1 mL	Red top tube	Heme/Chem	Core Lab	Lab Control	2-5 days

Annotation B: Aspiration Laboratory Information

Aspirates	Blood Specimen Amount	Type of Tube Used with Patient Label	Form to Complete	For:	Send Specimen To:	Results returned:
Cell count	1-2 mL	Sterile tube	Hematology/ Chemistry use Other Fluid column * Requisition must state specific site of specimen, age of patient & clinical diagnosis	Hematology	Lab Control	Stat: 1 hour Routine: 2 hours
Gram stain	minimum 2 drops or one swab *If culture to be included, minimum 2 swabs & 0.5 mL	Sterile specimen container, or sterile tube or appropriate tube for swab	Bacteriology Use Wound, tissue, fluid, bone, bone marrow section C&S (gram) * Requisition must state specific site of specimen, age of patient & clinical diagnosis	Bacteriology	Lab Control asap	Stat: 1 hour Routine: 8-12 hours

CHILDREN'S HOSPITAL, BOSTON

NAME _____

CH MR# _____

Page 1 of 2 Septic Arthritis Orders

Admit to: ☐ Orthopedic Surgery ☐ Medical Service

Attending MD: _____ Resident: _____

Diagnosis: Septic Arthritis Condition: _____☐ NKDA ☐ Allergies/Adverse Reactions: _____

Weight: _____ kg

Monitoring Vital signs q 4h with temperature checks**Activity** ☐ Elevate affected area
☐ Bedrest with assisted bathroom privileges
☐ Other: _____**Diet** ☐ NPO ☐ Regular as tolerated**IV fluid** ☐ IVF = _____ (solution and rate)
☐ Heplock IV when tolerating POs**Medications****Antibiotics (check one)**☐ **Cefazolin** (50 mg/kg/DOSE) X _____ kg = _____ mg IV q 8h
maximum dose: 12 g/day☐ **Ceftriaxone** (50 mg/kg/DAY) X _____ kg = _____ mg IV qd
maximum dose: 2 g/day

or

☐ If **Penicillin allergy**, then:
Clindamycin (40 mg/kg/DAY divided q 8h) = _____ mg IV q 8h
maximum dose: 4.8 g/day**Analgesia (check appropriate pain medications)**☐ **Acetaminophen** (15 mg/kg/dose) X _____ kg = _____ mg PO q 4-6h prn pain
Do not exceed 5 doses/day, maximum dosage: 4 g/day)☐ **Ibuprofen** (10 mg/kg/dose) X _____ kg = _____ mg PO q 6-8h prn pain
maximum dosage: 3.2 g/day☐ **Codeine** (0.5-1 mg/kg/dose) X _____ kg = _____ mg PO q 4h prn pain☐ **Morphine** (0.05-0.1 mg/kg/dose) X _____ kg = _____ mg PO q 2h prn pain_____
Date/Time_____
Prescribing Physician/NP Signature_____
Print Name_____
CH Page #_____
Date/Time_____
RN #1 Signature_____
RN #2 Signature_____
Date/Time

Other medications☐ None☐ _____ (specify)☐ _____ (specify)☐ _____ (specify)☐ _____ (specify)**Physical Therapy
Referral**☐ Yes☐ No**If yes, indicate weight bearing status:**☐ non-weight bearing☐ weight bearing as tolerated☐ partial weight bearing☐ no weight bearing restrictions**If yes, indicate ROM status:**☐ passive ROM☐ active ROM☐ active assistive ROM☐ no ROM limitations**Limitations**

When to notify MD:

T>38.5, change in VS, change in neurovascular status, pain management issue

Date/Time_____
Prescribing Physician/NP Signature_____
Print Name_____
CH Page #_____
Date/Time_____
RN #1 Signature_____
RN #2 Signature_____
Date/Time

Septic Arthritis CPG
Discharge Orders Reference Sheet

Discharge Medications:

I. For pain control at home, choose *ONE* of the following:

Analgesia	Treatment	Maximum dosage
acetaminophen	15 mg/kg/dose PO/PR q 4-6h prn pain	75 mg/kg/day or 4 g/day do <u>not</u> exceed 5 doses/DAY
ibuprofen	10 mg/kg/dose PO q 6-8h prn pain	3.2 g/day

II. Other discharge medications, choose *ONE* of the following:

Antibiotic	Treatment	Dosage forms
Cephalexin Keflex® (patients who received IV Cefazolin)	100 mg/kg/DAY PO in 4 divided doses x 21 days maximum dosage: 4 g/DAY	Capsule: 250 mg, 500 mg Suspension: 25 mg/mL or 50 mg/mL
Cefixime Suprax® (patients who received IV Ceftriaxone)	8 mg/kg/DAY PO q 12-24h x 21 days maximum dosage: 400 mg/DAY	Tablet: 200 mg, 400 mg Suspension: 20 mg/mL
Clindamycin Cleocin® (patients who received IV Clindamycin)	30 mg/kg/DAY PO divided q 8h x 21 days maximum dosage: 1.8 g/DAY	Capsule: 75, 150, 300 mg Suspension: 15 mg/mL

III. Prior to discharge

If orthopaedics is the primary service page an orthopaedics NP.

IV. Home care (as indicated)

1. Nursing referral for wound care
2. Physical therapy referral
3. DME, wheelchair or walker

V. Follow-up

Office visit 1 week after discharge for clinical examination and re-evaluation.
Determine need for continuation or initiating additional physical therapy. Future office visits to be arranged at time of 1 week visit.