

01 Bone and joint infections

Indication	Therapy	Dose	Duration of therapy	Remarks
Osteomyelitis				
Acute osteomyelitis (usually <i>Staphylococcus aureus</i>)	flucloxacillin + gentamicin	2000 mg q 4h iv 5 mg/kg q 24h iv	6 weeks max 7 days	switch to oral therapy after 2 weeks (in consultation with clinical microbiologist)
Acute osteomyelitis by Gram negative rods (e.g. <i>Salmonella</i>)	ciprofloxacin followed by ciprofloxacin	400 mg q 12h iv 750 mg q 12h po	2 weeks 4 weeks	
Chronic osteomyelitis	Primair surgical (consider genta beads)			Culture essential! Therapy on guidance of culture and sensitivity patron
Septic arthritis				
Patient < 6 jaar	amoxicillin-clavulanic-acid + gentamicin	100/5 mg/kgq 6h iv 5 mg/kg q 24h iv	4-6 weeks max 7 days	always on guidance of cultures
Patient > 6 jaar	flucloxacillin + gentamicin	2000 mg q 4h iv 5 mg/kg q 24h iv	4-6 weeks max 7 days	always on guidance of cultures consider rinsing of the joint
Infecting organism				
<i>Borrelia burgdorferi</i> - standard - mild case - child < 9 jr	ceftriaxon doxycyclin amoxycilin	2000 q 24h mg iv 100 mg q 12h po 500 mg q 8h po	2 weeks 4 weeks 4 weeks	(Lyme arthritis)
<i>Chlamydia trachomatis</i>	doxycyclin	100 mg q 12h po	6 weeks tot 3 months	
Enterobacteriaceae	ciprofloxacin	750 mg q 12h po	> 6 weeks	
<i>Haemophilus influenzae</i>	amoxicillin-clavulanic-acid	1200 q 6h mg iv	4 weeks	
<i>Neisseria gonorrhoeae</i>	ceftriaxon	2000 mg q 24h iv	14 days	
<i>Pseudomonas</i> spp	ceftazidim	2000 mg q 8h iv	> 3 weeks	
<i>Staphylococcus aureus</i>	flucloxacillin If sensitive switch to: penicillin	2000 mgq 4h iv 2000 mgq 4h iv.	6 weeks 4 weeks	switch to oral therapy after 2 weeks (in consultation with clinical microbiologist)
<i>Streptococcus</i> spp	penicillin followed by clindamycin	1000 mgq 4h iv. 600 mg q 8h po	2 weeks 4 weeks	
Infected joint prothesis				
<i>Staphylococcus aureus</i>	flucloxacillin + rifampicine	2000 mgq 4h iv 300 mg q 8h po		switch to oral therapy after 2 weeks (in consultation with clinical microbiologist)
Coagulase negative stafylococci	vancomycine + rifampicin	1000 mg q 12h iv 300 mg q 8h po		
Streptococci	benzylPenicillin if necessary combine with with gentamicin	4 mE q 4h iv 5 mg/kg q 24h iv	max. 2 weeks	switch to oral therapy after 2 weeks (in consultation with clinical microbiologist)
Gram negative rods (Not <i>P.aeruginosa</i>)	ciprofloxacin	400 mg q 12h iv		
<i>Pseudomonas aeruginosa</i>	piperacillin / tazobactam + tobramycin	4000/500 q 8h mg iv 5 mg/kg q 24h iv	max.2 weeks	Total duration of therapy 6 weeks Switch to oral therapy when sensitive; in consultation with clinical-microbioloog.



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Indication	Therapy	Dose	Duration of therapy	Remarks
Septic bursitis (culture of aspirat is essential)				
Mild cases (usually <i>Staphylococcus aureus</i>)	flucloxacillin	1000 mg q 6h po	2-3 weeks	consider incision when recurring
Severe cases (systemic signs immuno compromised)	flucloxacillin	2000 mg q 4h iv	2-3 weeks	switch to oral therapy after clinical improvement (in consultation with clinical microbiologist)