

OSTEOMYELITIS / SEPTIC ARTHRITIS

Clinical conditions	Pathogen(s)	Antibiotic(s)	Comments
Osteomyelitis in Diabetic patients	<i>Staph. aureus</i> <i>streptococci</i>	Follow local guidance	Seek specialist advice
Acute osteomyelitis	<i>Staph. aureus</i>	Flucloxacillin IV 2g qds 2 weeks minimum IV followed by oral therapy Total course 4 weeks If penicillin allergy Vancomycin IV	Seek specialist advice Consider referral for outpatient parenteral therapy (OHPAT)
Chronic osteomyelitis Inc Vertebral Osteomyelitis	<i>Staph. aureus</i> Occasionally coliforms	Oral Doxycycline or Co-trimoxazole	If coliforms suspected – seek specialist advice Debridement usually indicated
MRSA osteomyelitis	MRSA	Vancomycin IV Dosing as per local guidance Aim for trough level of 15-20mg/L	Seek specialist advice
Acute septic arthritis (see AMAU/Rheum guidance document)	<i>Staph. aureus</i>	IV flucloxacillin 2g qds for 2 weeks then oral therapy Total course 4 weeks If penicillin allergy Vancomycin IV	Washout indicated Consider <i>Neisseria spp</i> and in young adults consider <i>Chlamydia spp</i> also
Bursitis (septic)	<i>Staph. Aureus</i> <i>Occasionally streptococci</i>	Oral Flucloxacillin 1g qds Total course 1-4 weeks	May require repeat drainage

ORAL ANTIBIOTICS

NB: All ORAL agents are chosen due to bone/tissue penetration.

Adjust doses for renal and liver function

DOXYCYCLINE – 100mg BD MRSA and MSSA cover

FUSIDIC ACID (SODIUM FUSIDATE) – 500mg TDS
Never prescribe as monotherapy and always check for interactions
Statins should be stopped for duration of therapy as per [MHRA warning](#)
MRSA cover as per sensitivities

LINEZOLID – Only on advice of Infection Specialist
DO NOT co-prescribe with rifampicin. Refer to prescribing and
monitoring [guidance](#)

CIPROFLOXACIN – 500-750mg bd gram negative cover
(750mg bd if *Pseudomonas* confirmed or if elevated BMI)

CO-TRIMOXAZOLE – 960mg BD MRSA covers as per sensitivities

CLINDAMYCIN – 450mg TDS to QDS MSSA and MRSA cover only if
sensitive

PRISTINAMYCIN (unlicensed) – Only on advice of Infection
Specialist. Refer to prescribing [guidance](#).

Ref:
[BSR Guidelines for Management of Hot Swollen Joints](#) 2006

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