

## EMPIRIC CHOICE

- ✦ cefazolin 2 g iv q8h
- ✦ If high suspicion for *Neisseria gonorrhoeae*: ceftriaxone 2 g iv q24h
- ✦ If high suspicion for MRSA: vancomycin

## DURATION

- ✦ Non-gonococcal: 2-4 weeks
- ✦ Gonococcal: 7-10 days

## ALTERNATIVES FOR ALLERGIES

- ✦ See 1-page document on beta-lactam allergies:
  - cefazolin does not have a similar side chain to any other beta-lactam so can safely be used for patients with previous beta-lactam hypersensitivity reactions, except those with a previous reaction to cefazolin
  - ceftriaxone can safely be used in patients with previous beta-lactam hypersensitivity reactions EXCEPT those with a previous reaction to cefepime, cefotaxime or ceftriaxone
- ✦ Vancomycin can be used as an alternative for allergy in non-gonococcal septic arthritis
- ✦ For patients with gonococcal septic arthritis and beta-lactam allergy, consult ID for treatment recommendations

## TOP ORGANISMS

- ✦ *Staphylococcus aureus*
- ✦ Streptococci
- ✦ *Neisseria gonorrhoeae*

## CURRENT RESISTANCE ISSUES

- ✦ Fluoroquinolone resistant *Neisseria gonorrhoeae* are frequently encountered, therefore they are not a good empiric choice for gonococcal disease

## IMMUNOCOMPROMISED HOST CONSIDERATION

- ✦ Same as for immunocompetent hosts

## ADDITIONAL DIAGNOSTIC AND THERAPEUTIC COMMENTS

- ✦ Joint aspiration is almost always needed for diagnosis
- ✦ Orthopedic surgery consultation is usually required for
  - diagnosis
  - ensuring adequate joint drainage, and
  - adjunctive therapy (e.g. role of splinting, physiotherapy, etc...)

