

Osteomyelitis

Information for parents and/or caregivers

Welcome to the Southern Adelaide Local Health Network. This information sheet aims to answer any questions you may have about your child having osteomyelitis.

Osteomyelitis is an infection in the bone. It usually affects a bone around the knee, hip or ankle.

In most cases, osteomyelitis is caused by a type of bacteria found on the skin, the staphylococcus bacteria. The bacteria enter the bone through the blood stream. The bone may become infected after an injury, such as a bone fracture, wound or surgery. In many cases of osteomyelitis the source of infection is unknown.

Osteomyelitis can also develop when an infection in another part of the body, such as a urinary tract infection or pneumonia, spreads through the blood to the bone.

When osteomyelitis develops as a result of an infection, injury or underlying condition, it is called acute osteomyelitis. If the condition continues or keeps recurring, it is called chronic osteomyelitis.

Signs and symptoms

Your child may suddenly experience:

- localised bone pain
- swelling/redness, warmth or pain in the area
- reduced movement of the affected body part
- the overlying skin may be red, hot and swollen
- spasms of associated muscles
- unexplained weight loss
- have a temperature and generally look unwell, refusal to walk, unable to weight bear
- limping

Diagnosis

Your child's doctor may need to:

- examine your child, especially the painful area;
- order Xray, MRI scan of the area, occasionally a bone scan is needed;
- do a blood test

Treatment

- Most children with osteomyelitis will need to be admitted to hospital.
- They usually need an intravenous (IV) drip so that antibiotic treatment can begin.
- They may need a plaster or splint to keep the area still.

- Pain medication may be given to help your child if they have pain.
- Blood tests are taken to make sure the right antibiotic is being used and to make sure that the condition is improving.
- Intravenous (IV) antibiotic treatment maybe needed for several weeks.
- Once intravenous (IV) antibiotics have finished, your child may need to go on oral antibiotics (i.e. antibiotic tablets or syrup).
- A few children may need longer treatment on IV antibiotics (four to six weeks); and sometimes your child might be discharged home while still having IV treatment.
- Surgery may be required.

At home care

It is essential that your child takes the complete course of oral antibiotics that they are prescribed. Every single dose is important!

If your child develops the following symptoms and you are worried contact your GP or the treating doctor:

- diarrhoea;
- a high temperature;
- if any of the symptoms listed previously under signs and symptoms come back.

Follow-up

Your child will be seen again in the FMC Specialist Clinics about one week after going home. Please ask your nurse or doctor for an appointment or appointment card prior to going home.

Key points to remember

- Every child has a different response to treatment and this will affect the amount of time your child needs to stay in hospital.
- Your child will need regular blood tests to watch their progress, even after they have gone home.
- Follow up appointments are very important and your child must attend even if they appear to be well.

For more information

See your family doctor

For 24 hour health advice, call health direct Australia
1800 022 222

Local emergency department

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Osteomyelitis: RCH Melbourne : June 2018

Osteomyelitis: Uptodate: July 2018

Osteomyelitis: Health Direct : July 2017

For more information

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