medication, preferably opioids administered intravenously on a regular schedule. For children able to understand the concept, PCA is recommended (see Pain Assessment; Pain Management, Chapter 5). In addition to pain management, the patient is evaluated for skin integrity, adequate urinary output, fluid and electrolyte balance, and ileus. Discharge planning should include a timetable for follow-up with the provider and resumption of regular activities.

In most cases, the patient begins ambulation as soon as possible. Depending on the instrumentation used and the surgical approach, most patients are walking by the second or third postoperative day and discharged within 5 to 7 days. The patient may start physical therapy as soon as he or she is able, beginning with range-of-motion exercises on the first postoperative day and many of the activities of daily living in the following days. Self-care, such as washing and eating, is always encouraged. Throughout the hospitalization, age-appropriate activities and contact with family and friends are important parts of nursing care and planning (see Immobilization, earlier in this chapter). The family is encouraged to become involved in the patient's care to facilitate the transition from hospital to home management. An organization that provides education and services to both families and professionals is the National Scoliosis Foundation.*

Infections of Bones and Joints

Osteomyelitis

Osteomyelitis, an infectious process in the bone, can occur at any age but most frequently is seen in children 10 years old or younger. Boys are more commonly affected than girls, and the median age of diagnosis is 5 to 6 years old. The limbs most commonly affected include the foot, femur, tibia, and pelvis. *Staphylococcus aureus* is the most common causative organism. Neonates are also likely to have osteomyelitis caused by group B streptococci. Children with sickle cell disease may develop osteomyelitis from *Salmonella* organisms as well as *S. aureus*. *Neisseria gonorrhoeae* is a potential causative organism in sexually active adolescents. *Kingella kingae* has been reported as one of the most causative organisms in children younger than 5 years old (Kaplan, 2016a).