Table 7C.2: Hospital Discharges, Length of Stay (LOS), and Charges for Children and Adolescents Age 20 and Under with Musculoskeletal (MSK) Infection Diagnosis[1], by Sex and Age, United States 2013

| | Number of Hospital Discharges (in 1,000s) | | | | | | | | | |
| | Sex | | Age in Years | | | | | | | |
Hospital Discharges	Male	Female	Neonatal	≤1	1 to 4	5 to 9	10 to 13	14 to 17	18 to 20	Total
Any MSK Infection Diagnoses [1]	8.7	5.4	0.2	0.5	2.5	3.3	2.7	2.6	2.3	14.0
Primary Diagnosis [2]	5.2	3.1	*	0.3	1.8	2.2	1.8	1.2	1.0	8.3
Discharges/Visits for Any MSK Diagnoses	274.2	229.6	168.8	22.2	50.5	53.9	55.1	81.5	72.0	503.9
Proportion Any MSK Infection to Any MSK Diagnoses	3.2%	2.4%	0.1%	2.3%	5.0%	6.1%	4.9%	3.2%	3.2%	2.8%
Proportion Primary MSK Infection to Any MSK Diagnoses	1.9%	1.4%	*	1.4%	3.6%	4.1%	3.3%	1.5%	1.4%	1.6%
Discharges/Visits for All Diagnosis	3,040.9	3,262.9	3,935.2	292.4	416.1	289.8	241.9	445.2	686.0	6,303.8
Proportion Any MSK Infection to All Diagnoses	0.3%	0.2%	0.0%	0.2%	0.6%	1.1%	1.1%	0.6%	0.3%	0.2%
Proportion Primary MSK Infection to All Diagnoses	0.2%	0.1%	*	0.1%	0.4%	0.8%	0.7%	0.3%	0.1%	0.1%
Hospital Charges			Mean LOS and Charges							
Any MSK Infection Diagnoses [1]										
Mean Length of Stay	8.3	8.6	47.3	21.8	6.8	7.0	7.0	8.9	8.1	8.5
Mean Charges [3] (in 1,000 $s)	$ 74.0	$ 80.2	$ 349.9	$ 195.0	$ 56.9	$ 69.3	$ 64.5	$ 89.7	$ 66.8	$ 76.9
Total Charges (in million $s)	$ 643.8	$ 433.1	$ 70.0	$ 97.5	$ 142.3	$ 228.7	$ 174.2	$ 233.2	153.6	$ 1,076.6
Primary Diagnosis [3]										
Mean Length of Stay	5.9	6.0	*	10.0	5.6	5.1	5.5	6.7	6.5	5.9
Mean Charges [3] (in 1,000 $s)	$ 47.0	$ 50.4	* $	73.7	$ 43.3	$ 44.0	$ 46.6	$ 57.0	$ 51.2	$ 48.3
Total Charges (in million $s)	$ 244.4	$ 156.2	* $	22.1	$ 77.9	$ 96.8	$ 83.9	$ 68.4	$ 51.2	$ 400.9

* Does not meet standards of reliability.

[1] Includes osteomyelitis, septic arthritis, soft issue infections, Lyme disease, and tuberculosis.

[2] Primary diagnosis defined as the first Dx.

[3] Average charges are based on individual record discharges. The fees included may vary from patient to patient, but generally include hospital room, supplies, medications, laboratory fees, and care staff, such as nurses. They generally do not include professional fees (doctors) and non-covered charges. In a small proportion of the discharge cases, professional fees (doctors) are not removed from total charges because the data source cannot provide the information. Emergency charges incurred prior to admission to the hospital may be included in total charges.

Source: HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP). 2013. Agency for Healthcare Research and Quality, Rockville, MD. https://www.hcup-us.ahrq.gov/nisoverview.jsp