Delirium is defined as an acute alteration in attention, usually caused by a precipitating event. Delirium presenting as an adverse effect of antibiotic use is a rare association and has been seen with cephalosporins, penicillins, quinolones, macrolides, and metronidazole. More infrequent is delirium following the administration of daptomycin, particularly in those without underlying end-stage kidney disease.

We report a case of acute delirium in a 72-year-old male with mild renal dysfunction and chronic osteomyelitis who presented to our hospital with acute altered mental status and stroke-like symptoms. He had recently completed a prolonged course of ertapenem and vancomycin for vertebral extended spectrum beta-lactamase (ESBL)-producing Escherichia coli and methicillin-resistant staphylococcus aureus (MRSA) osteomyelitis in the setting of retained hardware.

Unfortunately, he was also found to have discitis and was subsequently started on daptomycin and ertapenem. Shortly after re-initiation of antibiotics, he presented to the hospital for altered mental status associated with hallucinations, as well as lower extremity weakness. History was negative for herbal supplements, ethanol use, and illicit drug use except for cannabidiol (CBD) oil, which was chronic but infrequent.

Initial testing including computerized tomography (CT) head, magnetic resonance imaging (MRI) brain, and electroencephalogram (EEG) were negative for acute changes. Laboratory studies including thyroid stimulating hormone, cortisol, electrolytes and several vitamin levels were all within normal limits.

This case highlights an important adverse effect of daptomycin use in the elderly. While it might not be life-threatening, recognition of such an adverse effect can ensure early intervention and eliminate unnecessary and expensive investigational modalities. It also emphasizes the benefit of a multi-disciplinary approach in the diagnosis and management of complex patients, with patients and their families sharing in the decision-making process to improve outcomes.

**REFERENCES**
