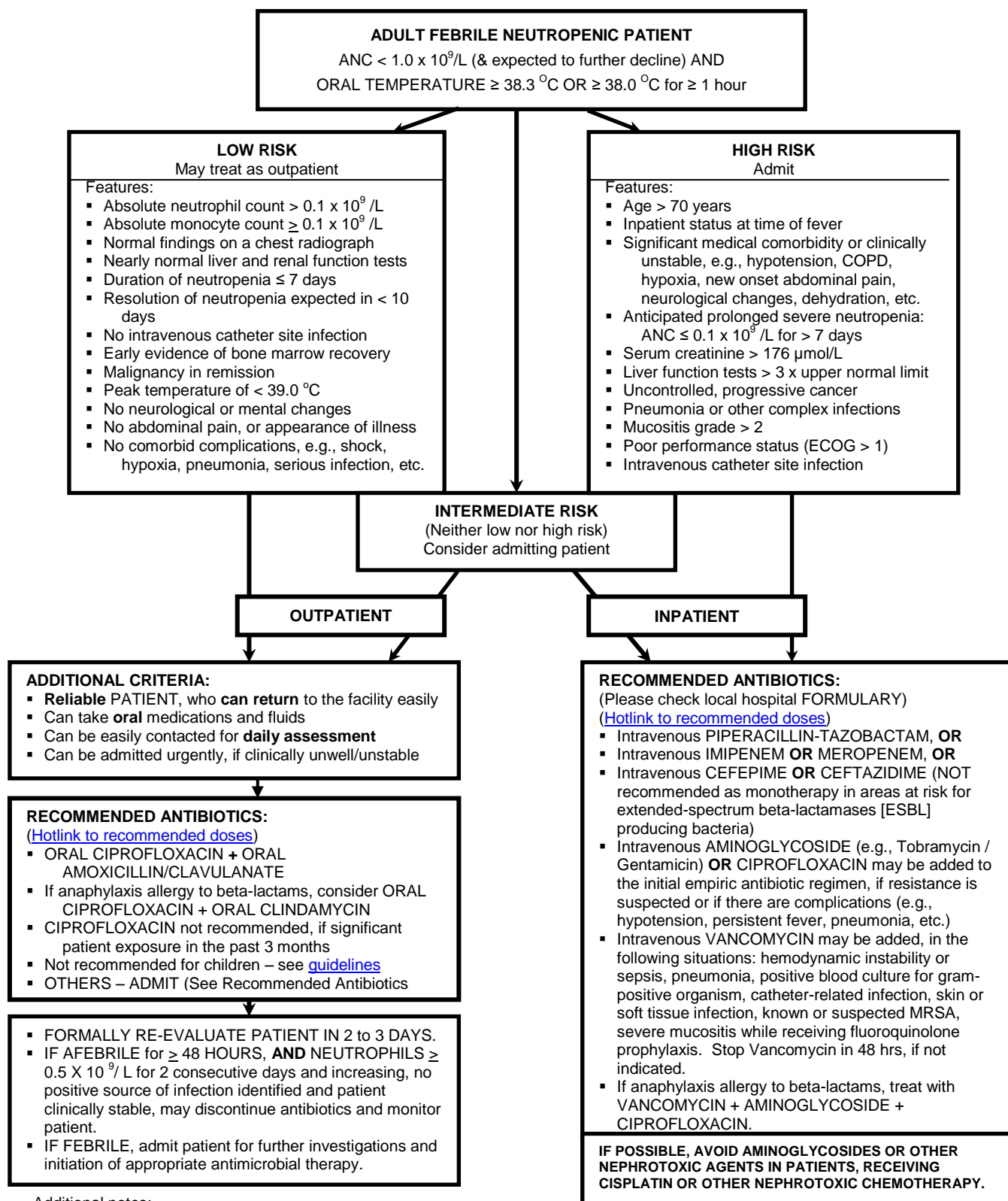


# EMPIRIC TREATMENT OF FEBRILE NEUTROPENIA



## Additional notes:

- Empirical ANTIFUNGAL therapy should be considered in patients, who are experiencing persistent fevers, despite receiving 3-5 days of broad-spectrum antibiotic therapy.
- METRONIDAZOLE may be added to empirical IV antibiotics, if anaerobic infection (e.g., intra-abdominal) is suspected.
- Antimicrobial therapy should be continued until the infection has resolved and the patient is no longer neutropenic.
- In the absence of serious infections, G-CSF is not indicated to improve clinical outcomes, but may reduce hospitalization by 1 day.

- These guidelines are compiled from the published literature and current practice ([Hotlink to references](#)).
- For more information, please contact Dr. Shirin Abadi at [SAbadi@bccancer.bc.ca](mailto:SAbadi@bccancer.bc.ca)
- To contact individual BCCA Centres, please call:  
Abbotsford (AC): 604-851-4710, Kelowna (CS): 250-712-3900,  
Prince George (CN): 250-645-7300, Surrey (FVC): 604-930-2098,  
Vancouver (VC): 604-877-6000, Victoria (VIC): 250-519-5500.

# EMPIRIC TREATMENT OF FEBRILE NEUTROPENIA

## SUGGESTED DOSING FOR ANTIBIOTICS (IN ADULT PATIENTS WITH **NORMAL** RENAL FUNCTION):

Amoxicillin/Clavulanate	PO	500/125 mg Q8H, OR 875/125 mg Q12H
Cefepime	IV	2 g Q8H
Ceftazidime	IV	2 g Q8H
Ciprofloxacin	IV	400 mg Q8-12H
	PO	750 mg Q12H
Clindamycin	PO	600 mg Q8H
Gentamicin OR Tobramycin	IV	6-7 mg/kg Q24H (if CrCl > 60 mL/minute, otherwise use caution & prolong dosing interval)
Imipenem	IV	500 mg Q6H
Meropenem	IV	1 g Q8H
Piperacillin/Tazobactam	IV	4.5 g Q6H
Ticarcillin/Clavulanate	IV	3.1 g Q4-6H
Vancomycin	IV	25 mg/kg IV loading dose, followed by 15 mg/kg Q12H (round to nearest 250 mg dose)
Metronidazole	IV	500 mg Q12H

### References:

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3. in: DN Gilbert, RC Moellering Jr, GM Eliopoulos, HF Chambers, MS Saag (Eds.). *The Sanford Guide to Antimicrobial Therapy* 2013. 43rd ed. Antimicrobial Therapy, Inc. Sperryville, VA; 2013.
4. National Comprehensive Cancer Network (NCCN). (2013). *Prevention and Treatment of Cancer-Related Infections v.1*. Retrieved May 26<sup>th</sup>, 2014, from [http://www.nccn.org/professionals/physician\\_gls/pdf/infections.pdf](http://www.nccn.org/professionals/physician_gls/pdf/infections.pdf).
5. Bow E, Wingard JR. Overview of neutropenic fever syndromes. In: UpToDate, Marr KA, Thorner AR (Eds), UpToDate, Waltham, MA. (Accessed on May 26<sup>th</sup>, 2014).
6. Klastersky J, Paesmans M, Rubenstein EB, et al. The Multinational Association for Supportive Care in Cancer risk index: A multinational scoring system for identifying low-risk febrile neutropenic cancer patients. *J Clin Oncol* 2000;18(16):3038-51.

Approved on: March 26<sup>th</sup>, 2015

**Disclaimer** Both the format and content of the guidelines will change as they are reviewed and revised on a periodic basis. Any physician using these guidelines to provide treatment for patients will be solely responsible for verifying the doses, providing the prescriptions, and administering the medications described in the guidelines, according to acceptable standards of care.