



VA: VGH / UBCH / GFS
VC: BP / Purdy / GPC

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

INITIAL FEBRILE NEUTROPENIA OR INFECTION MANAGEMENT - INPATIENT

(items with check boxes must be selected to be ordered)

(Page 1 of 1)

I. INITIAL ASSESSMENT ON ADMISSION: (Physician to Outline Treatment Plan)

ACTION: DO NOT ACTIVATE THESE ORDERS UNLESS DIRECTED BY THE PHYSICIAN.
Do not fax order to Pharmacy until Section II is completed. Leave in Physician's Orders.

Nurse to notify physician for temperature of 38°C or above. Upon physician instruction, nurse to complete Section II below.

Review past microbiology results and recent antibiotic usage (e.g. PCIS, CareConnect, PharmaNet) to optimize antibiotic selection - Physician's initial _____

LABORATORY: Blood culture x 2 sets BEFORE antibiotics (include 1 set from central line, if present)
Urinalysis and urine C&S (as per VCH guidelines)

MONITORING: If patient has a positive blood culture, draw blood cultures x 2 sets daily for 3 days (see sampling instructions in Laboratory section above), then reassess.

If ongoing fever 38° C or above AND if blood cultures not drawn in the last 24 hours, draw blood cultures x 2 sets (see sampling instructions in Laboratory section above),

TREATMENT: acetaminophen 325 to 650 mg PO Q4H PRN for fever reduction

Regimen A: piperacillin-tazobactam _____ g IV Q6H (4.5 g if CrCl is greater than 50 mL/min)

Regimen B - Documented or suspected penicillin allergy (not anaphylaxis):

ceftAZidime 2 g IV Q ____ H (Q8H if CrCl is greater than 50 mL/min)

If intraabdominal source suspected **ADD**

metroNIDAZOLE 500 mg IV Q12H

Regimen C - Documented anaphylaxis to penicillin OR suspected gram negative bacilli ESBL producer:

meropenem 500 mg IV Q ____ H (Q6H if CrCl is greater than 50 mL/min)

If known or suspected MRSA, or risk factors for gram positive infection (see below) **ADD**

vancomycin _____ mg IV loading dose, then _____ mg IV Q ____ H

Vancomycin Indications: Hemodynamically unstable or signs of sepsis; pneumonia documented radiographically, gram positive organism in blood culture, clinically suspected serious catheter-related infection, skin or soft tissue infection, known or suspected MRSA, severe mucositis on fluoroquinolone prophylaxis

Prescriber's Signature

Printed Name

College ID

Date/Time

II. ACTIVATION OF ORDERS FOR FEBRILE NEUTROPENIA OR INFECTION:

(Section II - To be Activated by Physician & Completed by Nurse (or Physician) Only if Temperature of 38°C or Above)

Activation Date: _____ Activation Time: _____

ACTION: Upon receipt of physician instruction to activate orders, nurse to:

Document activation date and time above.

Initiate the above orders in Section I.

Sign order with activating prescriber's name (and name of nurse taking telephone order, if applicable).

Fax order to Pharmacy.

Prescriber's Signature
FN0T15

Printed Name
VCH.VA.PPO.302 | Rev.JUN.2020

College ID

Time
Processed
RN/LPN
Initials
Comments