

Recommendations for Evaluation of the Febrile Neutropenic Patient

1. Febrile neutropenia is considered to be one of the few oncologic emergencies.
2. A source of infection is ultimately only found in less than a third of patients.
3. In febrile neutropenic patients, signs and symptoms of infection are often minimal or absent.
4. REVIEW OF SYSTEMS: A thorough ROS is indicated, including the most commonly infected sites:
 - CNS
 - Pharynx
 - Lower esophagus
 - Lung
 - GI tract and perineum
 - Skin, nails
 - Vascular access devices
5. PHYSICAL EXAMINATION: A thorough physical examination is indicated including:
 - Signs of meningismus
 - Evaluation for sinusitis, mucositis or dental disease
 - Pulmonary exam
 - Abdominal and GU exam
 - Dermatologic exam
 - Exam of vascular access site/device
6. RECOMMENDED INVESTIGATIONS:
 - CBC and differential
 - Transaminases and bilirubin
 - Electrolytes, BUN and creatinine
 - Two sets of Blood cultures from two different sites, including one from the vascular access device (if one is in situ)
 - Urine analysis and culture
 - A chest roentgenogram is usually recommended, if the patient has respiratory symptoms or outpatient treatment is being considered
 - Other investigations including LP, stool cultures, wound cultures are done as indicated.

References¹⁻⁷:

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4. Rubenstein EB, Rolston K, Benjamin RS, et al. Outpatient treatment of febrile episodes in low-risk neutropenic patients with cancer. Cancer 1993;71(11):3640-6.
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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.