



ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

FEBRILE NEUTROPENIA- OUTPATIENT INITIAL MANAGEMENT

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

(Page 1 of 2)

Date: _____ Time: _____

Time Processed
 RN/LPN Initials
 Comments

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

Notify physician for temperature 38°C or above. Upon physician instruction, initiate investigations below AND activate antibiotic orders on page 2. Nurse to document activation date and time on page 2.

OR

Initiate investigations below AND activate antibiotic orders on page 2 NOW. Physician to document activation date and time on page 2.

LABORATORY:

Prior to first dose of antibiotic administration:

Draw two sets of blood cultures within 1 hour of each other. Blood sampling instructions:

One set from central line & one set from peripheral vein

OR

If central line not present, two sets from different peripheral veins

Collect urine for urinalysis and Culture & Sensitivity

If blood cultures positive, draw blood cultures daily x 3 days (as per sampling instructions above), then reassess

Drug Serum Levels:

For patients receiving tobramycin, draw tobramycin trough level immediately prior to second dose

For patients receiving vancomycin draw vancomycin trough level immediately prior to third dose

DIAGNOSTICS: Chest X-ray (if clinically applicable)

TREATMENTS: Oxygen saturation (if clinically applicable)

Height: _____ cm	Actual Weight: _____ kg
Ideal Body Weight (IBW):	Ideal Body Weight (IBW) = _____ kg
Male = 51.65 + 0.73 (height - 152.4) Female = 48.67 + 0.65 (height - 152.4)	
Corrected Body Weight:	Corrected Body Weight = _____ kg
(actual body weight + ideal body weight) / 2	
Estimated CrCl:	CrCl = _____ mL/min
(140 - age) / [0.011 * SCr (micromol/L)] x 0.85 (for females)	

 Prescriber's Signature
 LBMTOPAP

 Printed Name
 VCH.VA.PPO.310 I Rev.OCT.2016

 College ID



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

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

FEBRILE NEUTROPENIA- OUTPATIENT INITIAL MANAGEMENT

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

(Page 2 of 2)

Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments

MEDICATIONS:

Activation Date: _____ Activation Time: _____

REGIMEN A: *NO allergy or NO documented or suspected anaphylactic reaction to penicillin*

cefTRIAxone 2 g IV Q24H x 3 doses, then 1 g IV Q24H

AND

tobramycin _____ mg (5 mg/kg IBW, round to nearest 20 mg) IV Q_____ H x 3 days then reassess
(Q24H if CrCl is above 60 mL/min; IF patient obese (greater than 125% IBW) use corrected body weight)

REGIMEN B: *Documented anaphylactic reaction to penicillin OR suspected gram negative bacilli ESBL producer*

ertapenem 1 g IV Q 24 H (if CrCL is above 30 mL/min)

AND

tobramycin _____ mg (5 mg/kg IBW, round to nearest 20 mg) IV Q_____ H x 3 days then reassess
(Q24H if CrCl is above 60 mL/min; IF patient obese (greater than 125% IBW) use corrected body weight)

For patients with suspected penicillin allergy anaphylaxis

Run FIRST dose ertapenem slowly over 1 hour. Observe for signs of anaphylaxis (generalized hives, pruritis or flushing, swollen lips-tongue-uvula, respiratory compromise or reduced blood pressure)

Contact Doctor STAT if any of the above symptoms occur

acetaminophen 650 mg PO Q4H PRN fever

Other (specify): _____

AT TIME OF ORDER ACTIVATION:

If known or suspected intra-abdominal source, **ADD**

metroNIDAZOLE 500 mg PO BID to Regimen A

If the indications for vancomycin are met, then **ADD** vancomycin

vancomycin _____ mg loading dose then _____ mg IV DAILY ***OR*** BID

If at any time the patient meets 2 or more systemic inflammatory response syndrome criteria (SIRS), proceed to the Severe Sepsis in the L-BMT Outpatient Unit – Initial Management (PPO 792) Orders

NOTES TO PHYSICIAN: (Unit Clerk/Pharmacy do not process – reminders for Physician only)
Refer to Leukemia/BMT Manual for dosing guidelines for vancomycin

INDICATIONS FOR VANCOMYCIN:

- Suspicion of an infection with Gram positive bacteria (e.g. MRSA and coagulase negative Staphylococcus)
- Positive blood cultures with Gram positive bacteria before identification and susceptibility results are available

Key points:

- There is no proven advantage to add vancomycin empirically in an asymptomatic and hemodynamically stable patient with persistent fever and neutropenia
- If vancomycin is started empirically, stop it after 2 days if cultures are negative for Gram positive infection

Prescriber's Signature
LBMTOPAP

Printed Name
VCH.VA.PPO.310 I Rev.OCT.2016

College ID