COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

FEBRILE NEUTROPENIA - OUTPATIENT INITIAL MANAGEMENT
(items with check boxes must be selected to be ordered)

Date: ____________________ Time: ____________________

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)

<table>
<thead>
<tr>
<th>Height: ______ cm</th>
<th>Actual Weight: _________ kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal Body Weight (IBW):</td>
<td>Ideal Body Weight (IBW) = _________ kg</td>
</tr>
<tr>
<td>Male = 51.65 + 0.73 (height - 152.4) Female = 48.67 + 0.65 (height - 152.4)</td>
<td></td>
</tr>
<tr>
<td>Corrected Body Weight:</td>
<td>Corrected Body Weight = _________ kg</td>
</tr>
<tr>
<td>(actual body weight + ideal body weight) / 2</td>
<td></td>
</tr>
<tr>
<td>Estimated CrCl:</td>
<td>CrCl = ______ mL/min</td>
</tr>
<tr>
<td>(140 – age) / [ 0.011 * SCr (micromol/L) ] x 0.85 (for females)</td>
<td></td>
</tr>
</tbody>
</table>

Prescriber’s Signature ____________________________ Printed Name ____________ College ID ____________
LBMTOPAP VCH.VA.PPO.310 I Rev.OCT.2016
FEBRILE NEUTROPENIA- OUTPATIENT INITIAL MANAGEMENT

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

Date: ____________________ 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

**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: ____________________ Printed Name: ____________________ College ID: ____________________

LBMTOPAP: VCH.VA.PPO.310 I Rev.OCT.2016