**FEBRILE NEUTROPENIA OR SUSPECTED INFECTION**  
**INPATIENT INITIAL MANAGEMENT**  
(items with check boxes must be selected to be ordered)

<table>
<thead>
<tr>
<th>Date: ________________________</th>
<th>Time: __________________________</th>
</tr>
</thead>
</table>

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 one 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 C&S (Do not delay antibiotics if unable to collect urine sample)
- If patient has a positive blood culture, draw daily blood cultures for 3 days (as per blood sampling instructions above), then reassess.

**Drug Serum Levels:** For patients receiving vancomycin, draw serum trough level before the third dose

**DIAGNOSTICS:**
- **☐** Chest X-ray (if clinically applicable)

**TREATMENTS:**
- **☐** Oxygen saturation (if clinically applicable)

**MONITORING:**

- For ongoing fever 38°C or above:
  - If fever present and blood cultures not drawn in the last 24 hours:
    - Draw two sets of blood cultures within one 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.

**Prescriber’s Signature**

**Printed Name**

**College ID**

FNOT15  VCH.VA.PPO.302  Rev.OCT.2018
IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-875-4077 IMMEDIATELY

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

ORDERS

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

FEBRILE NEUTROPENIA OR SUSPECTED INFECTION
INPATIENT INITIAL MANAGEMENT
(items with check boxes must be selected to be ordered)

Date: ________________________ Time: __________________________

MEDICATIONS:
Activation Date: ______________ Activation Time: ______________

☐ REGIMEN A:
piperacillin - tazobactam 4.5 g IV Q6H (3.375 g if CrCl is 30 to 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)

☐ REGIMEN C:
Documented anaphylactic reaction to penicillin OR suspected gram negative bacilli ESBL producer
meropenem 500 mg IV Q_____H (Q6H if CrCl is greater than 50 mL/min)

For patients with suspected anaphylactic reaction to penicillin:
Observe for signs of anaphylaxis (generalized hives, pruritis or flushing, swollen lips-tongue-uvula, respiratory compromise or reduced blood pressure)
Contact Physician STAT if any of the above symptoms occur

☐ acetaminophen 325 to 650 mg PO Q4H PRN for fever reduction
☐ Other (specify): __________________________________________________________________________

AT TIME OF ANTIBIOTIC ORDER ACTIVATION:
If known or suspected intra-abdominal source, ADD
☐ metroNIDAZOLE 500 mg IV Q12H to REGIMEN B

If the following indications are met, ADD vancomycin to REGIMEN A, B, or C
☐ vancomycin ______mg IV loading dose, then ______mg IV Q_____H

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

VANCOMYCIN INDICATIONS:
- Hemodynamically unstable or signs of sepsis
- Pneumonia documented radiographically
- Positive blood culture for gram- positive organism
- Clinically suspected serious catheter-related infection
- Skin or soft tissue infection
- Known or suspected MRSA
- Severe mucositis on fluoroquinolone prophylaxis

[Signature]
Prescriber's Signature

[Name]
Printed Name

[College ID]
FNOT15

VCH.VA.PPO.302 I Rev.OCT.2018