FEBRILE NEUTROPENIA OR SUSPECTED INFECTION
INPATIENT INITIAL MANAGEMENT

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

Date: ________________________ Time: __________________________

☐ 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.

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

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Prescriber’s Signature
FNOT15

Printed Name
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College ID