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.

☐ 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)
## FEBRILE NEUTROPENIA OR SUSPECTED INFECTION
### INPATIENT INITIAL MANAGEMENT

- **Addressograph:**

- **Medical Orders:**
  - **Complete or Review Allergy Status Prior to Writing Orders**

- **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 QH (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 QH (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**  
**Printed Name**  
**College ID**  
**FNOT15**  
**VCH.VA.PPO.302**  
**Rev.MAR.2016**