



LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH YYYY-MM-DD	SEX
ADDRESS	
IMPRINT OR ENTER DETAILS BY HAND	

**Division of Paediatric Emergency Medicine
Division of Haematology/Oncology**

POSSIBLE FEBRILE NEUTROPENIA ORDER SET

DATE: _____ YYYY MM DD	WEIGHT (kg): _____	ALLERGIES: _____ <input type="checkbox"/> NKDA
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These guidelines apply to the management of patients:

- with fever and possible neutropenia due to a known or suspected malignancy or the use of antineoplastics
- haematopoietic progenitor cell transplant (HPCT) patients who present with fever or evidence of infection within 6 months of their transplant, *regardless of their absolute neutrophil count*
- who continue to receive immunosuppressant agents after HPCT, regardless of their absolute neutrophil count or length of time post-HPCT

These guidelines may also be appropriate for the following patients *even though they are not neutropenic*:

- with fever or evidence of infection who are newly diagnosed with cancer
- are receiving antineoplastics
- who have completed cancer therapy within 6 months

PROVIDER SIGNATURE & TIME	ORDERS	NOTED BY RN SIGNATURE & TIME
	<input checked="" type="checkbox"/> vital signs, including blood pressure <input checked="" type="checkbox"/> if hemodynamically unstable or unwell, notify MD immediately	
	<input checked="" type="checkbox"/> obtain the following: <ul style="list-style-type: none"> • peripheral CBC and differential (2 mL in EDTA tube) • peripheral blood culture • Na, K, Cl, creatinine 	
	<input type="checkbox"/> apply EMLA to subcutaneous port site	
	<input checked="" type="checkbox"/> draw aerobic culture from all lumens of central venous access device (do not wait for CBC results)	
	<input checked="" type="checkbox"/> D5NS at 1.5 X maintenance = _____ mL/hour	
	<input checked="" type="checkbox"/> minimum vital signs monitoring: q1h until stable, and then q4h, and within 30 minutes prior to leaving	
	<input type="checkbox"/> acetaminophen _____ mg PO q4h prn fever (<i>avoid NSAIDS</i>) (10-15 mg/kg/dose; max 75 mg/kg/day or 4 g/day)	
	<input type="checkbox"/> start antibiotics – see reverse 1. _____ 2. _____ 3. _____	

GUIDELINES FOR TREATMENT OF FEBRILE NEUTROPENIA IN ONCOLOGY PATIENTS

NOTE: complete guideline: "Management of Haematology/Oncology & Haematopoietic Progenitor Cell Transplant (HPCT) Patients with Fever" can be found in the SickKids' Policies and Procedures

FOLLOW SUBSEQUENT PROTOCOL IF:

Absolute neutrophil count (ANC) < 0.5 x 10⁹/L or

ANC ≥ 0.5 x 10⁹/L and ANC expected to fall below 0.5 x 10⁹/L within the next 48 hours (due to chemo) or

Patient is < 6 months post HPCT or

Patient is ≥ 6 months post HPCT and continues to take immunosuppression agents (e.g. steroids, cyclosporine)

High Risk (any factor listed below)	Low Risk (all factors listed below)
<ul style="list-style-type: none"> • history of overwhelming sepsis within the previous 6 months • age < 12 months • Down Syndrome • HPCT patient within 6 months of transplant and/or receiving immunosuppressants • diagnosis of: <ul style="list-style-type: none"> • acute myelogenous leukemia • Burkitt lymphoma or leukemia • acute lymphoblastic leukemia (ALL) in induction or reinduction/delayed intensification • advanced stage anaplastic large cell lymphoma • stage 4 neuroblastoma • relapsed leukemia or • progressive/relapsed malignancy with bone marrow involvement • presents with any one or more of the following: <ul style="list-style-type: none"> • sepsis syndrome • hypotension • tachypnea • hypoxia (O₂ saturation < 94% on room air) • new infiltrates on chest X-ray • altered mental status • severe mucositis • vomiting • abdominal pain • evidence of significant local infection (e.g. tunnel infection, perirectal abscess, cellulitis) 	<ul style="list-style-type: none"> • no high risk factor

DECISION TREE

