



FEBRILE NEUTROPENIA ORDERS AND ALGORITHM (adapted with permission from the IWK Health Centre – June 2017)

Patient: _____
 Age _____ Wt: _____ kg Date of Wt (dd/mm/yyyy) _____
 Height _____ Body Surface Area _____
 Allergies: _____

The following orders will be carried out by a licensed healthcare professional **ONLY ON THE AUTHORITY OF AN APPROVED PRESCRIBER. Where choice occurs, check as appropriate.**
***For definition of febrile neutropenia refer to Guidelines for Management of Fever with Neutropenia, IWK/APPHON Guidelines.**
 Fax completed order to (902)470-7208 (IWK Pediatric Hematology/Oncology Office).

Required Evaluations	CBC with Differential and baseline lactate level within 30 minutes of arrival and then daily CBC with Differential. Daily Na, K, Cl, BUN, Creatinine Blood cultures from central line (all lumens) prior to administration of antibiotics Blood cultures from peripheral site (if doesn't have a central line) prior to administration of antibiotics Repeat blood cultures once daily, if temperature is greater than or equal to 38.3° and/or appears sick
Please check as appropriate	
Optional Evaluations	<input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine Culture <input type="checkbox"/> NPA swab for; <input type="checkbox"/> Influenza, <input type="checkbox"/> RSV, <input type="checkbox"/> Adenovirus, <input type="checkbox"/> Other _____ <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Other: _____
Vital Signs	At least every hour until stable, then q4h and within 30 minutes prior to leaving the hospital

- **Unstable patients require TRIPLE antibiotic therapy. Start antibiotics immediately on arrival.**
- **For management of patients see algorithm on reverse of form.**
- **In a stable patient if CBC with Differential results cannot be obtained within 60 minutes of hospital arrival start antibiotics regardless.**
- **Alternate antibiotics between lumens.**
- **Call Pediatric Oncologist within 60 minutes of arrival.**

Treatment		
●	Hydration	IV D5W+ 0.9% NaCl at 1 ½ x maintenance per hour = _____ mL/hour (up to 150 mL/hour) or oral equivalent
●	<input type="checkbox"/> NO Penicillin Allergy	Piperacillin-Tazobactam _____ mg IV q8h (240 mg piperacillin/kg/day) (max 4g/dose)
	<input type="checkbox"/> Penicillin Allergy	ceftAZIDime _____ mg IV q8h (150 mg/kg/day) (maximum 6 g/day)
<input type="checkbox"/>	<input type="checkbox"/> Under 12 years of age	Vancomycin _____ mg IV q6h (50 mg/kg/day) (maximum 4 g/day before levels) Trough levels pre 3 rd or 4 th dose (target 5–15 micrograms/mL)
	<input type="checkbox"/> 12 years and older	Vancomycin 1 gram IV q12h (Infuse over at least 90 minutes). Trough levels pre 4 th or 5 th dose (target 5–15 micrograms/mL)
<input type="checkbox"/>	<input type="checkbox"/> 1 month* of age up to 6 years	Tobramycin _____ mg IV q24h (10 mg/kg/day) (maximum 400 mg/day before levels) Peak level with 1 st dose 30 minutes after 30 minute infusion (target 15-25 micrograms/mL)
	<input type="checkbox"/> 6 years and older	Tobramycin _____ mg IV q24h (8 mg/kg/day) (maximum 400 mg/day before levels) Peak level with 1 st dose 30 minutes after 30 minute infusion (target 15-25 micrograms/mL)

*For neonatal dosing refer to the IWK Health Centre Dosing Guidelines if available, otherwise use neonatal dosing reference.

DATE (dd/mm/yyyy)	Time (24hr/hh:mm)	Prescriber Signature	Printed Surname/Registration#
DATE (dd/mm/yyyy)	Time (24hr/hh:mm)	Verified By (Signature)	Printed Surname

Note: Page 2 Clinician Information Only

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