

**NL Health
Services**

CHILD/WOMEN'S HEALTH AND EMERGENCY
Admission and Daily Orders
Pediatric Oncology Febrile Neutropenia
(2 months and older) (Part I)



PO6320 2570 09 2025

Name: _____

HCN: _____

Date of Birth: _____

Weight: _____

ALLERGIES:

☐ No Known

Admission

☐ Admit to: _____ Physician: _____ Diagnosis: Febrile Neutropenia

Admission Screening and Isolation Precautions

☐ Contact – reason: _____ ☐ Droplet – reason: _____
☐ Airborne – reason: _____ ☐ Droplet and contact – reason: _____
☐ Other: _____

Diet and Nutrition

☐ Diet as tolerated ☐ Other: _____

Activity

☐ Activity as tolerated ☐ Other: _____

Vitals

☐ Weight every _____ (example: once daily or Monday/Wednesday/Friday, etc.)
☐ Temperature, heart rate, respiratory rate and blood pressure every _____ hour(s) and PRN
DO NOT TAKE TEMPERATURE RECTALLY
☐ Other: _____

Monitoring

☐ Daily intake and output ☐ Other: _____

Lab Investigations

• CBC and differential daily • Sodium, potassium, chloride daily • Serum creatinine daily
☐ C-Reactive Protein (CRP) daily ☐ Lactate levels daily (if unstable initially on presentation)
☐ Other: _____

Microbiology

• Repeat blood cultures every 24 hours if child remains febrile after initiation of appropriate antibiotic therapy

Intravenous fluids

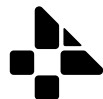
☐ Dextrose _____ % in water + 0.9% sodium chloride at _____ mL/hour (1.5 x maintenance rate, maximum 150 mL/hour) and reassess daily
☐ Other: _____

Medications

☐ Acetaminophen _____ mg PO q4h PRN for fever ONLY (Maximum individual dose: 650 mg AND maximum 5 doses in 24 hours). Notify oncologist if temperature persists after 5 doses in 24 hours.
2 – 3 months old: 10 mg/Kg/dose Greater than 3 months old: 15 mg/Kg/dose
DO NOT GIVE ANY MEDICATION RECTALLY

Prescriber's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM

Nurse's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM



NL Health
Services

CHILD/WOMEN'S HEALTH AND EMERGENCY
Admission and Daily Orders
Pediatric Oncology Febrile Neutropenia
(2 months and older) (Part II)



PO6320 2570 09 2025

Name: _____

HCN: _____

Date of Birth: _____

Weight: _____

ALLERGIES:

☐ No Known

Guideline: Assessment criteria for sepsis risk from Emergency Sepsis Trigger Tool

Temperature Route	Definition	Age	Bradypnea (respiratory rate in breaths/minute)	Tachypnea (respiratory rate in breaths/minute)
Oral (preferred) or Tympanic	A single temperature greater than or equal to 38.3°C OR two temperatures at least one hour apart greater than or equal to 38°C *	2-3 month	Less than 25	Greater than 60
Axilla	A single temperature greater than or equal to 37.8°C OR two temperatures at least one hour apart greater than or equal to 37.5°C *	3-6 month	Less than 25	Greater than 60
		6-12 month	Less than 20	Greater than 60
		1-4 years	Less than 17	Greater than 50
		4-10 years	Less than 15	Greater than 30
		10 years and over	Less than 10	Greater than 25

Age	Bradycardia (respiratory rate in breaths/minute)	Tachycardia (respiratory rate in breaths/minute)
2-3 month	Less than 95	Greater than 180
3-6 month	Less than 105	Greater than 180
6-12 month	Less than 100	Greater than 160
1-4 years	Less than 75	Greater than 145
4-10 years	Less than 60	Greater than 125
10 years and over	Less than 45	Greater than 105

Age	Hypotension (Systolic blood pressure in mmHG)
Infants 2 - 12 months	Less than 70
Children 1 - 10 years	Less than 70 + (age in years x 2)
Children greater than 10 years	Less than 90

Table 1

1. Is the patient febrile?
2. Is the patient tachycardic?
3. Is the patient bradycardic?
4. Is the patient tachypneic?
5. Is the patient hypotensive?
6. Does the patient have mental status abnormality? (decreased level of consciousness, irritable, confused, lethargic, inappropriate crying)
7. Is the patient's oxygenation less than 94% in room air?
8. Does the patient have capillary refill abnormality (greater than 2 seconds or less than 1 second)?
9. Does the patient have skin abnormality (cool/mottled, flushed or rash)?

* If yes to fever plus one other criteria, prescriber must urgently assess patient for possible sepsis.*

Physician to determine if patient is clinically stable or unstable and choose antibiotics from page 3. This decision is based on their assessment of the patient, considering criteria met from Table 1 combined with their overall assessment of the patient.

If patient is clinically unstable, prescriber must also consider if additional treatments/protocols for septic shock are required and must immediately contact the Pediatric Hematology Oncologist on call at 709-777-6300

Prescriber's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM

Nurse's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM



**NL Health
Services**

CHILD/WOMEN'S HEALTH AND EMERGENCY
Admission and Daily Orders
Pediatric Oncology Febrile Neutropenia
(2 months and older) (Part III)



Name: _____

HCN: _____

Date of Birth: _____

Weight: _____

ALLERGIES:

☐ No Known

Ongoing Antibiotic Orders

Rotate administration of antibiotics through all lumens of a central Venous access device (CVAD).

☐ **Clinically STABLE patient**

- ☐ Piperacillin-Tazobactam _____ mg piperacillin IV q6h (maximum individual dose: 4000 mg piperacillin)
2 months to 6 months: 80 mg piperacillin/kg/dose; Older than 6 months: 100 mg piperacillin/kg/dose

OR

- ☐ **IF significant beta-lactam allergy (ie: anaphylaxis) OR receiving/clearing high dose methotrexate**
give Cefepime _____ mg IV q8h (50 mg/kg/dose) (maximum individual dose: 2000 mg)

AND

- ☐ **IF clinical suspicion resistant organism AND/OR suspected central line associated infection ADD**
Vancomycin _____ mg IV q_____ h (maximum individual dose prior to therapeutic drug monitoring:
1000 mg)
Less than 12 years: 15 mg/Kg/dose IV q6h 12 years and older: 15 mg/Kg/dose IV q8h
Vancomycin trough 0 - 30 minutes prior to 4th dose (target 10 - 15 mg/L). If Vancomycin trough not resulted before
4th dose is due, contact physician to obtain to either hold or proceed with 4th dose.
- ☐ Other: _____

☐ **Clinically UNSTABLE patient**

- ☐ Piperacillin-Tazobactam _____ mg piperacillin IV q6h (maximum individual dose: 4000 mg piperacillin)
2 months to 6 months: 80 mg piperacillin/kg/dose; Older than 6 months: 100 mg piperacillin/kg/dose

OR

- ☐ **IF significant beta-lactam allergy (ie: anaphylaxis) OR receiving/clearing high dose methotrexate**
give Cefepime _____ mg q8h (50 mg/kg/dose) (maximum individual dose: 2000 mg)

AND

- Vancomycin _____ mg IV q_____ h
(maximum individual dose prior to therapeutic drug monitoring: 1000 mg)
Less than 12 years: 15 mg/Kg/dose IV q6h 12 years and older: 15 mg/Kg/dose IV q8h
Vancomycin trough 0 - 30 minutes prior to 4th dose (target 10 - 15 mg/L). If Vancomycin trough not resulted before
4th dose is due, contact physician to obtain to either hold or proceed with 4th dose.
- Tobramycin _____ mg IV **x 1 dose** (maximum dose prior to therapeutic drug monitoring: 400 mg)
2 months to less than 6 years: 10.5 mg/kg/dose 6 years and older: 8 mg/kg/dose
Tobramycin trough level 1 hour prior to second dose (target less than 1 microgram/mL)

☐ Other: _____

Prescriber's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM

Nurse's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM



NL Health
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CHILD/WOMEN'S HEALTH AND EMERGENCY
Admission and Daily Orders
Pediatric Oncology Febrile Neutropenia
(2 months and older) (Part IV)



PO6320 2570 09 2025

Name: _____

HCN: _____

Date of Birth: _____

Weight: _____

ALLERGIES: _____

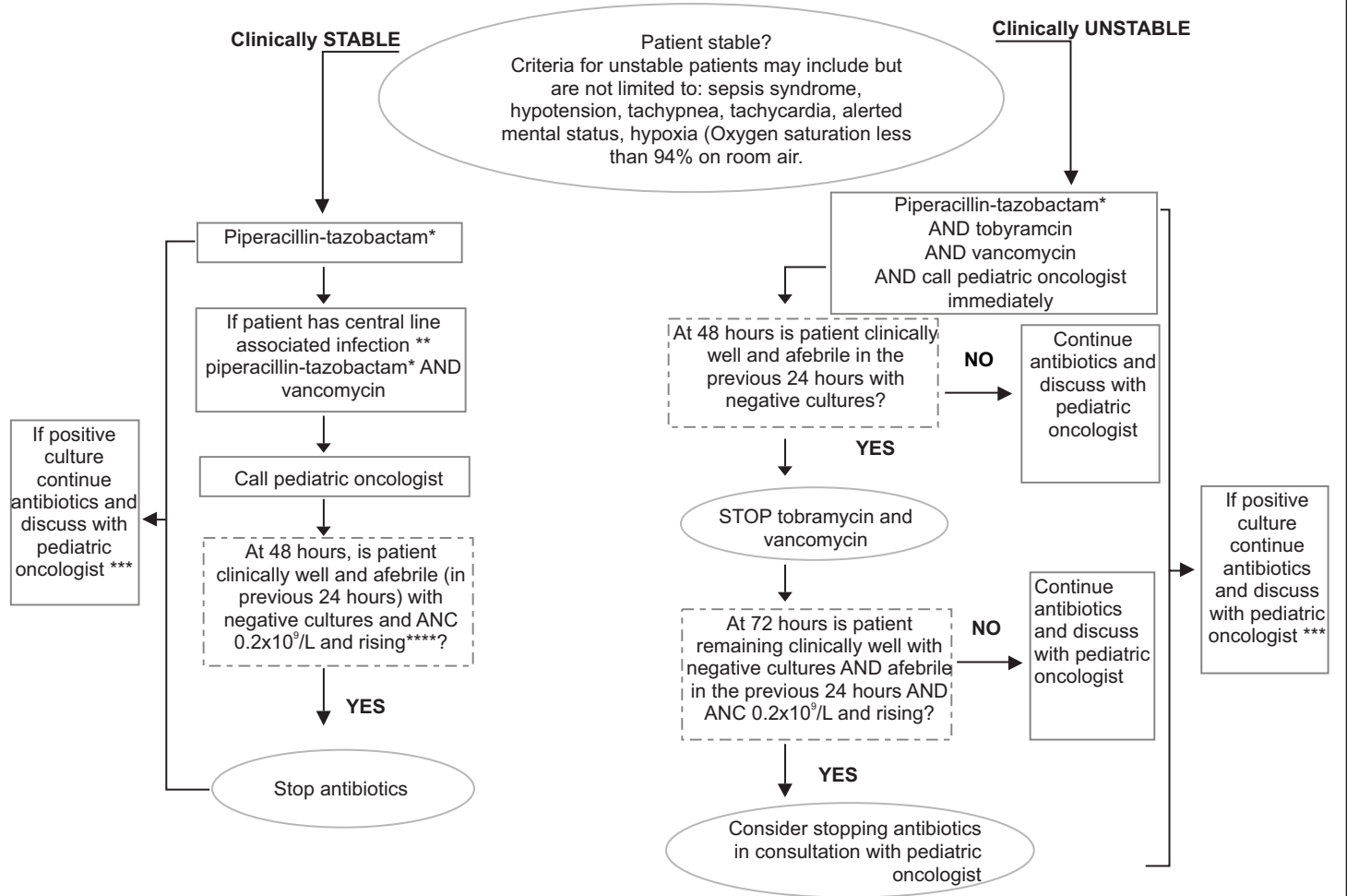
☐ No Known

Febrile Neutropenia Guidelines

- Fever is defined as a single temperature greater than or equal to 38.3°C orally (preferred) or tympanic (37.8°C axilla) **OR** two temperatures greater than or equal to 38°C orally (preferred) or tympanic (37.5°C axilla) at least 1 hour apart **(temperature taken at home by parent must be counted)**
- Neutropenia is defined as ANC less than $0.5 \times 10^9/L$ **OR** expected to fall below $0.5 \times 10^9/L$ in the next 48 hours

Start antibiotics within **1 hour** of discovering a fever

DO NOT GIVE ANYTHING RECTALLY, INCLUDING MEDICATION. DO NOT TAKE TEMPERATURES RECTALLY



* If penicillin ALLERGY or receiving or clearing high dose IV methotrexate, use cefepime instead of piperacillin-tazobactam

** Central line associated infection (CLABSI) may present as fever and/or rigors related to recent access to the CVAD, infection at the catheter exit site or as infection along the subcutaneous course of the catheter

*** Redraw culture from all lumens to ensure negative before discontinuation of antibiotics

**** If all criteria met except no evidence of hematological recovery see APPHON guideline

Prescriber's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM

Nurse's Name: _____ Signature: _____ Date: DD/MONTH/YYYY Time: HH:MM