

Guidelines for Emergency Management
of **Febrile Neutopenia**
In Children in Newfoundland & Labrador

Treat Promptly!



Atlantic Provinces Pediatric Hematology
Oncology Network
Réseau d'Oncologie Hématologie Pédiatriques des Provinces Atlantiques
(APPHON/ROHPPA)

Version Date: February 1, 2018

Call Pediatric Hematologist-Oncologist
On-Call within 1 HOUR of presentation to discuss management
709-777-6300

Fever in children and youth with neutropenia or immunosuppression can be life threatening and must be treated promptly.

Antibiotics may be recommended if febrile and sick, even if not neutropenic.

Children must be **ASSESSED** and **antibiotics started** within **1 HOUR** of arrival in Emergency Department

Assessment

- Stabilize child
- Immediately access Central Venous Access Device (CVAD)
 - Do not wait for freezing cream
 - Peripheral access if unable to access CVAD
- Draw bloods **within 30 minutes**
 - Blood Culture from CVAD (peripherally only if no CVAD)
 - CBC & differential STAT
 - Lactate level
- **Antibiotics:**
 - **Must start within 1 HOUR** even if ANC is not yet available
- Do NOT give NSAIDs

Definitions

Fever

- Temperature taken at home by parent **MUST** be taken into account
- Mouth/Ear
 - 38.3°C & over - 1 reading
 - 38°C & over - 2 readings 1 hour apart
- Armpit (Axilla)
 - 37.8°C & over - 1 reading
 - 37.5°C & over - 2 readings 1 hr apart
- Do NOT take RECTAL temperatures

Neutropenia

- ANC less than $0.5 \times 10^9/L$ OR $1 \times 10^9/L$ and expected to fall

Treatment

If **Average Risk** this child should receive:

Piperacillin-Tazobactam 240 mg/kg/day of piperacillin component IV divided q8h

If **High Risk** this child should receive:

Piperacillin-Tazobactam 240 mg/kg/day of piperacillin component IV divided q8h
Vancomycin 50 mg/kg/day IV divided q6h

If **Penicillin Allergy** this child should receive:

Ceftazidime 150 mg/kg/day IV divided q8h
Vancomycin 50 mg/kg/day IV divided q6h

Refer to NL physician order sheet, risk stratification & algorithm at www.apphon-rohpa.com/en/guidelines/febrile-neutropenia

Information

Please fax assessment & treatment documents to 709-777-4941

Name: _____ DOB: _____ (dd/mm/yyyy)

Diagnosis: _____ Co-morbidities: _____

Prescriber: _____ Signature: _____

Date: _____ (dd/mm/yyyy)