Guidelines for Emergency Management of Febrile Neutopenia In Children

Treat Promptly!



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

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

Sick children with neutropenia may have no symptoms, including no fever, due to impaired granulocyte and immune responses.

Patients post stem cell transplant are very immunosuppressed & can have active GVHD. Antibiotics are recommended if febrile or sick even if not neutropenic

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

Call Paediatric Haematologist-Oncologist On-Call within 1 HOUR of presentation to discuss management **902-470-8888** or **1-888-470-5888** (toll free)

Refer to comprehensive guidelines at: www.apphon-rohppa.com

Assessment

- Stabilize child
- Immediately access Central Venous Line
 - Do not wait for freezing cream
 - Peripheral access if unable to access central line
- Draw bloods within 30 minutes
 - Blood Culture.
 - CBC & differential STAT
 - Lactate level STAT
- Antibiotics:
 - Must start within 1 HOUR even if ANC is not yet available
 - Refer to Pre-printed orders and algorithm for guidance
- Do NOT give NSAIDs

Definitions

Fever

- Temperature taken at home by parent <u>MUST</u> 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 x 10⁹/L

Unstable/Sick child

Symptoms/signs may include:

- Hypotensive needing fluid resuscitation
- Rigors/Chills
- Limp, unresponsive
- Need for intensive care

Treatment

If STABLE this child should receive:		
 MONOTHERAPY Piperacillin-Tazobactam : or CeftAZIDime: 		
□ DUAL THERAPY• add Vancomycin:	_	
If UNSTABLE, this child should receive: O Piperacillin-Tazobactam: Or O CeftAZIDime: Vancomycin Tobramycin	- -	
Known Allergies:	_	
Information		
Please fax assessment & treat	tment documents to 902-470-7208	
Name:	DOB:	_(dd/mm/yyyy)
Diagnosis:	Co-morbidities:	
Prescriber:	Signature:	
Date:(dd/mm/yyyy)		