

Doctor's Order Sheet

Pediatric Oncology Patients with Febrile Neutropenia



Name: _____

HCN: _____

Date of Birth: _____

Weight _____ kg date of weight _____ DD/MONTH/YYYY

Patient's Name: _____ Height: _____ cm body surface area: _____ m²

ALLERGIES:

NO KNOWN

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

Antibiotics **SHOULD** be started within **1 hour** of discovering fever. Rotate administration of antibiotics through all lumens of a central venous access device.

Required Investigations:

- CBC & differential and Lactate level daily
- Na, K, Cl, Urea, Creatinine daily
- Blood cultures from each lumen of central venous access device prior to administration of antibiotics
- Blood cultures peripherally **ONLY** if there is no central venous access device
- Repeat blood cultures every 24 hours if temperature is greater than or equal to 38.3°C orally or 37.8°C axillary.
- Urinalysis and urine culture

Optional Investigations (please check as required):

- CRP daily
- Chest x-ray
- NP swab for Respiratory Viruses Other _____
- Daily intake & output Other: _____

Vital Signs: (temperature, heart rate, respiratory rate and blood pressure)

- every hour every 4 hours within 30 minutes prior to discharge

IV Fluids: IV: _____ at _____ mL/hour.

Total fluid intake: _____ Other: _____

Antipyretic: Acetaminophen (15 mg/kg) _____ mg po every 4 hours PRN. Maximum 5 doses in 24 hours: notify oncologist if temperature persists after 5 doses in 24 hours. Only for temperature greater than or equal to 38.3°C orally.

See back of sheet for definition of average and high risk. Choose **ONLY ONE** of the following treatment options:

<input type="checkbox"/> Average risk	• Piperacillin/Tazobactam _____ mg IV every 8 hours (240 mg/kg/day of piperacillin component)
OR	
<input type="checkbox"/> High risk	• Piperacillin/Tazobactam _____ mg IV every 8 hours (240 mg/kg/day of piperacillin component) AND • Vancomycin _____ mg IV every 6 hours (50 mg/kg/day) • Pre and post vancomycin levels with 4 th or 5 th dose
OR	
<input type="checkbox"/> Penicillin Allergy (average & high risk)	• Ceftazidime _____ mg IV every 8 hours (150 mg/kg/day) (maximum 6g/day) or another third generation cephalosporin. AND • Vancomycin _____ mg IV every 6 hours (50 mg/kg/day) • Pre and post vancomycin levels with 4 th or 5 th dose

Physician's Name: _____ Date: _____ DD/MONTH/YYYY Time: _____

Physician's Signature: _____

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

Nurse's Signature: _____

Febrile Neutropenia

- Single temperature greater than or equal to 38.3° C orally or tympanic (37.8°C axilla) OR two temperatures greater than or equal to 38°C orally or tympanic (37.5°C axilla) at least 1 hour apart
- ANC less than 0.5 x 10⁹/L **OR** 1 x 10⁹/L and expected to fall

Average Risk

- No high risk factors

Piperacillin/Tazobactam 240 mg/kg/day (of piperacillin component) IV divided every 8 hours
Start antibiotics within 1 hour of discovering fever.

High Risk

- Any one of high risk factors

Piperacillin/Tazobactam 240 mg/kg/day (of piperacillin component) IV divided every 8 hours
AND
Vancomycin 50 mg/kg/day IV divided every 6 hours
Start antibiotics within 1 hour of discovering fever.

Please contact Pediatric Hematologist/Oncologist on-call at 709-777-6300 to discuss all patients.

High Risk Factors:

- History of sepsis in last 6 months
- HSCT within 6 months &/or receiving immunosuppressant
- AML
- Down Syndrome
- Advanced stage Burkitt Lymphoma
- Relapsed Leukemia
- Clinically unstable (see signs and symptoms below)

Blood Culture result

Negative

Positive

Penicillin allergy:
(average & high risk)
Ceftazidime 150 mg/kg/day IV divided every 8 hours
AND
Vancomycin 50 mg/kg/day IV divided every 6 hours

Reassess

Discontinue antibiotics when all criteria has been met:

- negative blood culture at 48 hours,
- afebrile for at least 24 hours,
- clinically stable,
- ANC rising on at least 2 consecutive days.

Continue IV antibiotics until advised by oncologist

Signs & symptoms of clinical instability:

- Sepsis syndrome
- Hypotension
- Tachypnea
- Hypoxia (O₂ sats less than 94% in room air)
- New infiltrates on CXR
- Altered mental status
- Severe mucositis
- Vomiting
- Abdominal pain
- Evidence of local infection



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