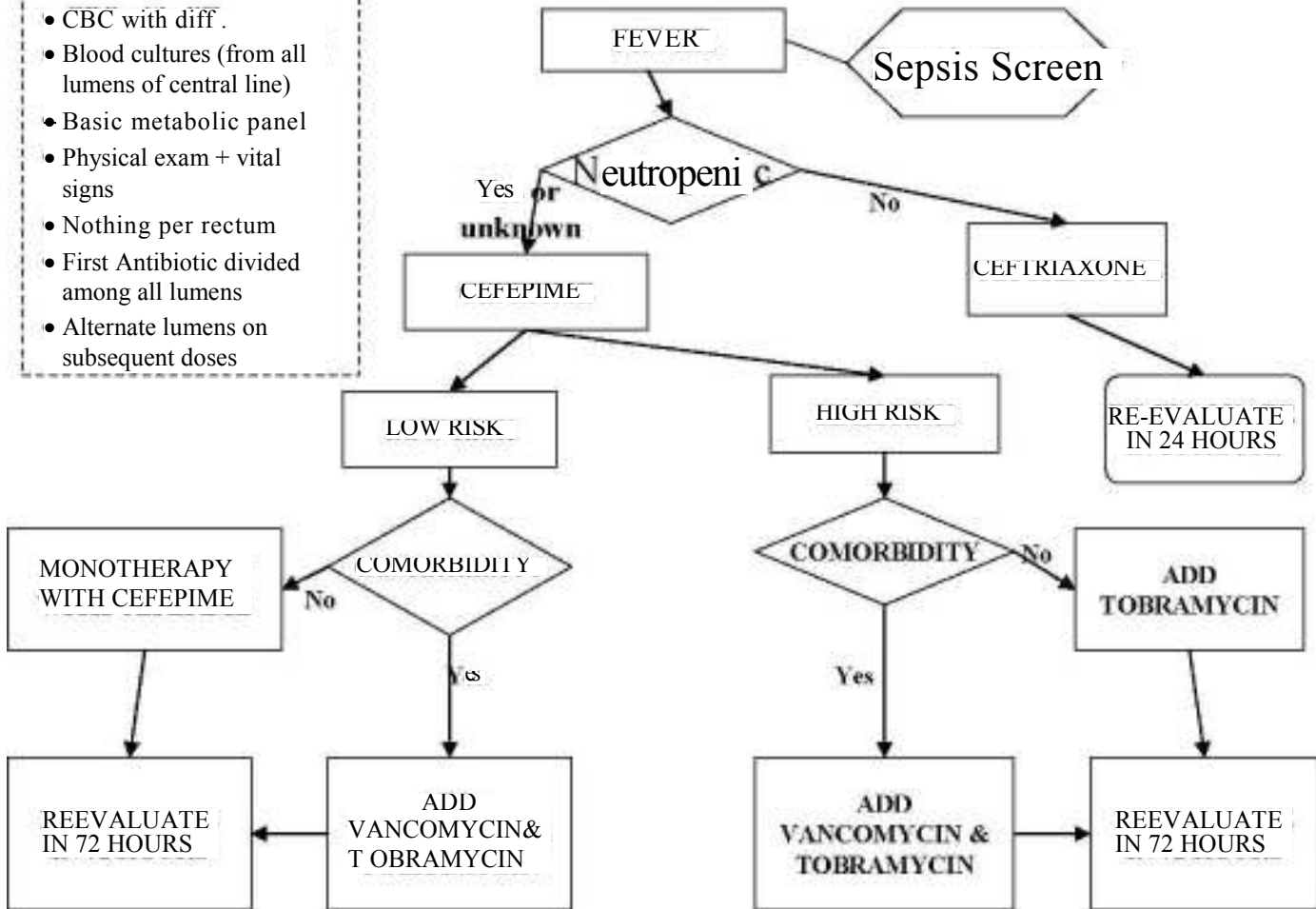


**STANDING ORDERS  
ON ALL FEVER &  
NEUTROPENIA PATIENTS:**

- CBC with diff.
- Blood cultures (from all lumens of central line)
- Basic metabolic panel
- Physical exam + vital signs
- Nothing per rectum
- First Antibiotic divided among all lumens
- Alternate lumens on subsequent doses

**ALGORITHM FOR FEVER  
& NEUTROPENIA IN  
PEDIATRIC CANCER  
PATIENTS**



**LOW RISK**

- ANC > 100 mm<sup>3</sup>
- Expected neutropenia < 7 days
- Conventional lymphoma therapy
- Conventional solid tumor therapy
- Maintenance therapy for ALL
- Non-high dose cytarabine consolidation therapy for ALL

**HIGH RISK**

- ANC < 100 mm<sup>3</sup>
- Expected neutropenia > 7 days
- Remission induction, consolidation, and intensification for AML
- Remission induction for ALL
- High dose solid tumor therapy

**COMORBIDITIES**

- Hypotension/shock
- DIC
- Respiratory distress
- Altered mental status
- Severe mucositis
- Remission induction, consolidation and intensification therapy for AML.
- Remission induction for relapsed ALL

**SOURCE**

- Initial antibiotic therapy for patients with an identified source of infection should include coverage for organisms most likely to cause that infection.
- Eg. perirectal abscess, catheter exit infection, pneumonia

Vancomycin and/or Tobramycin should be discontinued after 72 hours if there are no positive cultures for organisms which require its continued administration. If anaerobic coverage is needed, consider using meropenem or cefepime and metronidazole as an alternate.