Febrile Neutropenia, Initial Management Addendum  [304000895]

| Height_____________________
| Weight_____________________
| Allergies____________________ |

**General**

**Ancillary Consults**

[X] Pharmacy consult

Routine, Once, Starting today, Pharmacy to dose all antibiotic continuation doses after initial dose based on renal function.

[ ] Other

**Labs**

**Microbiology**

[X] Blood culture

Now then in 15 minutes, Starting today For 2 Occurrences

Use two separate lines; draw one set from each lumen of central line if present. Complete before initial antibiotics are given HOWEVER DO NOT DELAY antibiotic administration to obtain 2nd blood culture.

[X] Urine culture and sensitivity

Once, Starting today

[ ] Wound culture

Once, Starting today For 1 Occurrences

If indicated.

[ ] Other

**Urine**

[X] Urinalysis

Once, Starting today

[ ] Other

**Imaging**

**Chest**

[X] Chest x-ray

Routine, 1 time imaging, Starting today For 1 Reason for Exam: __________________________ Required

Reason for Exam (USE SIGNS AND SYMPTOMS):

Is the patient pregnant? __________________________ Required

Transport Mode:

Transport Mode: Bed

[ ] Other

**Medications**

For oncology patients post-transplant, with lymphoid disease (i.e. Chronic Lymphoid Leukemia or Multiple Myeloma) and those on high-dose steroid or other immunosuppressant therapy, call Oncologist on-call STAT for appropriate antibiotic coverage

Antibiotic - Monotherapy

For high risk patients with anticipated prolonged and profound neutropenia [greater than 7 days duration and Absolute Neutrophil Count (ANC) less than or equal to 750 cell/mm3] after receiving chemotherapy.
Meropenem (MERREM) IVPB

1,000 mg, IntraVEnous, for 3 Hours, Once, For 1 Doses

Indication: ________________________________ Required

Is this patient at risk for pseudomonas or MDRO? ________________________________ Required

Is this medication being used to cover anaerobes? ________________________________ Required

Is this medication being used due to PCN or beta/lactum allergy? ________________________________ Required

STAT

Piperacillin-tazobactam (ZOSYN) IV

4.5 g, IntraVEnous, for 30 Minutes, Once, For 1 Doses

Indication: ________________________________ Required

Is this patient at risk for pseudomonas or resistant GNR infection? ________________________________ Required

Is this medication being used to cover anaerobes? ________________________________ Required

STAT

Cefepime (MAXIPIME) IVPB

2 g, IntraVEnous, for 30 Minutes, Once, For 1 Doses, STAT

Other

Antibiotic - Dual Antibiotic Therapy

May consider adding the following antibiotics in patients with evidence of severe sepsis, pneumonia, serious catheter-related infection, skin or soft-tissue infection, or patients with known history of colonization with certain resistant bacteria. Order vancomycin 1 gram for patients less than 60 kg OR serum creatinine greater than 1.5 mg/dL and order vancomycin 1.5 gram for patients greater than or equal to 60 kg.

Vancomycin Panel (Single Response)

() vancomycin IVPB

1 g, IntraVEnous, Now, For 1 Doses

1 gram for patients less than 60 kg OR serum creatinine greater than 1.5 mg/dL.

Indication for Use: (trough goal in parenthesis): ________________________________ Required

STAT

() vancomycin IVPB

1.5 g, IntraVEnous, Now, For 1 Doses

Vancomycin IVPB for patients greater than or equal to 60 Kg.

Indication for Use: (trough goal in parenthesis): ________________________________ Required

STAT

Levofloxacin (LEVAQUIN) IVPB

750 mg, IntraVEnous, Once, For 1 Doses, STAT

Other

Antibiotic - Triple Antibiotic Therapy

For oncology patients post-transplant, with lymphoid disease (i.e. Chronic Lymphoid Leukemia or Multiple Myeloma), and those on high-dose steroid or other immunosuppressant therapy. Order vancomycin 1 gram for patients less than 60 kg OR serum creatinine greater than 1.5 mg/dL and order vancomycin 1.5 gram for patients greater than or equal to 60 kg.

Meropenem (MERREM) IVPB

1,000 mg, IntraVEnous, for 3 Hours, Once, For 1 Doses

Indication: ________________________________ Required

Is this patient at risk for pseudomonas or MDRO? ________________________________ Required

Is this medication being used to cover anaerobes? ________________________________ Required

Is this medication being used due to PCN or beta/lactum allergy? ________________________________ Required

STAT

Vancomycin Panel (Single Response)

() vancomycin IVPB

1 g, IntraVEnous, Now, For 1 Doses

1 gram for patients less than 60 kg OR serum creatinine greater than 1.5 mg/dL.

Indication for Use: (trough goal in parenthesis): ________________________________ Required

STAT
### Febrile Neutropenia, Initial Management

**Addendum [304000895]**

#### Physician Orders

<table>
<thead>
<tr>
<th>OPTION</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5 g, IntraVENous, Now, For 1 Doses</td>
<td>Vancomycin IVPB for patients greater than or equal to 60 Kg. Indication for Use: (trough goal in parenthesis): Required</td>
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**Levofloxacin or Tobramycin (Single Response)**

<table>
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<tr>
<td>750 mg, IntraVENous, Once, For 1 Doses</td>
<td>Levofloxacin IVPB 750 mg, IntraVENous, Once, For 1 Doses, STAT</td>
</tr>
<tr>
<td>80 mg, IntraVENous, for 30 Minutes, Once, For 1 Doses, STAT</td>
<td>Tobramycin (NEBCIN) IVPB (TRADITIONAL DOSING) 80 mg, IntraVENous, for 30 Minutes, Once, For 1 Doses, STAT</td>
</tr>
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**Other**

**Antibiotic - Triple Antibiotic Therapy if PCN Allergic**

For oncology patients post-transplant, with lymphoid disease (i.e. Chronic Lymphoid Leukemia or Multiple Myeloma), and those on high-dose steroid or other immunosuppressant therapy. Order vancomycin 1 gram for patient less than 60 kg OR serum creatinine greater than 1.5 mg/dL and order vancomycin 1.5 gram for patients greater than or equal to 60 kg.

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<tr>
<td>2 g, IntraVENous, for 30 Minutes, Once, For 1 Doses, STAT</td>
<td>Aztreonam (AZACTAM) IVPB 2 g, IntraVENous, for 30 Minutes, Once, For 1 Doses, STAT</td>
</tr>
<tr>
<td>1 g, IntraVENous, Now, For 1 Doses</td>
<td>Vancomycin Panel (Single Response) Vancomycin IVPB 1 g, IntraVENous, Now, For 1 Doses</td>
</tr>
<tr>
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**Levofloxacin or Tobramycin (Single Response)**

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<td>750 mg, IntraVENous, Stat, For 1 Doses, STAT</td>
<td>Levofloxacin (LEVAQUIN) IVPB 750 mg, IntraVENous, Stat, For 1 Doses, STAT</td>
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<td>80 mg, IntraVENous, for 30 Minutes, Now, For 1 Doses, STAT</td>
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**Other**

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**Date:** ______  **Time:** ______  **Printed Name of Ordering Provider:** ____________________________

**Provider Signature:** ____________________________

**Date:** ______  **Time:** ______  **RN Acknowledged:** ____________________________

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**Provider Initial:** ____________________________