

Primary Content Owner: Rachel Wattier (ASP),

01/2016; Updates: 03/2016, 07/24/2019

UCSF Pharmacy & Therapeutics Committee Approved

Pediatric Oncology and BMT Patients with Fever: Emergency Department Management

Goal: Administer First Antibiotic Dose < 60 minutes from Triage These are guidelines only Referring provider will provide and cannot apply to every guidance for alternative antibiotics if situation. All patients Patient Referred by patient has a cephalosporin allergy. **Patient Arrives Without** should be examined Oncology/BMT with For additional guidance on Oncology/BMT Referral carefully and treated for alternative agents, please contact Neutropenic Status suspected focal infection if Pediatric Antimicrobial Stewardship identified. Program or Pediatric ID Treat as if ANC < 500 Patient Arrives to ED Oncology 476-3831 Avoid rectal BMT 476-2188 Contact Oncology/BMT temperatures Bedside Triage Level I Provider Assessment: RN Initial Management: MD & RN Rapid 1. Assess for clinical instability 1. Central line access goal < 15 min* 2. Evaluate for focal infectious source Assessment 2. Draw CBC, CMP & central BCx, other labs PRN 3. Order labs and antibiotic(s) STAT (within 5 minutes) 3. Attempt peripheral BCx if giving vancomycin but do not delay using ED Fever & Neutropenia Order Set *If unable to obtain access, team should contact referring provider for guidance Unstable = ANY sign: - Shaking chills or rigors - Hypotension Antibiotic Selection based on Is the patient - Hypothermia Neutropenic Status - Abnormal pulses or capillary refill unstable? communicated by Oncology/BMT - Respiratory distress or hypoxia - Altered mental status - Tachycardia out of proportion to fever Yes Consider sepsis huddle & initial resuscitation Give antibiotics in this order: 1. Cefepime 50mg/kg IV x 1 (max 2g) 2. Vancomycin: Age 3mo-<12yo: 17.5mg/kg IV x 1 (max 1g) Age \geq =12yo: 15mg/kg IV x 1 (max 1g) Known < 500 or ANC Unknown & Known Unknown & Likely ANC >=500 Likely >=500 Consider adding: < 500 Metronidazole 10mg/kg IV x 1 (max 500mg) for abdominal infection or perirectal abscess Caspofungin 70mg/m2 IV x 1 (max 70mg) for patient with severe sepsis + recent steroids or Ceftriaxone Cefepime 50mg/kg 50mg/kg IV x 1 IV x 1 (max 2g) Central Line (max 1g) Present? Review patient's prior Microbiology history, ensure antibiotic spectrum covers prior drug-resistant organisms. Yes Νo If patient worsens with infusions through central line, establish PIV access and discontinue use of central line No antibiotic Ceftriaxone unless focal source Admit 50mg/kg IV x 1 identified If patient received ceftriaxone, discuss (max 1g) inpatient antibiotic choice with Oncology/BMT Yes ANC < 500? Refer to Inpatient Oncology/BMT Fever Guidelines for further escalation of treatment if patient is persistently unstable. No Can discharge if meets criteria:

If patient initially received cefepime,

give ceftriaxone before discharge

Stable, ANC >= 500, no serious infection

identified, reliable follow-up, discussed with

Oncology/BMT