

 <p style="text-align: center;"><b>CREDIT VALLEY</b> THE CREDIT VALLEY HOSPITAL</p>	<b>CLINICAL PRACTICE GUIDELINE</b>	<b>PROFESSIONAL PRACTICE</b>
<b>TITLE: Management of Adult Patients with a Diagnosis of Febrile Neutropenia in the Emergency and Oncology Inpatients</b>		
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	<b>ISSUED BY:</b> _____ <b>TITLE:</b> President	

**Purpose:**

To provide a guideline to assist Physicians in the Emergency Department and Internal Medicine in the treatment of patients with a diagnosis of Febrile Neutropenia.

**Inclusion Criteria/definition:**

Those patients with Acute Leukemia, solid tumour, lymphoma or Chronic Granulocytic Leukemia presenting with a fever of greater than or equal to 38° C and whose Neutrophil Count is less than 1 x 10<sup>9</sup>/L.

**Diagnostic Workup:**

Hematology, Chemistry and Microbiological evaluations should be instituted to locate source, organism and the degree of impact.

**Antibiotic Therapy:**

The majority of patients should receive Standard therapy which is Gentamicin and Cefazolin.

Patients who are high risk or have impaired renal function or are currently receiving Cisplatin should receive Piperacillin-Tazobactam (Tazocin®). High risk patients include those patients who are unstable or have a diagnosis of hematologic malignancy or are post bone marrow transplant. Impaired renal function are those patients who have a creatinine greater than 120 umol/L.

**Alternatives for Patients with Serious Penicillin Allergy**

Examples of serious allergies are hives, shortness of breath and anaphylaxis.

The alternative for Standard Therapy should be Gentamicin and Vancomycin.

The alternative for High Risk or Impaired Renal Function or Cisplatin should be Vancomycin and Ciprofloxacin.

**Responsibilities:**

**Physicians:**

All physicians may initiate treatment using the preprinted physician order, Febrile Neutropenia Treatment ([#10000 D HR effective Nov 27/2003](#)), which is available in the Emergency Department and on 2C.

**Evaluation:**

The guideline will be reviewed through the High Risk Case Review process.

**References:**

1. Hughes WT, Armstrong D, Bodey GP et al. 2002 guidelines for the use of antimicrobial agents in neutropenic patients with cancer. *Clinical Infectious Diseases* 2002; 34: 730-51.
2. Del Favero A, Menichetti F, Martino P et al. A multicenter, double-blind, placebo-controlled trial comparing Piperacillin-Tazobactam with and without amikacin as empiric therapy for febrile neutropenia. *Clinical Infectious Diseases* 2001; 33: 1295-301.

**Approval:**

Oncology Department: Nov 10, 2003

Oncology Steering Committee: Nov 27, 2003

Emergency Steering Committee: Nov 18, 2003