

**Vancouver Coastal Health**  
 VA: VGH / UBCH / GFS  
 VC: BP / Purdy / GPC

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**

**FEBRILE NEUTROPENIA- OUTPATIENT INITIAL MANAGEMENT**

(items with check boxes must be selected to be ordered)

(Page 1 of 2)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time Processed  
 RN/LPN Initials  
 Comments

Review past microbiology results and recent antibiotic usage (e.g. PCIS, CareConnect, PharmaNet) to optimize antibiotic selection – Physician’s initial \_\_\_\_\_

Notify physician for temperature 38°C or above. Upon physician instruction, initiate investigations below AND activate antibiotic orders on page 2. Nurse to document activation date and time on page 2.

\*OR\*

Initiate investigations below AND activate antibiotic orders on page 2 NOW. Physician to document activation date and time on page 2.

**LABORATORY:**

**Prior to first dose of antibiotic administration:**

Draw two sets of blood cultures within 1 hour of each other. Blood sampling instructions:  
 One set from central line & one set from peripheral vein

\*OR\*

If central line not present, two sets from different peripheral veins  
 Collect urine for urinalysis and Culture & Sensitivity  
 If blood cultures positive, draw blood cultures daily x 3 days (as per sampling instructions above), then reassess

**Drug Serum Levels:**

For patients receiving tobramycin, draw tobramycin trough level immediately prior to second dose  
 For patients receiving vancomycin draw vancomycin trough level immediately prior to third dose

**DIAGNOSTICS:** Chest X-ray (if clinically applicable)

**TREATMENTS:** Oxygen saturation (if clinically applicable)

Height: _____ cm	Actual Weight: _____ kg
<b>Ideal Body Weight (IBW):</b>	Ideal Body Weight (IBW) = _____ kg
Male = 50 + 0.91 (height in cm – 152.4) Female = 45.5 + 0.91 (height in cm – 152.4)	
<b>Adjusted Body Weight (ABW):</b>	Adjusted Body Weight = _____ kg
ABW = Ideal Body Weight (IBW)+ 0.4(Actual Body Weight – IBW)	
<b>Estimated CrCl:</b>	CrCl = _____ mL/min
(140 – age) / [ 0.011 * SCr (micromol/L) ] x 0.85 (for females)	

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**MEDICATIONS:**

Activation Date: \_\_\_\_\_ Activation Time: \_\_\_\_\_

**REGIMEN A:** NO allergy or NO documented or suspected anaphylactic reaction to penicillin

cefTRIAxone 2 g IV Q24H x 3 doses, then 1 g IV Q24H

\*AND\*

tobramycin \_\_\_\_\_ mg (5 mg/kg IBW, round to nearest 20 mg) IV Q \_\_\_\_\_ H x 3 days then reassess  
 (Q24H if CrCl is above 60 mL/min; IF patient obese (greater than 125% IBW) use adjusted body weight)

**REGIMEN B:** Documented anaphylactic reaction to penicillin OR suspected gram negative bacilli ESBL producer

ertapenem 1 g IV Q 24 H (if CrCL is above 30 mL/min)

\*AND\*

tobramycin \_\_\_\_\_ mg (5 mg/kg IBW, round to nearest 20 mg) IV Q \_\_\_\_\_ H x 3 days then reassess  
 (Q24H if CrCl is above 60 mL/min; IF patient obese (greater than 125% IBW) use adjusted body weight)

For patients with suspected penicillin allergy anaphylaxis

Run FIRST dose ertapenem slowly over 1 hour. Observe for signs of anaphylaxis (generalized hives, pruritis or flushing, swollen lips-tongue-uvula, respiratory compromise or reduced blood pressure)

Contact Doctor STAT if any of the above symptoms occur

acetaminophen 650 mg PO Q4H PRN fever

Other (specify): \_\_\_\_\_

**AT TIME OF ORDER ACTIVATION:**

If known or suspected intra-abdominal source, **ADD**

metroNIDAZOLE 500 mg PO BID to Regimen A

If the indications for vancomycin are met, then **ADD** vancomycin

vancomycin \_\_\_\_\_ mg loading dose then \_\_\_\_\_ mg IV  DAILY \*OR\*  BID

**If at any time the patient meets 2 or more systemic inflammatory response syndrome criteria (SIRS), proceed to the Severe Sepsis in the L-BMT Outpatient Unit – Initial Management (PPO 792) Orders**

NOTES TO PHYSICIAN: (Unit Clerk/Pharmacy do not process – reminders for Physician only)  
 Refer to Leukemia/BMT Manual for dosing guidelines for vancomycin

**INDICATIONS FOR VANCOMYCIN:**

- Suspicion of an infection with Gram positive bacteria (e.g. MRSA and coagulase negative Staphylococcus)
- Positive blood cultures with Gram positive bacteria before identification and susceptibility results are available

Key points:

- There is no proven advantage to add vancomycin empirically in an asymptomatic and hemodynamically stable patient with persistent fever and neutropenia
- If vancomycin is started empirically, stop it after 2 days if cultures are negative for Gram positive infection

\_\_\_\_\_  
 Prescriber's Signature  
 LBMTOPAP

\_\_\_\_\_  
 Printed Name  
 VCH.VA.PPO.310 | Rev.JUL.2022

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 College ID