



Febrile Neutropenia Instruction for Healthcare Providers

For patients: If you develop a fever and/or feel unwell while on chemotherapy, go to your treatment center immediately or take this with you to the nearest emergency room/clinic to help guide your care.

Ask your oncologist to fill in your Chemo regimen here: _____

To the **doctor** on duty:

Please verify that the bearer of this card is on chemotherapy at a licensed cancer treatment center; and is considered at high risk to develop febrile neutropenia which is an oncologic emergency.

If this person presents with fever $>38.0^{\circ}\text{C}$ and/or vital signs instability (tachycardia, hypotension, tachypnea), he/she should be managed promptly as having Febrile Neutropenia.

This means commencement of empirical antibiotics **within 60 minutes** of presentation; hydration and stabilization as necessary/indicated; infection control and barrier nursing.

Recommendations for Medical team

- Take quick history to determine possibility of gastro-intestinal, urinary tract, dermatologic, or wound site infection
 - Ensure complete physical assessment with attention to axilla, dental, groin, perineal, and perianal areas
 - Stat FBC, E/U/Cr, LFTs, U/A+ M/C/S.
 - Stat cultures including Blood, Urine, Wound, Respiratory and any other swab M/C/S as indicated.
 - Stat Broad-spectrum antibiotics
 - Fluoroquinolones (e.g., Levofloxacin)
 - Cephalosporins (e.g., Ceftriaxone)
 - Amoxicillin/Clavulanate
- Time between arrival and start of antibiotics should not exceed 60 min
- IV Fluid hydration as indicated clinically for dehydration.
 - Detailed allergy history assessment **before** administration of any medication
 - **Immediate** review by a consultant Oncologist

Cancer patients receiving cytotoxic antineoplastic therapy sufficient to adversely affect myelopoiesis and the developmental integrity of the gastrointestinal mucosa are at risk for invasive infection due to colonizing bacteria or fungi that translocate across intestinal mucosal surfaces.

An elevated body temperature may be the earliest and only sign of infection. It is critical to recognize neutropenic fever and associated sepsis syndromes early and to initiate empiric systemic antibacterial therapy promptly in order to avoid progression to a severe sepsis syndrome and possibly death.

Fever — Fever in neutropenic patients is defined as a single oral temperature of $\geq 38.3^{\circ}\text{C}$ (101°F) or a temperature of $\geq 38.0^{\circ}\text{C}$ (100.4°F) sustained over a one-hour period

References

1. Botten J, Beard J, Zorzi A, Thompson A. A simple intervention to improve antibiotic treatment times for neutropenic sepsis. *Acute Med.* 2016;15(1):3-6. PMID: 27116580.
2. 1. Kapil P, MacMillan M, Carvalho M, Lyburner P, Fung R, Almeida B, et al. Assessment of Fever Advisory Cards (FACs) as an Initiative to Improve Febrile Neutropenia Management in a Regional Cancer Center Emergency Department. *J Oncol Pract.* 2016;12: e858–e863. doi:10.1200/JOP.2015.009183

*This free resource is provided as a basic guide for urgent attention.
It does not replace expert assessment by a qualified physician oncologist.*