DEFINITIONS

Fever

- Temperature taken at home by parent <u>MUST</u> be taken into account
- Mouth/Ear
 - 38.3°C & over 1 reading
 - 38°C & over 2 readings 1hr apart
- Armpit (Axilla)
 - 37.8°C & over 1 reading
 - 37.5°C & over 2 readings 1hr apart
- Do NOT take RECTAL temperatures

Neutropenia

• ANC less than $0.5 \times 10^9/L$

Unstable/Sick child

Symptoms/signs may include:

- Hypotensive needing fluid resuscitation
- Rigors/Chills
- Limp, unresponsive
- Need for intensive care

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INFORMATION

Please fax assessment & treatment documents to: 902-470-7208

Name: _____

DOB: (dd/mm/yyyy) _____

Diagnosis:

Co-morbidities:

Prescriber: _____

Signature:

Date: (dd/mm/yyyy) _____

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Guidelines for Emergency Management of Febrile Neutopenia In Children

Treat Promptly!



Atlantic Provinces Pediatric Hematology Oncology Network Réseau d'Oncologie Hématologie Pédiatriques des Provinces Atlantiques (APPHON/ROHPPA)

Version Date: December 2019

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Fever in children and youth with neutropenia or immunosuppression can be life threatening and must be treated promptly. Sick children with neutropenia may have no symptoms, including no fever, due to impaired granulocyte and immune responses. Patients post stem cell transplant are very immunosuppressed & can have active GVHD. Antibiotics are recommended if febrile or sick even if not neutropenic. Children must be ASSESSED and antibiotics started within 1 HOUR of arrival in Emergency Department Call Pediatric Hematologist-Oncologist on-call within 1 HOUR of presentation to discuss management 902-470-8888 or 1-888-470-5888 (toll free)

Refer to guidelines and use pre-printed orders at www.apphon-rohppa.com

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ASSESSMENT

- Stabilize child
- Immediately access Central Venous Line
 - Do not wait for freezing cream
 - Peripheral access if unable to access central line
- Draw blood within 30 minutes
 - Blood Culture.
 - CBC & differential STAT
 - Lactate level
- Antibiotics:
 - Must start within **1 HOUR** even if ANC is not yet available
- Do NOT give NSAIDs

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TREATMENT

Refer to guidelines and use pre-printed orders at www.apphon-rohppa.com

KNOWN ALLERGIES:
If STABLE this child should receive:
☐ Piperacillin-Tazobactam 80 mg/kg/dose IV q8h (max 4000 mg/dose OR
☐ Cefepime (penicillin allergic) <u>50mg/kg/dose IV q8h (max 2000mg/dose</u> (if cefepime unavailable, give ceftazidime <u>50mg/kg/dose IV q8h (max2000mg/dose</u>) + vancomycin)
If required per guideline www.apphon-rohppa.com □ add Vancomycin
If UNSTABLE this child should receive:
Vancomycin AND
Tobramycin
AND □ Piperacillin-Tazobactam (doses above) OR
☐ Cefepime (if cefepime unavailable, give ceftazidime) (doses above)
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If **UNSTABLE** this child should receive:

KNOWN ALLERGIES:

 Vancomycin 		
AND		
 Tobramycin 		
AND		
☐ Diporcoillin '	Fozobostom (1)	

☐ Piperacillin-Tazobactam (doses above)

☐ Cefepime (if cefepime unavailable, give ceftazidime) (doses above)