

Definitions

Fever

- Temperature taken at home by parent **MUST** be taken into account
- Mouth/Ear
 - 38.3°C & over – 1 reading
 - 38°C & over – 2 readings 1 hour apart
- Armpit (Axilla)
 - 37.8°C & over – 1 reading
 - 37.5°C & over – 2 readings 1 hour apart

Patient Information

Please Fax assessment and treatment documents to
902-470-7208

Name: _____

DOB: _____(dd/mm/yyyy)

Diagnosis: _____

Co-morbidities: _____

Allergies: _____

Vascular access:

PICC line single lumen double lumen

Portacath

External central line (Hickman)

single lumen double lumen

Signature: _____

Date: _____(dd/mm/yyyy)

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Guidelines for Emergency Management of Children with:

Blinatumomab Infusions



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

Version Date: December 17, 2024

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This patient is receiving a continuous infusion of Blinatumomab via a CADD pump infusing into a central line.

Blinatumomab is a non-hazardous biotherapy used in the treatment of Leukemia.

All management of the Blinatumomab infusion must be managed by RNs trained in the administration of Chemotherapy.

Call the Pediatric Hematologist Oncologist on-call **before stopping this infusion.**

902-470-8888 or 1-888-470-8888

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902-470-8888 or 1-888-470-8888

If an **EMERGENT** situation warrants stopping the infusion without sufficient time to notify the oncologist, you must document the time the infusion is stopped and place a sterile cap on the end of the infusion line.

To assist in management of the infusion or CADD pump please call:

Monday-Friday 0800-1700

Hematology/Oncology Clinic: **902-470-6664**

After hours/Weekends/Holidays

6 Link inpatient unit: **902-470-8394**

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Treatment

For Fever management for a child receiving a blinatumomab infusion refer to IWK Guidance Document: www.appho-rohppa.com/en/blina

Culture ALL lumens of the central line and call the pediatric oncologist **within one hour** of patient arrival at the hospital. Patients with fever should be hospitalized for at least 24 hours.

If the CBCD is not reported within an hour of arrival of the patient at the hospital, administer a dose of piperacillin/tazobactam.

Non-neutropenic:

Fever and well: ceftriaxone 100 mg/kg/dose IV q24 hrs (max 2 g/dose) x 1 dose then reassess.

Fever and unwell: Pip/tazo OR Cefepime

Presumed central line infection: Swab the catheter:

Pip/tazo OR Cefepime

PLUS Vancomycin

Neutropenic and fever:

Follow Oncology Treat Promptly Card. Use febrile/neutropenia preprinted order for all doses.

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