

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 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: May 2021

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ASSESSMENT

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 and Spectrum App.

- 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**
 - **Refer to Spectrum App for dosing information**
- **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:

2-6 months: Piperacillin-Tazobactam 80 mg/kg/dose IV q6h (max 4000 mg/dose)

6 mos and greater: Piperacillin-Tazobactam 100 mg/kg/dose IV q6h (max 4000 mg/dose)

OR

Cefepime (penicillin allergic) 50mg/kg/dose IV q8h (max 2000mg/dose) (if cefepime unavailable, give ceftazidime 50mg/kg/dose IV q8h (max2000mg/dose) + vancomycin)

If **UNSTABLE** this child should receive:

• Vancomycin _____
AND

• Tobramycin _____
AND

Piperacillin-Tazobactam (doses above)

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