

# Febrile Neutropenia Guideline for Complex Malignant Haematology

Single oral temperature of 38.3°C or sustained oral temperature of ≥ 38.0°C for > 1 h  
**AND:** ANC ≤ 0.5 x 10<sup>9</sup>/L

**SEVERE BETA-LACTAM ALLERGY**

**NO ALLERGY**

Clindamycin 600 mg IV q8h  
**AND:** Tobramycin 7 mg/kg IV q24h  
(order tobramycin peak level and random 8-12h level)

**If pneumonia suspected:**  
Meropenem 500 mg IV q6h  
(dose adjustment required in renal dysfunction)  
**AND:** Azithromycin 500 mg po q24h

*Consider Infectious Diseases referral for allergy assessment and testing*

**Start Piperacillin/tazobactam 4.5 g IV q6h \*†**  
(dose adjustment required in renal dysfunction)

\* Meropenem (500 mg IV q6h) may be used as an alternative in the setting of a suspected ESBL infection (known colonization with ESBLs) or septic shock

† Add azithromycin 500 mg po q24h if pneumonia suspected

**Consider the addition of IV vancomycin\* in the following situations:**

- Hemodynamic instability
- Suspected catheter-related sepsis or *Staphylococcus aureus* bacteremia pending susceptibility
- Colonization with MRSA

**Consider the addition of IV tobramycin\* in the following situations:**

- Hemodynamic instability
- Suspected *Pseudomonas* sepsis pending susceptibilities to piperacillin-tazobactam

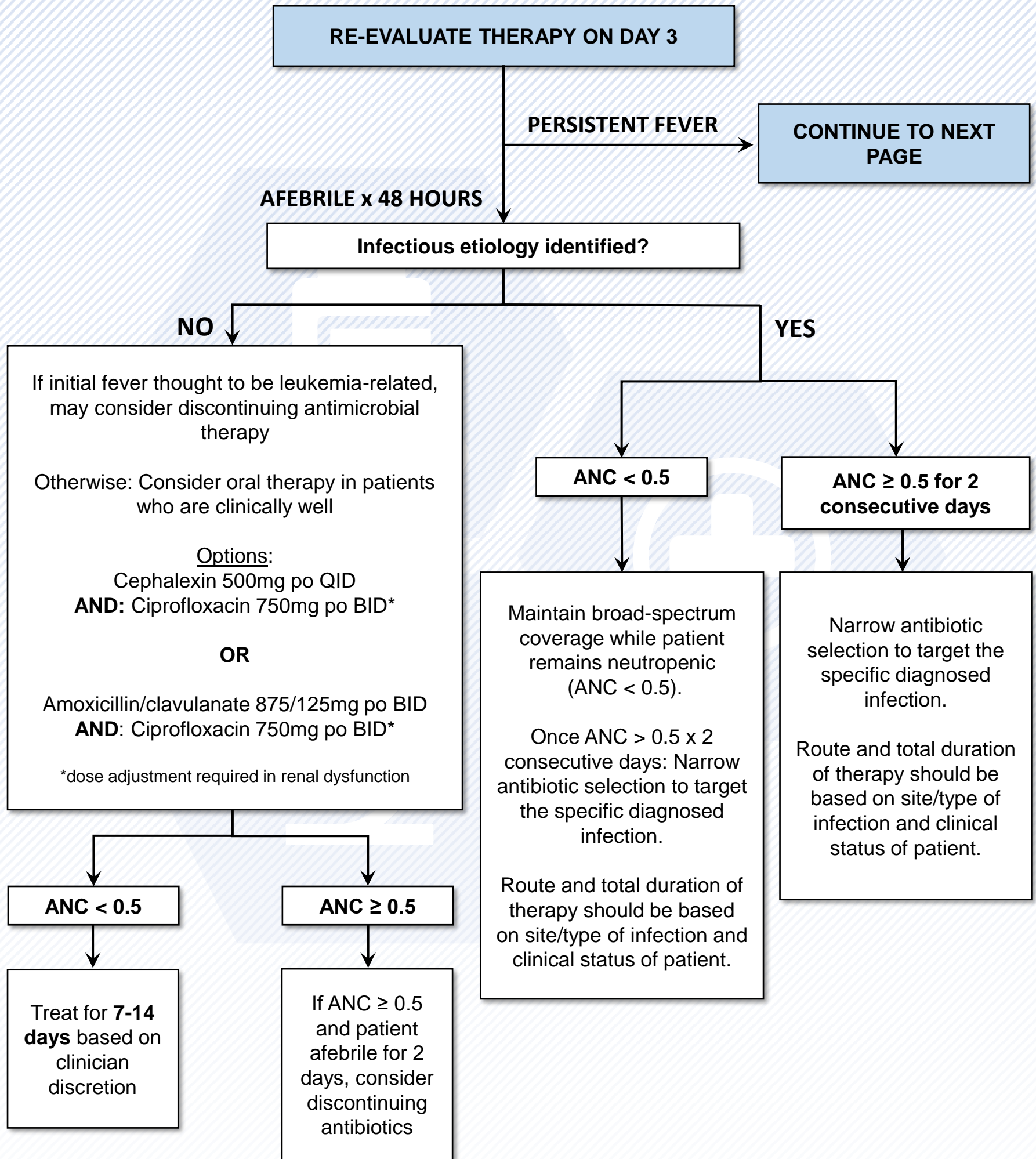
**Suspected or documented *C. difficile* infection:**

- Add vancomycin 125 mg po QID

\*NOTE: Re-assessment within 24-48 hours based on clinical status and culture results

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