

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 10⁹/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

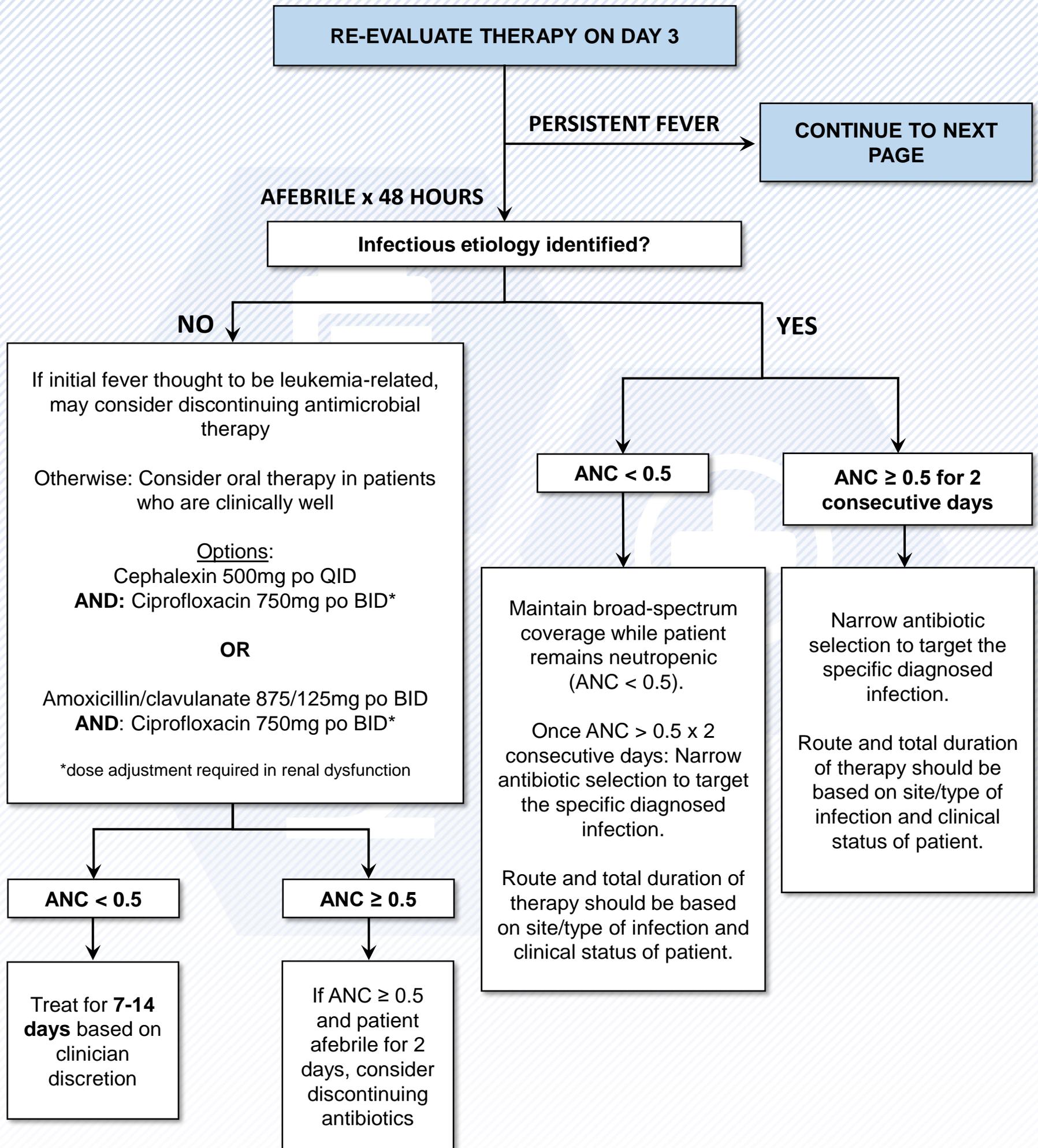
Suspected or documented *C. difficile* infection:

- Add vancomycin 125 mg po QID

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

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