ANMC Adult Inpatient Antibiotic Guidelines for Febrile Neutropenia **Definition Tests/Cultures Common Pathogens** Gram Positive Pathogens Gram Negative Pathogens • Fever: oral temp ≥38.0 C (100.4 F) sustained CBC w/ diff Coagulase-negative Staph • E.coli over 1 hour **CMP** Staph aureus Klebsiella sp. • Neutropenia: ANC <500 cells/mm³ or one **Blood cultures** that is expected to fall below 500 cells/mm³ • Enterococcus • Enterobacter sp Specific for site of presumed infection Viridans group Strep • P. aeruginosa over the next 48 hours Chest X-ray if s/sx of respiratory infection • Functional neutropenia: hematologic • Strep pneumoniae · Citrobacter sp. malignancy results in qualitative defects of Strep pyogenes Acinetobacter sp. circulating neutrophils • Stenotrophomonas maltophilia **Antibiotic Selection** High-Risk Inpatient IV Antibiotics for High **High Risk Criteria Risk Patients Indications for Empiric** Anticipated profound Cefepime 2g IV q8h (extended **Vancomycin Therapy** infusion over 4 hours) • Hemodynamic instability or • Clinically unstable +/- Vancomycin based on other evidence of severe indications for empiric therapy Medical comorbidities (Hypotension, Pneumonia, Pneumonia documented Abdominal pain, radiographically Neurologic changes) Reassess after 48 Positive blood culture for hours of empiric Gram-positive bacteria, therapy **Role for G-CSF** before identification and susceptibility testing is • Generally not recommended for treatment available of established febrile neutropenia Adjust antimicrobials based on specific clinical, radiograph

- If receiving daily G-CSF prophylactically, continue as originally prescribed
- Consider adding if not responding/clinically worsening and persistently febrile

If no improvement and stable or decreasing ANC within 4-7 days, consider ID consult

Continue current therapy, consider ID consultation if no identified source

Unexplained fever

continues

If hemodynamically unstable, consider ID consult and broaden therapy

and/or culture data

Continue abx until ANC >500 or afebrile 72 hours and stable

Defervesced.

Cultures

negative

- Clinically suspected IV catheter-related infections
- Skin or soft tissue infection

Comments:

- Patients receiving fluoroguinolone prophylaxis should not receive empiric therapy with a fluoroguinolone
- Ceftazidime should not be used as monotherapy due to poor activity against gram positive bacteria, notably viridans group streptococci

ANMC Associated Powerplan: ABX Adult Febrile Neutropenia

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