## **ANMC Adult Inpatient Antibiotic Guidelines for Febrile Neutropenia** Definition **Common Pathogens Tests/Cultures 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 • Neutropenia: ANC <500 cells/mm<sup>3</sup> or one Klebsiella sp. Blood cultures (set from central catheter and • Enterococcus Enterobacter sp that is expected to fall below 500 cells/mm<sup>3</sup> peripheral if both present) over the next 48 hours Viridans group Strep • P. aeruginosa Specific for site of presumed infection • Functional neutropenia: hematologic • Strep pneumoniae Citrobacter sp. Chest X-ray if s/sx of respiratory infection 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 **Vancomycin Therapy** +/- Vancomycin based on • Hemodynamic instability or • Clinically unstable indications for empiric therapy other evidence of severe Medical comorbidities (Hypotension, Pneumonia, Pneumonia documented Abdominal pain, Reassess after 48 Neurologic changes) hours of empiric • Positive blood culture for therapy Gram-positive bacteria, **Role for G-CSF** before identification and susceptibility testing is • Generally not recommended for treatment Adjust antimicrobials based on available of established febrile neutropenia specific clinical, radiograph Clinically suspected IV • Consider adding if not responding/clinically and/or culture data catheter-related infections worsening and persistently febrile • Skin or soft tissue infection Unexplained fever Defervesced. Cultures negative continues If no improvement and Continue current If hemodynamically Continue abx therapy, consider ID stable or decreasing ANC unstable, consult ID until ANC >500 within 4-7 days, consider consultation if no and broaden and rising identified source adding antifungal therapy therapy Comments: · Patients receiving fluoroquinolone prophylaxis should not receive empiric therapy with a fluoroquinolone · Ceftazidime should not be used as monotherapy due to poor activity against gram positive bacteria, notably viridans group streptococci Antimicrobial Stewardship Program Approved 2018