

Guideline for the management of suspected neutropenic sepsis in Adults

Door-to-needle time (first dose of antibiotics) should be within
1 hour

IMPORTANT: IF NEUTROPENIC SEPSIS SUSPECTED DON'T WAIT FOR BLOOD RESULTS, START ANTIBIOTICS IMMEDIATELY

HEAT

HISTORY

Suspect neutropenia (Neuts $<1.0 \times 10^9/L$) if:
Patient received IV or oral chemotherapy (within 4 weeks)
Patient is a known haematology patient, within 100 days of autograft or 2 years of allograft
Note: MDS patients should be Rx as neutropaenic regardless of absolute neutrophil count

EXAMINE

Take baseline Obs: Temp, HR, RR, BP and O₂ sats
Any signs of SIRS (systemic inflammatory response syndrome)
(Full examination for source of sepsis)

SIRS =

Temp $\geq 38.0^\circ C$ or $< 35.5^\circ C$
Tachycardia > 90 bpm
Tachypnoea > 20 bpm
Hypotension < 90 mmHg

ACTION

Urgent FBC
Peripheral and central (via Hickman/PICC line) blood cultures, MSU (even if dipstix negative) and urgent bloods
Consider stool, skin, wound, Hickman and PICC line swabs for culture & sensitivity as indicated.

TREAT

FIRST LINE ANTIBIOTICS - within 1 hour

Tazocin 4.5g QDS IV
(Note contains a penicillin)

OR

IF PENICILLIN ALLERGIC
(non anaphylactic reaction)
Ceftazidime 2g TDS IV

For patients with a severe/anaphylactic penicillin reaction discuss urgently with microbiology consultant

GCSF

Start Filgrastim 30MU (48MU if pt > 90 kg) OD S/C on:

- Solid tumour patients with neutrophils $< 1.0 \times 10^9$
- Haematology patients with neutrophils $< 1.0 \times 10^9$

(Discuss leukaemia/myelodysplasia patients with on call haematologist)

Gentamicin is no longer recommended first line
Consider adding only if patient is haemodynamically unstable

Stat Gentamicin IV

5mg/kg (lean body weight)
(3mg/kg in patients: > 65 , myeloma, renal impairment)

COMPLETE NEUTROPENIC SEPSIS DATA SHEET AND PLACE IN NOTES

Contact Acute Oncology Team via intranet based referral form

For additional advice (9am - 5pm) contact AOT: SRH bleep 6359, WG bleep 1129
Out of hours (5pm—9am) contact: On call Haematologist via switchboard

See Suspected Febrile Neutropenic Patients Management Guidelines via the intranet for more information