Health Sciences North
Horizon Santé-Nord

ADULT FEBRILE NEUTROPENIA ORDERS

ORDER SET:/FEBNO.SR

9. Antimicrobial Therapy

✍

1. Choose ONE of the following Anti-Pseudomonal Beta-Lactams

❒ Piperacillin/Tazobactam 4.5 g IV every 6 hours – First dose STAT. Reassess once culture results available.

OR

❒ Meropenem 1 gram IV every 8 hours, first dose STAT. Reassess once culture results available. *RESTRICTED to patients with:*

- Broad spectrum antibiotic exposure in last 3 months
- History of documented ESBL infection
- Or SEVERE beta-lactam allergy

✍ 2. Make following additions accordingly

a) ❒ If MRSA history, suspected central or IV site, skin or skin structure infection:
Vancomycin _____ mg (15 mg/kg of actual body weight – round to nearest 250 mg, max 2 g**)** IV every 12 hours, first dose STAT
Vancomycin level prior to 4th dose

b) ❒ If suspected sinusitis or pneumonia, Azithromycin 500mg IV daily x 1 STAT then Azithromycin 500 mg PO or IV daily x 4 days (notify pharmacy if cannot take PO)

c) ❒ If suspected *C.difficile,* Vancomycin 125 mg PO every 6 hours x 14 days; Discontinue if PCR negative

d) ❒ If previously positive for pseudomonas: consider adding tobramycin until sensitivities available; discontinue if culture negative or when susceptibilities known. Tobramycin _____ mg IV (5 mg/kg of dosing body weight) every 24 hours, first dose STAT (max 800 mg for first dose). Round dose to nearest 20 mg. Perform Tobramycin level 30 minutes prior to second dose.
Note: Tobramycin or Gentamicin may be used interchangeably

e) ❒ If influenza PCR positive, Oseltamivir 75 mg PO bid x 5 days

f) ❒ If mucocutaneous HSV infection, Acyclovir 400 mg PO five times daily **OR** Acyclovir _____mg (5 mg/kg) IV q8h (notify pharmacy if cannot take PO)

24 hr

*Pharmacist may adjust AFTER first dose based on weight and renal function.
**Antimicrobials to be reassessed for appropriateness after 72 hours: IF patient stable and cultures remain negative, discontinue modifying antimicrobials (tobramycin/gentamicin/azithromycin/vancomycin IV)

10. **Other medication:**

✍ ❒ STOP oral chemotherapy and/or chemotherapy via infusion; inform M.D.

❒ Acetaminophen 500-1000 mg PO q6h PRN for temperature of 38 degrees or more

DATE: _____ TIME: _____M.D. SIGNATURE: _____

STAKEHOLDER REVIEW & APPROVAL

Head of Dept	**Date**
Dr Pitre	August 2020