



ADULT FEBRILE NEUTROPENIA ORDERS

CLERK	NURSE	Order Set:/FEBNO.SR
		<p>1. Admit to oncology under Dr. _____</p> <p>2. Definition Febrile neutropenia: adult patients with fever (oral temperature greater than or equal to 38.3 degrees Celsius at any time, or oral temperature greater than 38 degrees Celsius for at least one hour) and neutropenia (less than 0.5×10^9 neutrophils/liter or less than 1×10^9 neutrophils/liter with an expected decrease to less than 0.5×10^9 neutrophils/liter)</p> <p>3. Diet <input type="checkbox"/> DAT <input type="checkbox"/> NPO <input type="checkbox"/> Clear fluids <input type="checkbox"/> Cardiac <input type="checkbox"/> Diabetic _____ kcal <input type="checkbox"/> Renal <input type="checkbox"/> Dietitian referral</p> <p>4. Activity AAT</p> <p>5. Patient monitoring</p> <ul style="list-style-type: none"> • Vital signs, q4h x 24 hours, then q6h • SpO₂ with vital signs • In and out q12h. Avoid catheter insertion where possible • IF SYSTOLIC BP less than 90 mmHg or HR greater than 100 bpm, or evidence of confusion, notify M.D. immediately. <p>6. Initial Tests CBCD, Electrolytes, eGFR (Creatinine), Urea, Total Bilirubin, ALT, LDH, Alkaline Phosphatase, Albumin, Calcium (if not done within last 24 hours) STAT blood cultures: 1 set from each lumen of central venous access device by nurse plus 1 peripheral set (simultaneously drawn by phlebotomist). If no central venous access device, then 2 sets of peripheral cultures.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Urine C&S <input type="checkbox"/> Sputum C&S <input type="checkbox"/> CXR in a.m. </div> <div> <input type="checkbox"/> Nasopharyngeal swab for respiratory virus <input type="checkbox"/> Viral swab for mucocutaneous HSV or VSV <input type="checkbox"/> Stool for C-Diff </div> </div>
24 hr		<p>7. Central venous access device dressing change and flush as per policy</p> <p>8. IV Fluids</p> <p><input type="checkbox"/> Bolus IV 0.9% Sodium Chloride volume _____ mL over _____ hours</p> <p>After bolus IV finished:</p> <p><input type="checkbox"/> IV fluid of _____ at a rate of _____ mL/h, reassess in _____ hours</p> <p><input type="checkbox"/> IF Hgb less than 80 g/dL: Transfuse 2 units PRBCs</p> <p><input type="checkbox"/> IF Platelet count less than 10×10^9/L: Transfuse 5 units platelets</p> <p><input type="checkbox"/> diphenhydrAMINE 50 mg PO x 1 plus Acetaminophen 650 mg PO x 1 30 minutes pre transfusion of platelets</p> <p>**Clarify with medical oncologist as to any specific blood requests (i.e. CMV negative, irradiated, etc.)</p>

DATE: _____ TIME: _____ M.D. SIGNATURE: _____