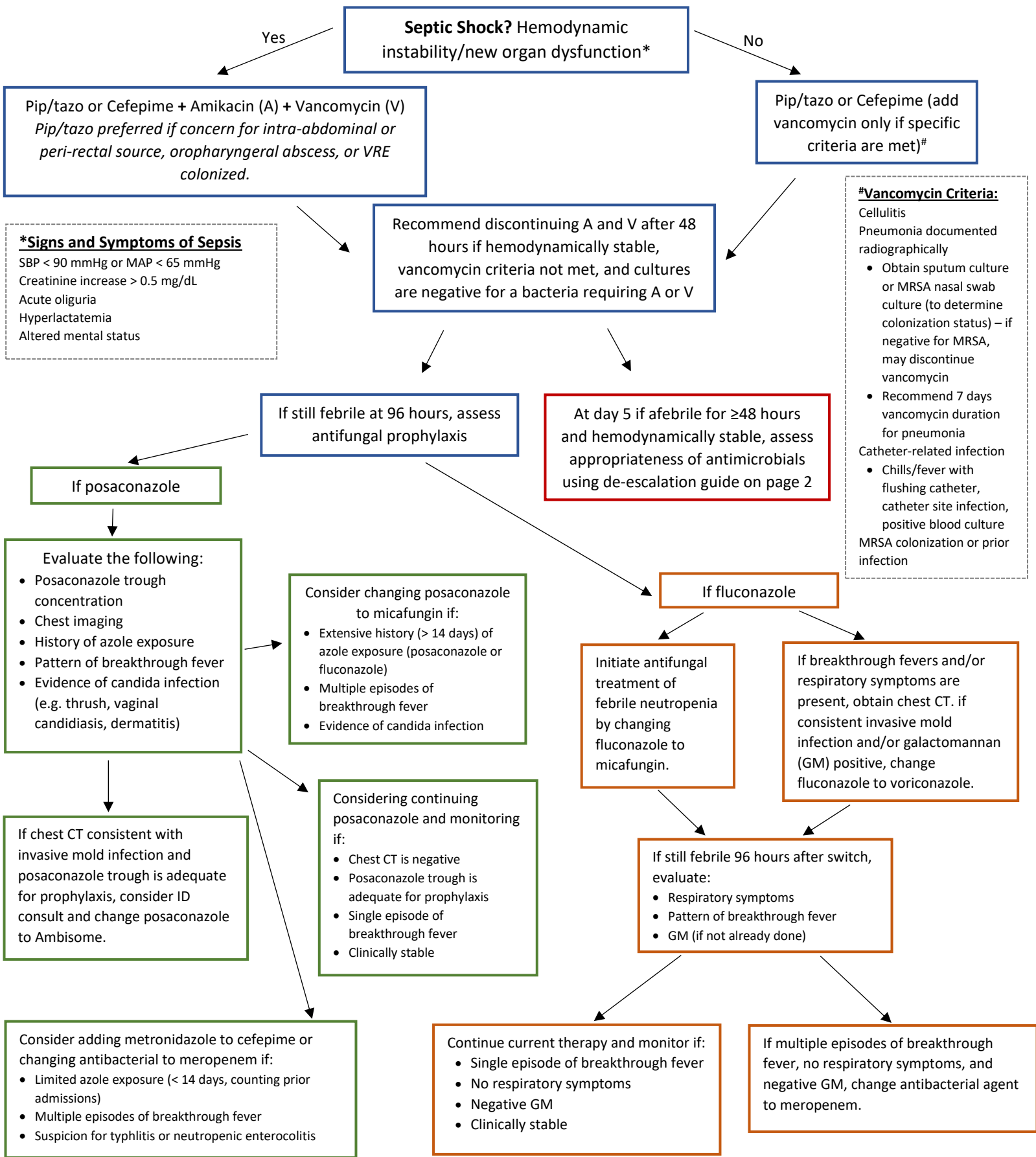


**Febrile Neutropenia Algorithm for High Risk Adult Patients – No Allergy**  
**(AML, ALL, AlloSCT, expected ANC < 500 for ≥ 10 days, GVHD with steroids > 20 mg/day, alemtuzumab therapy)**



## Febrile Neutropenia De-escalation Guide

On **day 5** of therapy<sup>§</sup>, assess appropriateness of antimicrobials and **consider de-escalation in the following patients:**

- Hemodynamically and clinically stable
- Afebrile for  $\geq 48$  hours
- Appropriate infectious diagnostic work-up (e.g. 2 sets of blood cultures (central and peripheral), urine/respiratory /wound cultures as appropriate, imaging as appropriate)
- **Regardless of ANC recovery**

### Low Suspicion for Bacterial Infection:

- Negative bacterial cultures
- No evidence of bacterial infection on imaging or physical exam

### Suspected Bacterial Infection:

- Negative bacterial cultures
- Laboratory, imaging or physical findings indicative of possible infection

### Documented Bacterial Infection:

- Positive cultures and imaging or physical exam consistent with infection

### Treatment Recommendation:

- Discontinue antibiotic therapy

### Treatment Recommendation:

- Tailor antibiotic therapy to suspected source of infection
- Once an appropriate duration is completed for suspected source of infection, discontinue antibiotic therapy

### Treatment Recommendation:

- Tailor antibiotic therapy to documented source of infection based on culture and sensitivity results (e.g. if gram positive or fungal organism is isolated, discontinue antipseudomonal gram negative therapy and tailor therapy based on susceptibilities)
- Once an appropriate duration is completed for documented infection, discontinue antibiotic therapy

Resume afebrile neutropenia prophylaxis if indicated

- Monitor patient for signs and symptoms of infection after discontinuation/de-escalation of antibiotic therapy
- Reinitiate febrile neutropenia algorithm if patient has a recurrent fever ( $\geq 101$  °F or  $\geq 100.4$  °F over 1 hour) or meets new criteria for suspected or documented bacterial infection (page 1)

<sup>§</sup>Antimicrobials may be discontinued prior to Day 5 evaluation at the discretion of the primary team if the fever is felt to be non-infectious (e.g. active malignancy, tumor fevers, blood transfusion, cytokine release syndrome, drug infusion reactions, differentiation syndrome, graft-versus-host disease)