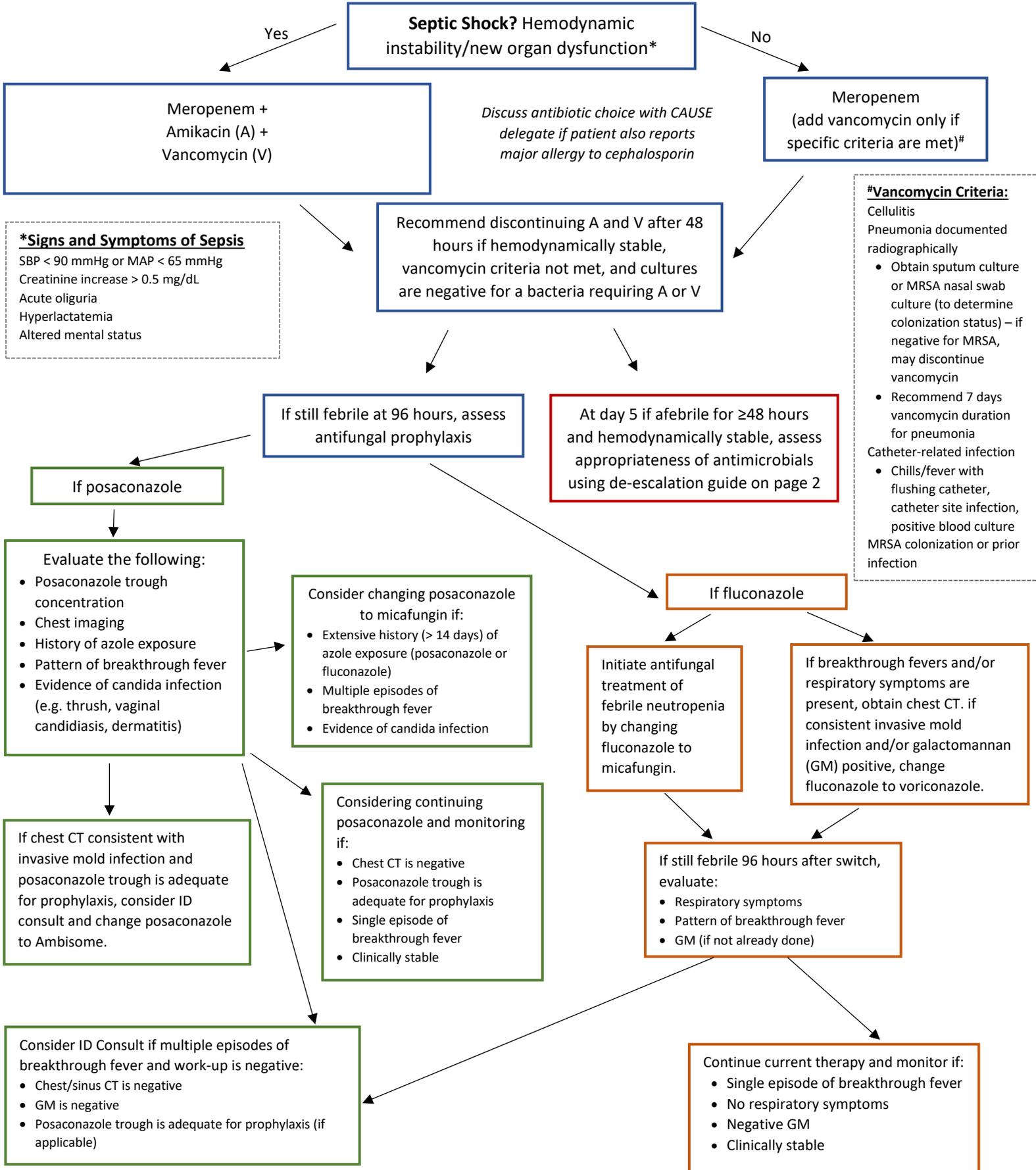


Febrile Neutropenia Algorithm for High Risk Adult Patients – MAJOR PENICILLIN ALLERGY
(AML, ALL, AlloSCT, expected ANC < 500 for ≥ 10 days, GVHD with steroids > 20 mg/day, alemtuzumab therapy)
 Major allergy includes anaphylaxis, angioedema, immediate hives: **CONFIRM ALLERGY** in WAKEONE is ACCURATE (discuss with patient or family)
 Review of health records is warranted. If patient has tolerated cephalosporins in past, choose cefepime and refer to 'no allergy' algorithm.



Febrile Neutropenia De-escalation Guide

On **day 5** of therapy[§], assess appropriateness of antimicrobials and **consider de-escalation in the following patients:**

- Hemodynamically and clinically stable
- Afebrile for ≥ 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 (≥ 101 °F or ≥ 100.4 °F over 1 hour) or meets new criteria for suspected or documented bacterial infection (page 1)

[§]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)