

### **Instructions for Emergency Department Staff: Management of Febrile Neutropenia**

If the patient's temperature is  $<38^{\circ}\text{C}$  when they present to the Emergency Department, but they have recorded temperatures at home  $>38^{\circ}\text{C}$ , they should still be considered febrile.

1. If patient is febrile and neutropenic, initiate broad spectrum antibiotics within 60 minutes, Piperacillin-Tazobactam 3.375g IV q6h.  
Or, if the patient has a penicillin allergy: Ciprofloxacin 400 mg IV q12h and Vancomycin 1g IV q 12h.
2. If the patient appears unwell (e.g: rigors, hypotension, etc), or lab results are delayed, give the first dose of antibiotic(s) before the blood work results are back.
3. High-risk febrile neutropenia patients require admission. After the physician has completed the assessment and administered the first dose of antibiotics, admit the patient to the appropriate service.
4. Low-risk febrile neutropenia patients may be treated as outpatients (refer to the CCNS Oncologic Emergencies Guidelines to review low risk criteria and treatment guidelines).
5. The patient's Medical Oncologist/Hematologist and treating cancer clinic should be advised of the patients visit to the Emergency Department and their current status.

**For more information, refer to the CCNS Oncologic Emergencies Guidelines [www.cancercare.ns.ca](http://www.cancercare.ns.ca)**

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