## **Neutropenic Sepsis Guidance** NON haematology/oncology patients



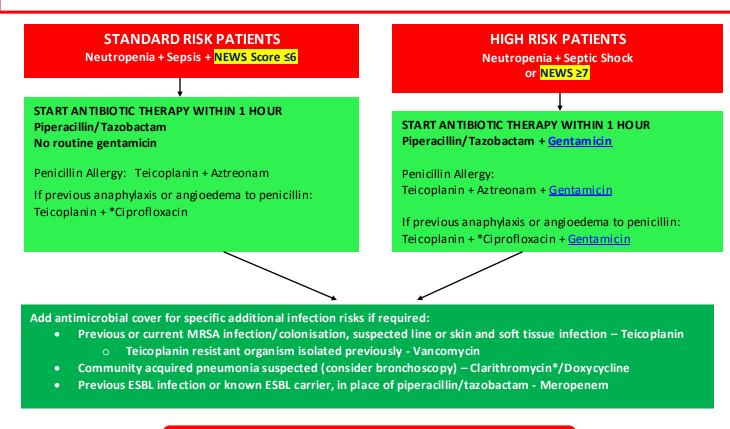
IF NEUTROPHIL COUNT >0.5X10<sup>9</sup>/L FOLLOW GUIDANCE ON HOSPITAL ANTIBIOTIC MAN

Haematology patients – <u>click here for guidance</u>

Oncology patients – <u>click here for guidance</u>

## **Initial Assessment and Management**

- Neutropenic sepsis = neutrophil count  $<0.5 \times 10^9/L + sepsis$
- Assess patient within 15 minutes of presentation to hospital and commence resuscitation following 'Sepsis 6' care bundle
- Assess severity of sepsis and assign RISK category as detailed below
- All patients should have a full infection screen:
  - Blood cultures Throat swabs bacterial and viral Chest X-ray
  - MSU
    Stool culture
    Sputum culture
    Swab skin lesions and line exits
- Always take blood cultures before giving antibiotics but do not wait for full infection screen to be performed
- Penicillin/beta-lactam Allergy confirm type and severity of previous reaction e.g. rash, anaphylaxis
- Review previous microbiology results for resistance



## MONITOR ALL PATIENTS HOURLY

## **Antibiotic Dosing**

(assuming non pregnant adult with normal renal and hepatic function)

Piperacillin/tazobactam IV 4.5g qds Aztr eonam IV 2g qds Ciprofloxacin\* IV 400mg tds Clarithromycin\* IV 500mg bd Doxycycline PO 100mg bd Teicoplanin – 12mg/kg bd (max 800mg) for 4 doses then od (check pre dose level if expected duration >10 days) Gentamicin – follow <u>guidance</u> Vancomycin – follow <u>guidance</u> \*consider risk of prolonged QT interval and <u>interactions</u>

- Review IV daily and consider IV OST
- Reassess antibiotic therapy after 48 72 hours
- Check microbiology results and adjust antibiotic therapy as required

If persistent fever after 96 hours and no focus of infection request ID/Micro review regarding initiation of <u>antifungal therapy</u>

Approved by AMG: Aug 2014 Updated: July 2020 Review: July 2023 Ref: <u>SAPG guidance 2019</u> Local expert opinion <u>BJCP 2012</u> ciprofloxacin dosing