Forenames St Helens and Knowsley Lastname Teaching Hospitals LOW RISK FEBRILE NEUTROPENIA (LRFN) Hospital No. **PATHWAY** D.O.B. **PATHWAY INCLUSION CRITERIA** PATIENTS MUST NOT BE AMBULATED FROM ED WITHOUT AN IN PERSON REVIEW FROM THE MEDICAL TEAM \square Age over 18 who are on systemic anticancer therapy with a neutrophil count of <1.0 x 10 9 /L ☐ Solid organ malignancy only (Pathway does NOT apply to haematological malignancy patients) ☐ Carer/relative available to provide support ☐ Able to return to hospital/personal transport available ☐ No other condition preventing ambulatory / same day emergency care ☐ Able to take and tolerate oral antibiotics ☐ Able to fully understand signs/symptoms to seek medical assessment – e.g No cognitive impairment **STEP 1: ASSESS FOR AND TREAT AS SEPSIS** ☐ Take History: Document on medical proforma ☐ Examine patient (including mucosal membranes and PICC site): Document on medical proforma ☐ Take bloods: FBC, U&E, LFT, CRP, Lactate and arrange CXR ☐ Take microbiology samples: PICC and Peripheral blood cultures, MSU/urine sample, Respiratory Viral Samples and any others relevant according to history and clinical findings Give empirical intravenous antibiotics for neutropenic sepsis within 1 hour (MICRO GUIDE) Monitor for four hours to determine if stable and suitable to ambulate **STEP 2: CONSIDER AMBULATION** ☐ Calculate MASCC score (https://www.mdcalc.com/mascc-risk-index-febrile-neutropenia) MASCC Score of ≥ 21 MASCC RISK ASSESSMENT SCORE 0 > 60 MASCC Score of ≤ 20 < 60 2 Burden of illness (sepsis symptoms) Severe 0 Has been observed and Moderate 3 Mild/None remained well for 4hours Solid tumour No 0 Hypotensive (systolic BP <90mmHg) Yes 0 Inpatient care NO No 5 Meets criteria for Pre-existing COPD 0 Yes ambulation (see above) Treat as per hospital No 4 NO Dehydration requiring IV fluid Yes 0 guidelines No 3 YFS Continue IV antibiotics Developed fever as an outpatient Yes Continue to Step 3 of Refer to Acute Oncology pathway Total **STEP 3: ANTIBIOTIC CHOICE** Treat as per previous sensitivities* Arrange SDEC follow with oral antibiotics up and discharge Any previously positive with 5 days of oral microbiology cultures from Source of antibiotics (as suspected source Treat as per trust guidelines for an Infection infection from that source below) and complete Identified STEP 4 **Review previous** Discuss with microbiology for NB In those patients microbiology inc alternative oral antibiotics where there is no oral Any contraindications to Co-MRSA swabs antibiotic alternative Trimoxazole and available, inpatient Metronidazole? (see below) Treat with Cotrimoxazole and treatment will be Metronidazole- see below for dosing needed. Contraindications to Co-Trimoxazole or Metronidazole eGFR >30ml/min: eGFR 15-30 ml/min: eGFR <15ml/min: Allergy to Trimethoprim, sulfamethoxazole, or metronidazole eGFR <15mL/min (Co-Trimoxazole contraindicated) 960mg BD 480mg BD Co-Trimoxazole Discuss with NB If patient is on Methotrexate- it must be withheld whilst treated for microbiology sepsis and on Co-trimoxazole Metronidazole 400mg TDS 400mg TDS

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D.O.B.	
STEP 4: AMBULATORY CHECKLIST PRE-DISCHARGE	
Potential Source (If known):	Patient Contact Number:
 □ Blood cultures definitely taken and received in the lab □ Urine culture definitely taken and received in the lab □ Radiology reviewed □ Provide antibiotic prescription □ Safety net advice regarding deterioration □ Patient information leaflet MUST be given □ Contact numbers given to patient □ Follow up arranged on 1B GPAU in 48 hours □ Notes taken to 1B GPAU □ Referred to acute oncology 	
Name	Designation
Signature Date & Time	
STEP 5: FOLLOW UP	
Blood cultures reviewed Other microbiology results reviewed No changes in treatment required Discharge: Letter completed Column	Blood cultures reviewed Other microbiology results reviewed Repeat bloods +/- Discuss with microbiology if concern Liaise with acute oncology Patients with persistent fever at day 3-5 of therapy ere neutrophils remain < 0.5 x 10°/L may need further ew/investigations and longer duration of antibiotics nsider admission if unwell/concerns mit if evidence of sepsis
Name	Designation
Useful Information	
Contact numbers:	
Clatterbridge Cancer Centre Hotline: 0800 169 5555	Microbiology Advice Line: Ext 1837 (Mon – Fri 0900-1700) or oncall Microbiologist via switchboard if out of hours.
GPAU Co-ordinator: 0151 478 7537	
Oncology Team Referral: <u>Acuteoncology@sthk.nhs.uk</u> (bleep #7720)	