

LOW RISK FEBRILE NEUTROPENIA (LRFN) PATHWAY

Forenames

Lastname

Hospital No.

D.O.B.

PATHWAY INCLUSION CRITERIA

PATIENTS MUST NOT BE AMBULATED FROM ED WITHOUT AN IN PERSON REVIEW FROM THE MEDICAL TEAM

- ☐ Age over 18 who are on systemic anticancer therapy with a neutrophil count of $<1.0 \times 10^9/L$
- ☐ 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 RISK ASSESSMENT		SCORE
Age	> 60	0
	< 60	2
Burden of illness (sepsis symptoms)	Severe	0
	Moderate	3
	Mild/None	5
Solid tumour	Yes	4
	No	0
Hypotensive (systolic BP <90mmHg)	Yes	0
	No	5
Pre-existing COPD	Yes	0
	No	4
Dehydration requiring IV fluid	Yes	0
	No	3
Developed fever as an outpatient	Yes	3
	No	0
Total		

MASCC Score of ≤ 20

Inpatient care

Treat as per hospital guidelines
Continue IV antibiotics
Refer to Acute Oncology

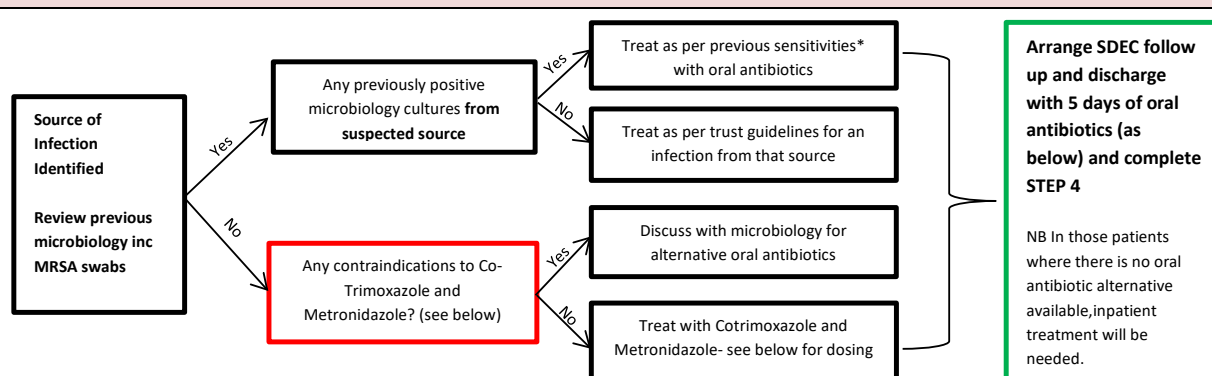
MASCC Score of ≥ 21

Has been observed and remained well for 4hours

Meets criteria for ambulation (see above)

Continue to Step 3 of pathway

STEP 3: ANTIBIOTIC CHOICE



	eGFR >30ml/min:	eGFR 15-30 ml/min:	eGFR <15ml/min:
Co-Trimoxazole	960mg BD	480mg BD	Discuss with microbiology
Metronidazole	400mg TDS	400mg TDS	

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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

Patient well with no concerns

NO

YES

- ☐ Blood cultures reviewed
- ☐ Other microbiology results reviewed
- ☐ No changes in treatment required

Discharge:

- ☐ Letter completed
- ☐ Safety net advice reiterated
- ☐ Duration of antibiotics confirmed

- ☐ Blood cultures reviewed
- ☐ Other microbiology results reviewed
- ☐ Repeat bloods +/-
- ☐ Discuss with microbiology if concern
- ☐ Liaise with acute oncology

NB Patients with persistent fever at day 3-5 of therapy where neutrophils remain $< 0.5 \times 10^9/L$ may need further review/investigations and longer duration of antibiotics

Consider admission if unwell/concerns
Admit if evidence of sepsis

Name _____

Designation _____

Signature _____

Date & Time _____

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:
Acuteoncology@sthk.nhs.uk (bleep #7720)