Febrile Neutropenia

Suggested reading (somewhat outdated in termso f treatment recommendations, but principles are the same)

Suggest review (not to memorize, but to understand management approach):

1. How is neutropenia defined? What is considered profound neutropenia?
2. How does the duration of neutropenia affect the spectrum of pathogens encountered (see slide 16).
3. In patients with suppression of cell mediated immunity in addition to neutropenia 8i.e. receive receipt of high-dose corticosteroids) how does the potential spectrum of pathogens change that would not be covered by empiric antibiotic therapy (see slide 17)
4. Although fluoroquinolone prophylaxis is established as a standard of care, what problems may limit its effectiveness?
5. Which infections are associated with ecthyma gangrenosum skin lesions in neutropenic patients?
6. Which neutropenic patients can potentially be managed as outpatients with oral antibiotics?
7. What clinical presenting signs warrant initiation of anti-HSV1/HSV2/VZV antiviral therapy (see NCCN guidelines)
8. What infection is associated with periorbital swelling, pansinusitis, and necrosis that rapidly evolves as a potentially fatal infection?
9. What clinical signs suggest C. difficile infection- What are the recommended therapies of choice?
10. In neutropenic patients, what type of infections are associated with the following computer tomography (CT) findings (see slide 43)?
    1. Lobar consolidation
    2. Peribronchovascular infiltrates
    3. Nodular infiltrates
11. What are the most common reasons for persistent fever in neutropenic patients receiving broad-spectrum antibacterial/antifungal therapy? (see slide 49)
12. **Review common front-line empiric antibiotic regimens for febrile neutropenia (NCCN Guidelines-page 37- INTIAL INPATIENT EMPIRIC GUIDELINES for FEVER AND NEUTROPENIA)** What are the differences between the regimens? What do they cover? What do they fail to cover?