UNMH Fever and Oncology Pathway in a Well Appearing Child

**Triage Screening Tool Positive**

UNMH Pediatric ED Sepsis Pathway if Abnormal Heart Rate or Ill Appearing

Immediate PED Bed Placement, Triage B
MD/RN Rapid Team Assessment

**Physician**

ORDER labs and ANTIBIOTICS:
- Use careset “ED Peds Sepsis and Oncology (>60 days)”
- In that careset use “ED Peds Oncology Antibiotics” for antibiotic order (see antibiotic recommendations on next page)
- Be sure to order a blood culture for each port

If URI symptoms order CXR and viral swab but beware bleeding if platelets < 20K

**Nursing**

ACCESS CENTRAL VENOUS CATHETER (two attempts then peripheral IV at 45 minutes if unsuccessful)

Draw Labs (with lactate, blood culture from each port and label “green port,” “red port,” etc.)

Verify antibiotic order, remind MD if needed

If failed IV, ask for IM antibiotics

**Administer Antibiotics**

**Practice Change:** Antibiotics will need to be administered before the ANC results

**Triage Level B**

If ill-appearing or abnormal heart rate see UNMH Pediatric ED Sepsis Pathway

**Guideline Goals:**
- Appropriate antibiotics given within 60 minutes
- Optimizing access of central venous catheter
- Appropriate blood cultures with correct labeling
- Discussion with Hem/Onc Attending
- Appropriate disposition

**Positive Screen Includes**

| Temp¹,² | Fever > 38°C (101°F) by current or home measurement |
| Age | Normal Heart Rate |
| < 1 yr | 90 - 180 |
| 1 - 2 yrs | 80 - 160 |
| 2 - 5 yrs | 65 - 140 |
| 6 - 12 yrs | 55 - 130 |
| 13 - 18 yrs | 50 - 120 |

**Heart Rate³**

- Currently on or recent chemotherapy
- History of bone marrow transplant
- Last known ANC < 500
- Central Line

**AND MUST BE Well Appearing**

- Normal mental status
- Normal capillary refill (1-2 seconds)
- Normal pulses without mottling
- Normal heart rate (above)
**ANTIBIOTIC RECOMMENDATIONS**

Use “ED Peds Oncology Antibiotics”

<table>
<thead>
<tr>
<th>Suspect Neutropenia if:</th>
<th>Ceftriaxone</th>
<th>Cefepime</th>
<th>Aztreonam</th>
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</thead>
<tbody>
<tr>
<td>Oncology attending suspects neutropenia on pre-arrival call OR ANC &lt; 500 within the last week</td>
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<tr>
<td>Neutropenia Unlikely or Unsure</td>
<td>Ceftriaxone</td>
<td>Cefepime</td>
<td>Aztreonam</td>
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<tr>
<td>Suspected Neutropenia</td>
<td>Cefepime</td>
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<tr>
<td>Anaphylactic penicillin allergy (Neutropenia unlikely and Suspected Neutropenia)</td>
<td>Aztreonam</td>
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<tr>
<td>Septic Oncology Patient (+/- Neutropenia)</td>
<td>Cefepime and Vancomycin</td>
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If Ceftriaxone is given and ANC results < 500 then give appropriate dose of Cefepime

Recommended Labs: STAT CBC/Diff, CRP, UA/Culture; Blood culture for EACH PORT

If URI symptoms consider: CXR, viral swab but beware bleeding for platelets < 20K

<table>
<thead>
<tr>
<th>Common Antibiotic Dosing:</th>
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<tbody>
<tr>
<td><strong>Ceftriaxone</strong></td>
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<tr>
<td>&lt;10kg: 50mg/kg q24h</td>
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<tr>
<td>10-12kg: 55 mg q24h</td>
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<tr>
<td>13-15kg: 700 mg q24h</td>
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<tr>
<td>16-18kg: 850 mg q8h</td>
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<tr>
<td>19-22kg: 1000 mg q8h</td>
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<tr>
<td>23-27kg: 1250 mg q8h</td>
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<tr>
<td>28-32kg: 1500 mg q8h</td>
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<tr>
<td>33-37kg: 1750 mg q8h</td>
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<tr>
<td>&gt;37kg: 2000 mg q8h</td>
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**Other Antibiotic Dosing**

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<tr>
<th>Antibiotic</th>
<th>First Dose IV</th>
<th>Maximum</th>
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<tbody>
<tr>
<td>Meropenem</td>
<td>20 mg/kg</td>
<td>1 gram</td>
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<td>Clindamycin</td>
<td>10 mg/kg</td>
<td>600 mg</td>
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<td>Ertapenem</td>
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<td>1 gram</td>
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