

Low-Risk Fever and Neutropenia Evaluation: Provider Assessment Checklist

Does the patient have one of the following oncology diagnoses? ($Y \ / \ N$)

- ____ Acute lymphoblastic leukemia or lymphoblastic lymphoma in interim maintenance or
- maintenance phase of therapy
- _____ Solid tumor/brain tumor
- ____ Hodgkin lymphoma
- ____ Langerhans cell histiocytosis

If no, STOP; patient <u>does not</u> qualify for LOW RISK outpatient management. The patient is HIGH RISK and requires admission for IV antibiotics. Contact Hem/Onc for recommendations.

If yes, proceed with checklist below to assess for LOW RISK outpatient management eligibility.

Does the patient/family have **any** of the following baseline social concerns?***

Does not live (or is not able to stay) within 60 minutes of CMH AH campus

Is not able to receive daily phone follow-up

Is not able to return to clinic for follow-up within 72 hours, if needed

| Boes the patient have <u>uny</u> of the following baseline chinear concerns: | |
|---|--|
| Age < 12 months | |
| Not tolerating oral intake, including medications | |
| Health and Physical are not reassuring | |
| Vital signs are not normal for age at intake (except <i>mild</i> tachycardia with fever) | |
| Signs of serious infection | |
| Critical note in Cerner stating patient is NOT eligible for outpatient fever/neutropenia management | |
| Evidence of mucositis | |
| >1 fluid bolus given in clinic/ED | |
| Trisomy 21 | |
| Any surgery in the preceding 2 weeks (excluding CVL placement) | |
| VP shunt/Omaya reservoir placed within last 6 weeks OR meningeal signs of infection | |

| Does the patient have <u>any</u> of the following additional clinical concerns?*** | |
|--|---|
| | History of allogeneic BMT |
| | History of autologous BMT within last 100 days |
| | Primary immunodeficiency |
| | Received > 15 days of glucocorticoids in the last 30 days |
| Γ | Currently using broad-spectrum antimicrobials such as levofloxacin, ciprofloxacin, fluconazole, |
| | voriconazole, etc (excluding sulfamethoxazole/trimethoprim for PJP prophylaxis) |
| Γ | Other concerns from primary oncology team for reliability or safety |

***If any boxes in these sections are checked patient <u>does not</u> qualify for LOW RISK outpatient management. The patient is HIGH RISK and requires admission for IV antibiotics. Contact Hem/Onc for recommendations.