

Standard Procedures

- Triage level ESI 1 or 2
- Rapid rooming
- CBC with differential
- Blood cultures from all CVL lumens prior to antibiotic administration
- If patient is ill-appearing or with signs of shock, administer IV broad-spectrum antibiotics STAT
- Evaluate for possible focus of infection

Included Diagnosis (must meet one):

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

Initial LOW RISK Exclusion Criteria:

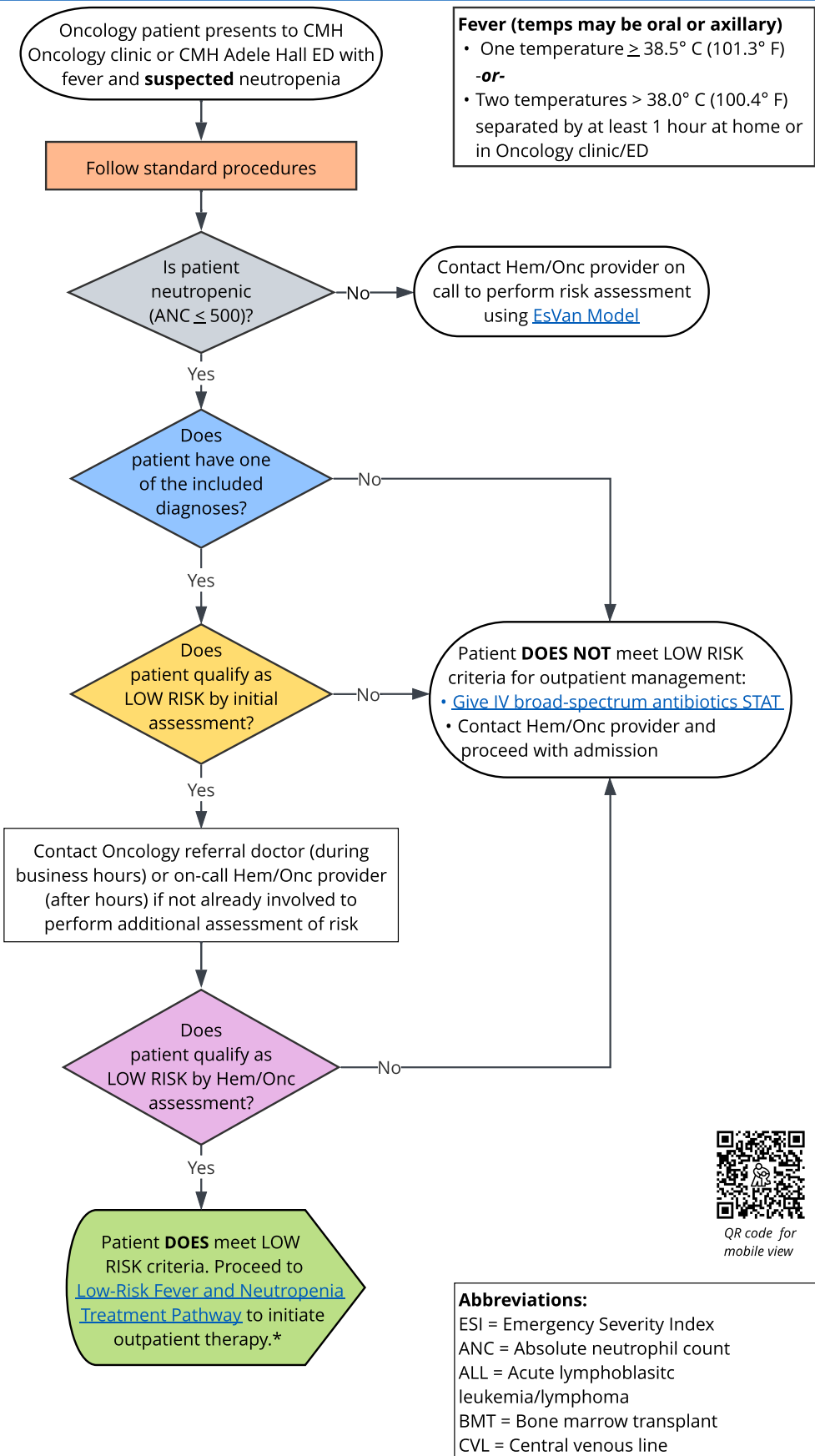
To be assessed by ED or Hem/Onc provider; if any are true, then patient DOES NOT qualify as LOW RISK [Link to Provider Assessment Checklist](#)

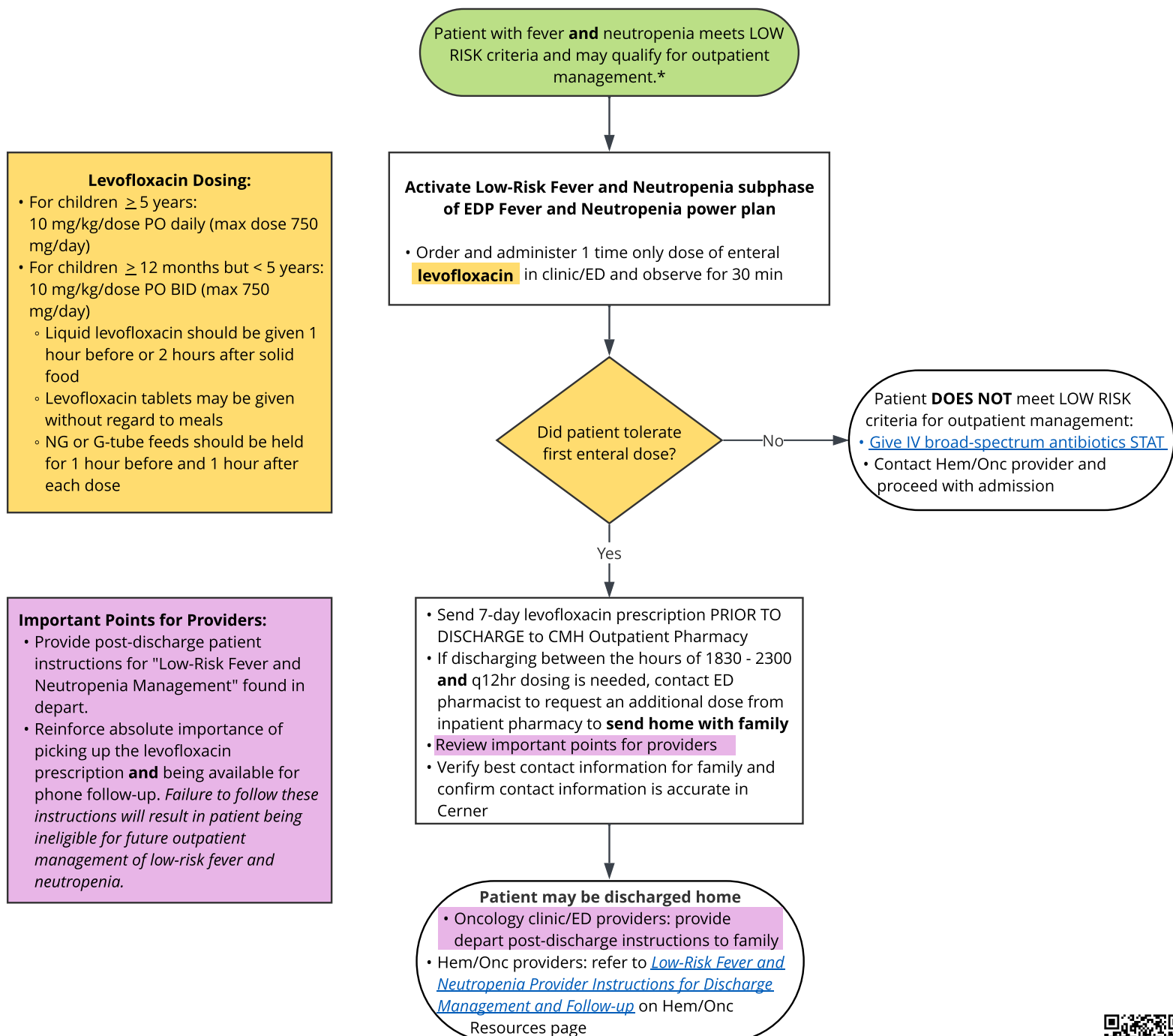
- Age \leq 12 months
- Not tolerating oral intake, including meds
- H&P not reassuring
- Vital signs abnormal for age (except mild tachycardia with fever)
- Signs of serious infection
- Does not live (or is not able to stay) within 60 min of CMH AH campus
- Not able to receive phone follow-up
- Not able to return for follow-up within 72 hours
- Critical note in Cerner stating patient is NOT eligible for outpatient fever/neutropenia management
- Mucositis
- > 1 fluid bolus given
- Trisomy 21
- Any surgery in the preceding 2 weeks (excluding CVL placement)
- VP shunt/Ommaya reservoir placed within preceding 6 weeks OR meningeal signs

Additional LOW RISK Exclusion Criteria:

To be assessed by Hem/Onc provider; if any are true, then patient DOES NOT qualify as LOW RISK [Link to Provider Assessment Checklist](#)

- History of allogeneic BMT
- History of autologous BMT within 100 days
- Primary immunodeficiency
- Received > 15 days of glucocorticoids in the last 30 days
- Currently using broad-spectrum antimicrobials (excluding TMP-SMX for PJP prophylaxis)
- Other concerns from primary oncology team for reliability or safety





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***If the examining provider, on-call Hem/Onc provider, or the family is uncomfortable with the appropriateness or safety of outpatient management of low-risk fever/neutropenia, the patient should be admitted** If the rounding inpatient team the next day judges that the patient meets the above criteria, the patient may be discharged with a prescription for levofloxacin and follow-up as above.

Each primary oncology team **MUST** place a Critical Note in Cerner for any patient that they feel would **NOT** be eligible for outpatient management of low-risk fever and neutropenia despite meeting the Diagnosis and Clinical criteria. Ideally, each primary oncology team will place a Critical Note in Cerner for every patient stating definitively whether or not they would be eligible for outpatient management of low-risk fever and neutropenia