

**Hematology/Oncology
Neutropenic Fever Adult Orders**

Directions: 1. Indicate choice when options are available by placing a check in the box
 2. Mark through entire line any prechecked item you **do not** wish to order ~~mark through~~

Attending Physician: _____ Diagnosis: _____
 Observation Status Admission for Inpatient Care Admit or transfer to: _____ Unit

ALLERGIES: NKA **ALLERGIC to:** _____

VITAL SIGNS:

- Vital signs every 4 hours (unless modified by physician)
- Other: _____

ACTIVITY:

- Activity as tolerated
- Bed rest
- Bed rest with bathroom privileges
- Other: _____

DIET:

- Neutropenic diet
- Other: _____

IV SOLUTIONS:

- Sodium Chloride 0.9% IV infuse at _____ ml/hour
- Sodium Chloride 0.45% IV infuse at _____ ml/hour
- Dextrose 5% and Sodium Chloride 0.45% IV infuse at _____ ml/hour
- Dextrose 5% and Sodium Chloride 0.9% IV infuse at _____ ml/hour
- Other: _____

MEDICATIONS: (obtain cultures PRIOR to initiation of antibiotic therapy)

- Cefepime (Maxipime)** 2 grams IVPB STAT; THEN every 8 hours
- Piperacillin/tazobactam (Zosyn)** 3.375 grams IVPB every 8 hours: extended infusion
- Imipenem/cilastatin (Primaxin)** 500 mg IVPB STAT; THEN every 6 hours (if no serious PCN allergy)
- Aztreonam (Azactam)** 2 grams IVPB every 8 hours (if **penicillin/cephalosporin** allergy); PLUS **Tobramycin** 2 mg/kg = _____ mg IVPB loading dose; THEN Pharmacy to dose
- Vancomycin** 15 mg/kg = _____ mg IVPB x 1 dose STAT; THEN Pharmacy to dose

Indications for **Vancomycin**:

- Clinically apparent, serious catheter-related infection
- Hemodynamically unstable or hypotension
- Patient known to be colonized or previously infected with MRSA
- Patient presents with severe mucositis
- Blood culture positive for gram positive bacteria prior to final ID/MIC
- Soft tissue infection
- Recent prophylaxis/treatment with fluoroquinolones or trimethoprim/sulfamethoxazole
- Other: _____

PATIENT CARE:

- Document height
- Weight on admission

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PATIENT CARE: Cont'd

- Daily weights
- Intake and output every shift
- Initiate neutropenic precautions
- Sequential compression device(s) to _____ both lower extremities _____ right leg _____ left leg
- Access central line for blood draws

LABORATORY:

- Routine blood cultures x 2 sites prior to antibiotic therapy (one from central line/one from peripheral)
- CBC with differential
- CCP (complete chemistry profile)
- Urine for culture and sensitivity prior to antibiotic therapy
- CBC with differential x 3 days
- Stool culture
- Stool for clostridium difficile
- Pre-albumin
- BMP (basic metabolic panel)

RADIOLOGY:

- Chest PA lateral, indication: evaluate lung fields
- Port chest, indication: evaluate lung fields

CONSULTS: (if patient of high concern, physicians to contact specialty consults personally)

- Consult Hematologist/Oncologist, indication: neutropenic fever
- Consult Pharmacist, indication: adjust antibiotic doses
- Consult Infectious Disease, indication: neutropenic with fever
- Consult Dietician, indication: nutritional evaluation/neutropenic diet
- Consult Chaplain, indication: emotional support, psychosocial
- Consult Social Work, indication: discharge planning

COMMUNICATION:

- Avoid invasive procedures
- Notify Primary Service if:
 - Heart rate less than _____ or greater than _____
 - Systolic BP less than _____ or greater than _____
 - Diastolic BP less than _____ or greater than _____
 - Temperature less than _____ or greater than _____
 - Other: _____

ADDITIONAL ORDERS:

Physician _____	Pager _____	Date ____ / ____ / ____	Time: _____
<input type="checkbox"/> Verbal Order Verification Signature _____		Date ____ / ____ / ____	Time: _____

****SCAN PHYSICIAN SIGNATURE PAGE FIRST TO PHARMACY****