

Neutropenic Sepsis

<i>Infection</i>	<i>Comments</i>	<i>First Line Agents</i>	<i>Penicillin Allergy</i>	<i>History of multi-resistant organisms</i>	<i>Treatment Duration</i>
<p>Suspected Neutropenic Sepsis</p> <ul style="list-style-type: none"> • Chemotherapy in last 4 weeks presenting unwell +/- fever • Underlying condition causing myelosuppression 	<p>Check Allergy Status.</p> <p>Review previous microbiology for risk of multi-resistant gram negative infection and GIVE FIRST DOSE OF ANTIBIOTIC(S) IMMEDIATELY</p> <p><i>Send Blood-cultures (paired BC if line in situ), Urine culture, stool CS and for C.difficile if loose stools and other appropriate specimens depending on the clinical presentation.</i></p>	<p>Piperacillin-tazobactam 4.5g IV 6 hourly</p> <p>If suspected line infection: <u>ADD</u> Vancomycin IV as Trust guidelines</p> <p>If suspected Community Acquired Pneumonia: <u>ADD</u> Clarithromycin 500mg IV 12 hourly</p>	<p>Mild/Moderate Allergy (eg. maculopapular rash only): Meropenem 1g IV 8 hourly</p> <p>If suspected line infection: <u>ADD</u> Vancomycin IV as Trust guidelines</p> <p>If suspected Community Acquired Pneumonia: <u>ADD</u> Clarithromycin 500mg IV 12 hourly</p> <p>Severe Allergy: Ciprofloxacin 400mg IV 12 hourly or 750mg PO 12 hourly <u>PLUS</u> Vancomycin IV as Trust guidelines</p> <p>If suspected intra-abdominal sepsis/anaerobic infection: <u>ADD</u> Metronidazole 500mg IV 8 hourly</p>	<p>Contact microbiologist for advice</p>	<p>7 days and review</p>