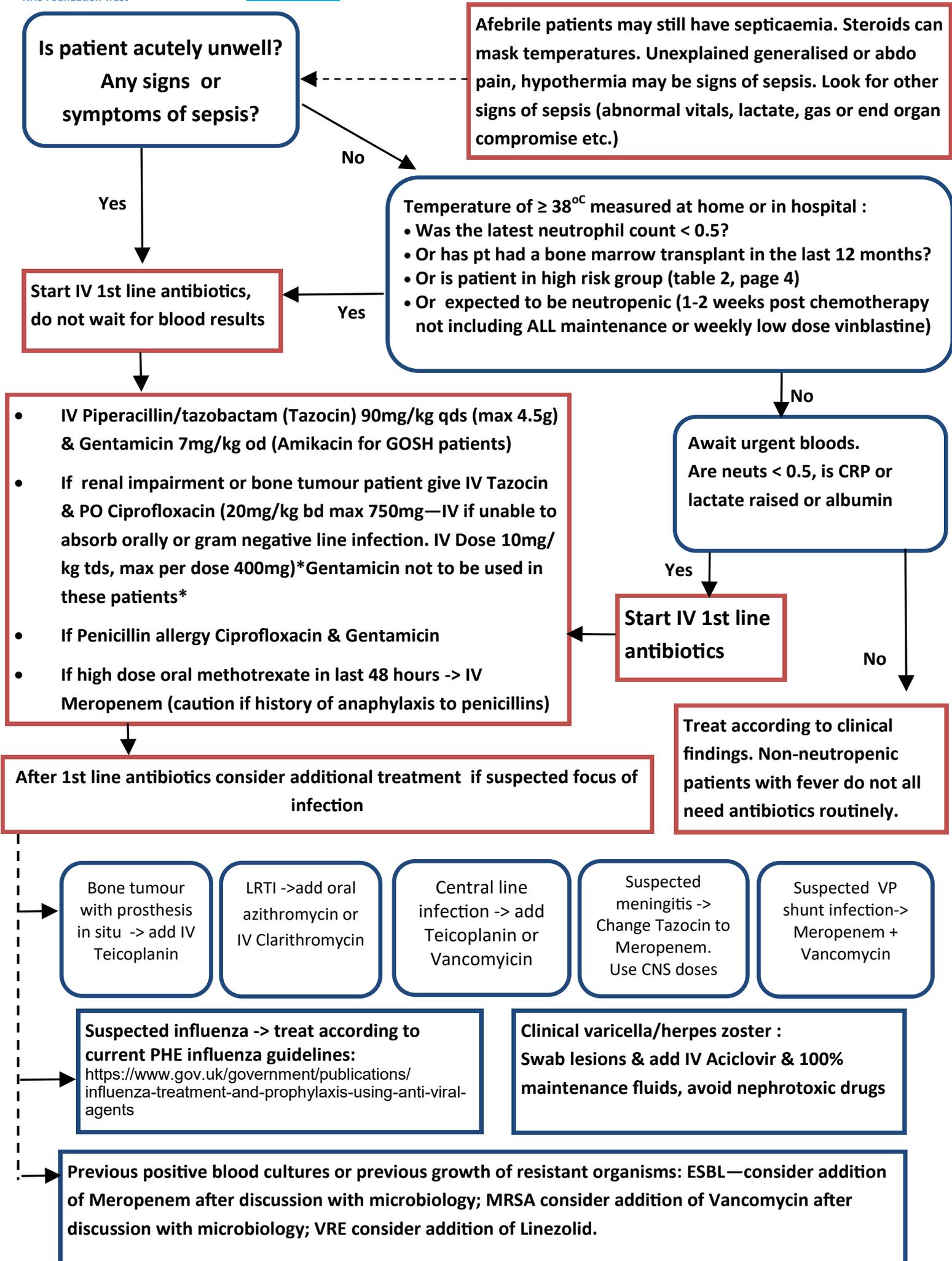


Acute Oncology Admission Antimicrobial Flowchart



Afebrile patients may still have septicaemia. Steroids can mask temperatures. Unexplained generalised or abdo pain, hypothermia may be signs of sepsis. Look for other signs of sepsis (abnormal vitals, lactate, gas or end organ compromise etc.)

Temperature of $\geq 38^{\circ}\text{C}$ measured at home or in hospital :

- Was the latest neutrophil count < 0.5 ?
- Or has pt had a bone marrow transplant in the last 12 months?
- Or is patient in high risk group (table 2, page 4)
- Or expected to be neutropenic (1-2 weeks post chemotherapy not including ALL maintenance or weekly low dose vinblastine)

- IV Piperacillin/tazobactam (Tazocin) 90mg/kg qds (max 4.5g) & Gentamicin 7mg/kg od (Amikacin for GOSH patients)
- If renal impairment or bone tumour patient give IV Tazocin & PO Ciprofloxacin (20mg/kg bd max 750mg—IV if unable to absorb orally or gram negative line infection. IV Dose 10mg/kg tds, max per dose 400mg)*Gentamicin not to be used in these patients*
- If Penicillin allergy Ciprofloxacin & Gentamicin
- If high dose oral methotrexate in last 48 hours -> IV Meropenem (caution if history of anaphylaxis to penicillins)

Await urgent bloods.
Are neut < 0.5 , is CRP or lactate raised or albumin

Start IV 1st line antibiotics

Treat according to clinical findings. Non-neutropenic patients with fever do not all need antibiotics routinely.

After 1st line antibiotics consider additional treatment if suspected focus of infection

Bone tumour with prosthesis in situ -> add IV Teicoplanin

LRTI ->add oral azithromycin or IV Clarithromycin

Central line infection -> add Teicoplanin or Vancomycin

Suspected meningitis -> Change Tazocin to Meropenem. Use CNS doses

Suspected VP shunt infection-> Meropenem + Vancomycin

Suspected influenza -> treat according to current PHE influenza guidelines:
<https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents>

Clinical varicella/herpes zoster : Swab lesions & add IV Aciclovir & 100% maintenance fluids, avoid nephrotoxic drugs

Previous positive blood cultures or previous growth of resistant organisms: ESBL—consider addition of Meropenem after discussion with microbiology; MRSA consider addition of Vancomycin after discussion with microbiology; VRE consider addition of Linezolid.