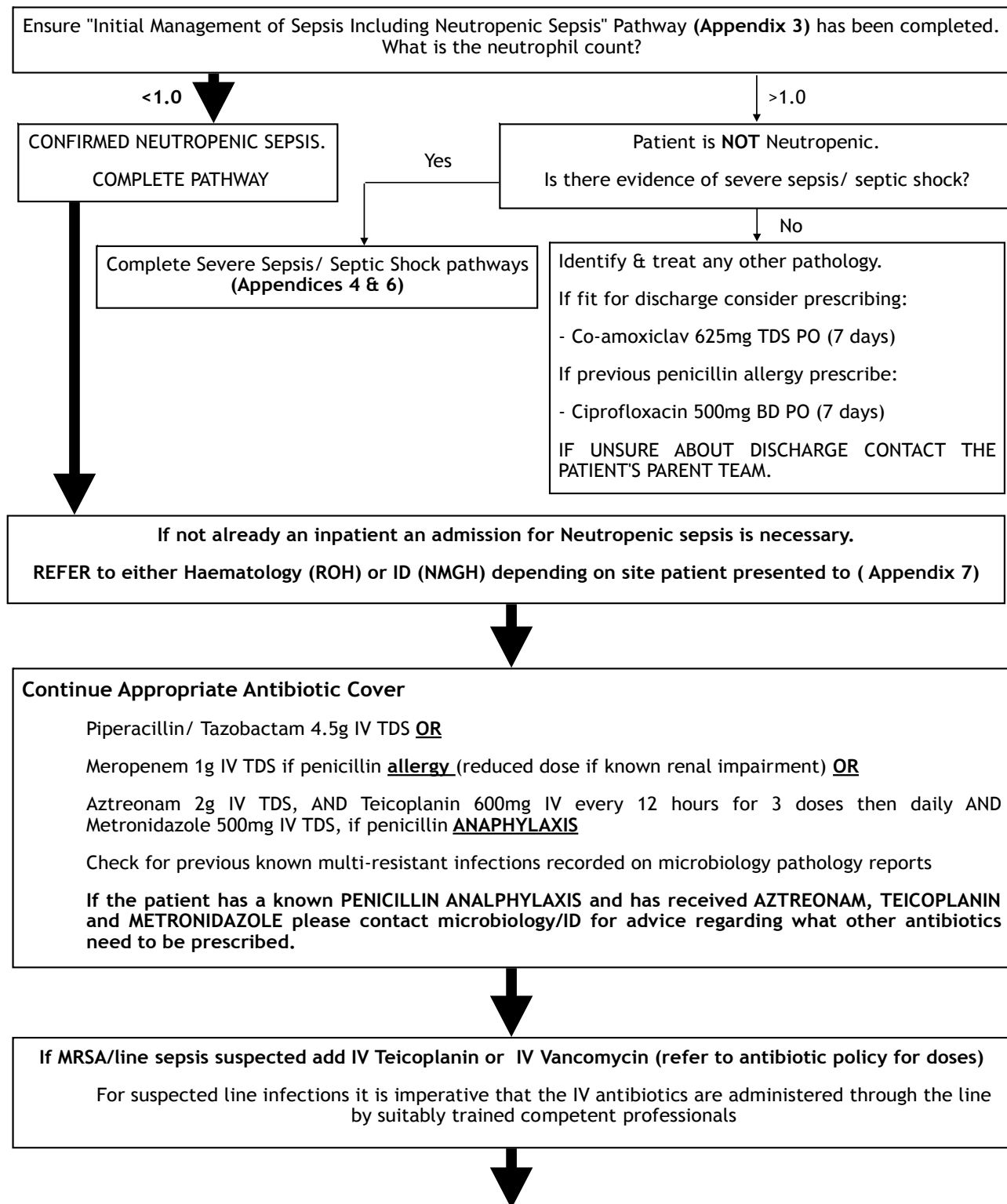


Appendix 5

Pathway for the Ongoing Management of Patients with Suspected Neutropenic Sepsis



The Pennine Acute Hospitals

NHS Trust

Complete Six Hour Sepsis Resuscitation Bundle (Appendix6) if there is any evidence of ongoing severe sepsis or septic shock

Refer to the local oncology team (Ext 78134)

Reverse barrier nurse in a side room

Obtain an appropriate infection screen, including MSU, if stool specimen (if suffering diarrhoea, sputum, wound/ line swabs as necessary

Maintain a strict fluid balance chart

Carry out 4 hourly observations, or more frequently as the patient's condition dictates

Contact local critical care teams as necessary if EWS > 2

Avoid use of regular anti-pyretic agents if possible

No PR examinations, unless absolutely necessary

ONCOLOGY & HAEMATOLOGY PATIENTS - Have they had any Filgrastim injections after the chemotherapy e.g. Pegfilgrastim (Neulasta) or Filgrastim (Neupogen).

SOLID TUMOUR PATIENTS- If the patient's neutrophil count is less than <0.5 and they are clinically unwell please prescribe FILGRASTIM INJECTION subcutaneously 300 micrograms o.d. (480 micrograms if patient weight > 70Kg) until the neutrophil count has normalised. Otherwise Filgrastim is not recommended.

HAEMATOLOGY PATIENTS- please contact the haematology team for advice for each individual patient

If in doubt, please contact the Acute Oncology Service, Haematology, the patient's Oncology team or the on-call Christie Registrar (446 3000)

Continue to monitor FBC and U&E daily with serial CRPs

Inspect mouth daily for candida, mucositis etc (treat as appropriate e.g. Fluconazole for candida)

Continue 4 hourly observations and escalate if patient triggers on EWS >2

Review the patient at 24 - 48 hours in light of culture results and if still pyrexial/ clinically unwell seek oncology/haematology and microbiology/ID advice.

Consider switching to **oral antibiotics** (Augmentin 625mg TDS or Ciprofloxacin 500mg BD if penicillin allergy) when the neutrophil count > 1.0 and clinically stable. *Also dependent upon culture results.

Consider discharge. Copy the patient's oncology / haematology team into the discharge letter where possible