This clinical algorithm has been developed to ensure the proper initial management of non-neutropenic, oncology patients with febrile illness. This algorithm excludes BMT (bone marrow transplant) patients, patients with known interstitial pneumonitis, clinically un-well patients (hypotension, tachycardia, ill-appearing), and patients with recent administration of Ara C/Cytarabine (patients treated for recurrent disease or AML). Please direct questions and patient referrals to Maine Children’s Cancer Program (MCCP), 207-396-7565.

All oncology patients with fever: ≥ 38.5 C (oral or axillary). No rectal temperatures!

BMT patient? YES

NO

Recent administration of Ara C/Cytarabine (for recurrent disease or AML)? YES

NO

Patient with ANC > 1000? NO

YES

- Clinically well-appearing AND
- Hemodynamically stable AND
- Has a responsible guardian AND
- Family knows worrisome clinical symptoms AND
- Family has reliable telephone/transportation AND
- Family has access to a hospital within 60 minutes of home

NO

Admit to BBCH

YES

- Obtain CBC, urinalysis (no cath specimens), and blood cultures from all ports
- Consider CXR, if patient has respiratory symptoms
- Phone MCCP to speak with a physician
- Give Ceftriaxone 50 mg/kg IV. Call MCCP if allergic to cephalosporins.
- Observe patient for 1 hour after Ceftriaxone is administered
- Discharge patient home with instructions to phone MCCP the following morning and to phone MCCP immediately if the patient clinically worsens

Notify MCCP to speak with a physician.
See “Clinical Algorithm for Initial Management of Oncology Patients with Fever and Neutropenia”

Admit to BBCH

Patient off algorithm