

Febrile Oncology Patient

Associated Order Sets: ED Fever and Neutropenia Pathway,
HO IP Fever and Neutropenia Admission



Children's Mercy
KANSAS CITY

Evidence Based Practice

Standard Procedures

- Triage level ESI 1 or 2
- Rapid rooming
- CBC with differential
- Blood cultures from all CVL lumens prior to antibiotic administration
- [If patient is ill-appearing or with signs of shock, administer IV broad-spectrum antibiotics STAT](#)
- Evaluate for possible focus of infection

Included Diagnosis (must meet one):

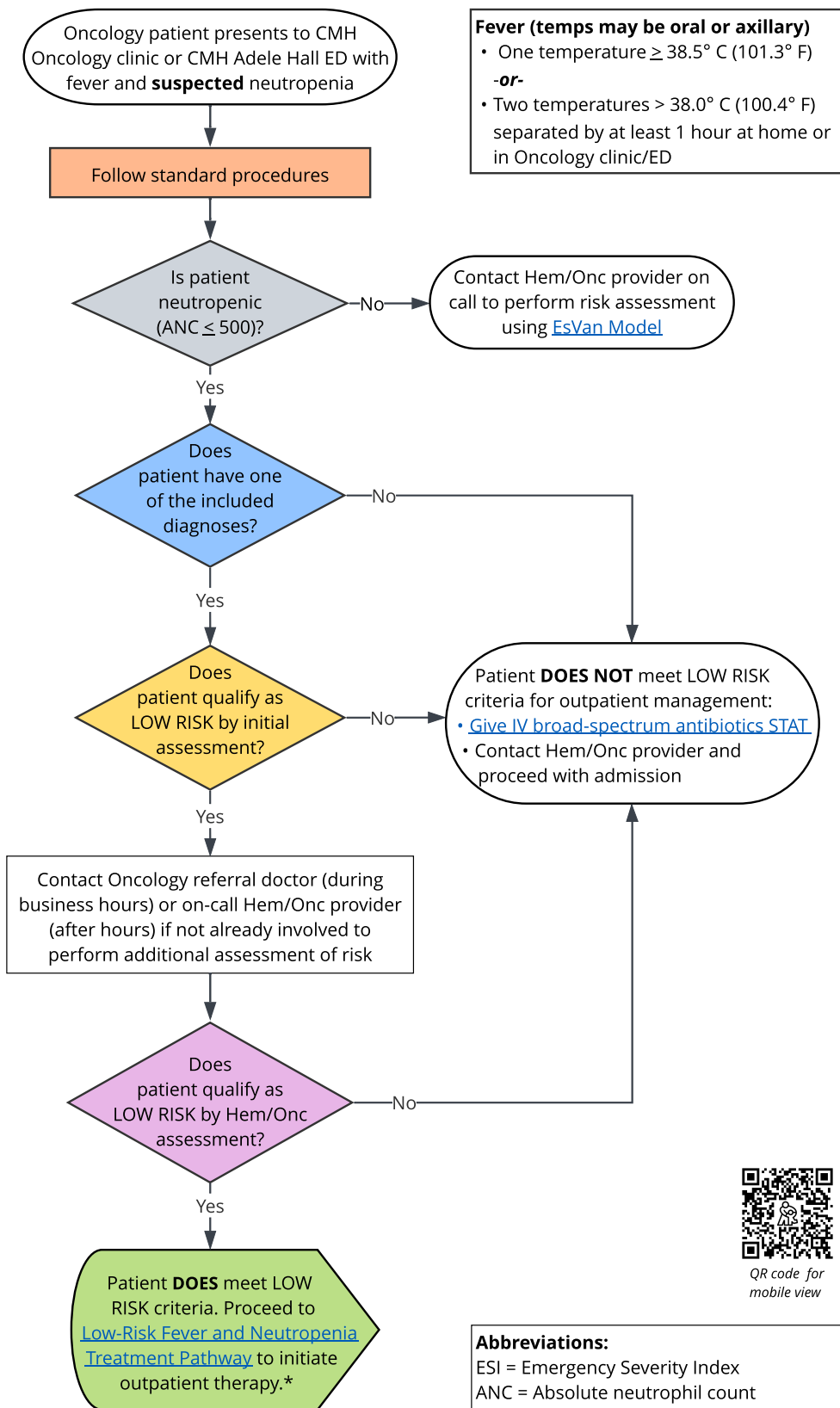
- Acute lymphoblastic leukemia or lymphoma in interim maintenance or maintenance phase of therapy
- Solid tumor/brain tumor
- Hodgkin lymphoma
- Langerhans cell histiocytosis

Initial LOW RISK Exclusion Criteria:

- To be assessed by ED or Hem/Onc provider; if any are true, then patient DOES NOT qualify as LOW RISK*
[Link to Provider Assessment Checklist](#)
- Age $\leq$ 12 months
 - Not tolerating oral intake, including meds
 - H&P not reassuring
 - Vital signs abnormal for age (except mild tachycardia with fever)
 - Signs of serious infection
 - Does not live (or is not able to stay) within 60 min of CMH AH campus
 - Not able to receive phone follow-up
 - Not able to return for follow-up within 72 hours
 - Critical note in Cerner stating patient is NOT eligible for outpatient fever/neutropenia management
 - Mucositis
 - > 1 fluid bolus given
 - Trisomy 21
 - Any surgery in the preceding 2 weeks (excluding CVL placement)
 - VP shunt/Ommaya reservoir placed within preceding 6 weeks OR meningeal signs

Additional LOW RISK Exclusion Criteria:

- To be assessed by Hem/Onc provider; if any are true, then patient DOES NOT qualify as LOW RISK*
[Link to Provider Assessment Checklist](#)
- History of allogeneic BMT
 - History of autologous BMT within 100 days
 - Primary immunodeficiency
 - Received > 15 days of glucocorticoids in the last 30 days
 - Currently using broad-spectrum antimicrobials (excluding TMP-SMX for PJP prophylaxis)
 - Other concerns from primary oncology team for reliability or safety



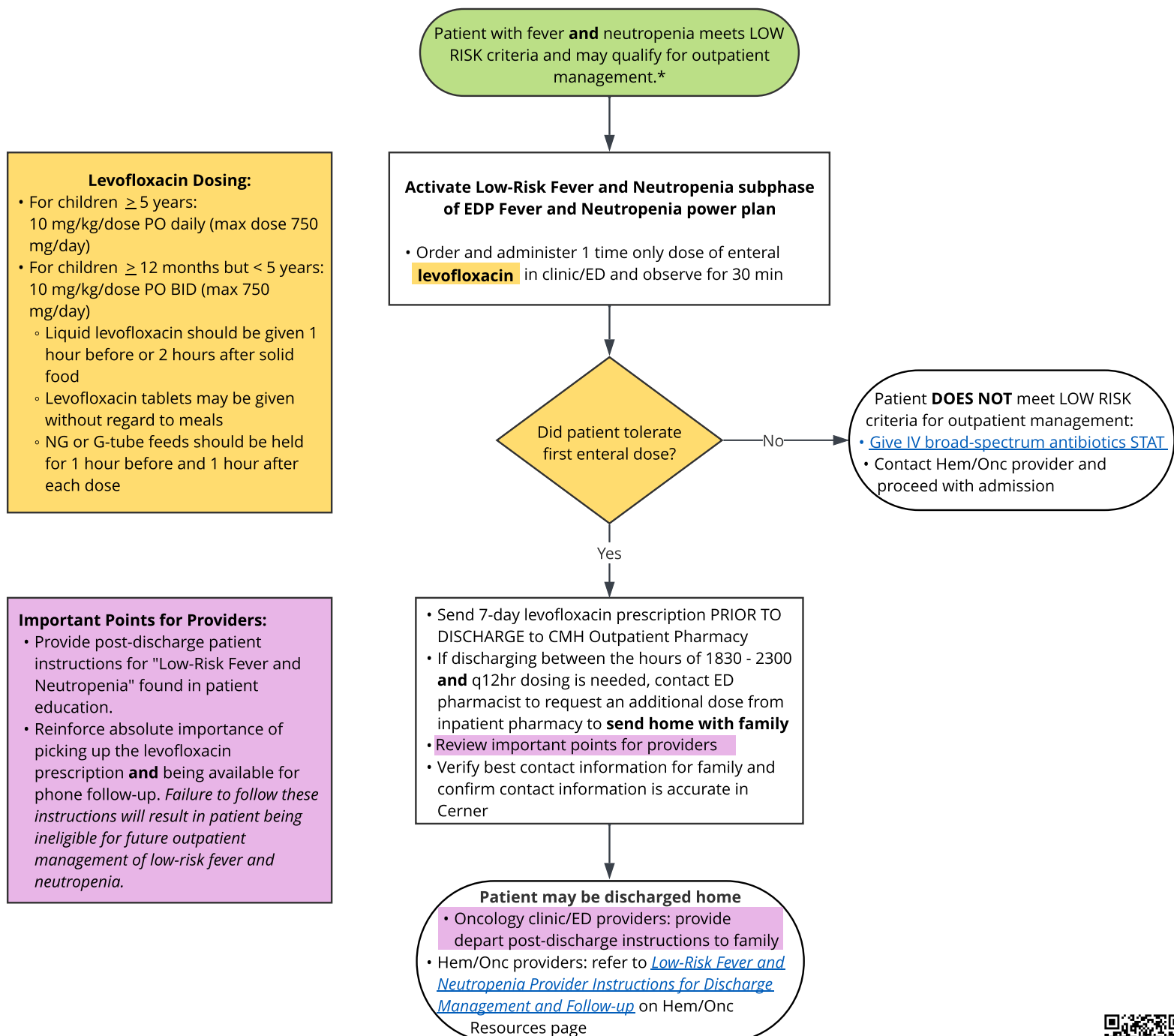
***If the examining provider, on-call Hem/Onc provider, or the family is uncomfortable with the appropriateness or safety of outpatient management of low-risk fever/neutropenia, the patient should be admitted**

Contact: EvidenceBasedPractice@cmh.edu

[Link to synopsis and references](#)

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This clinical pathway is meant as a guide for physicians and healthcare providers. It does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient. Printing of Clinical Pathways is not recommended as these documents are updated regularly. Copyright © The Children's Mercy Hospital 2025. All rights reserved.



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***If the examining provider, on-call Hem/Onc provider, or the family is uncomfortable with the appropriateness or safety of outpatient management of low-risk fever/neutropenia, the patient should be admitted** If the rounding inpatient team the next day judges that the patient meets the above criteria, the patient may be discharged with a prescription for levofloxacin and follow-up as above.

Each primary oncology team **MUST** place a Critical Note in Cerner for any patient that they feel would **NOT** be eligible for outpatient management of low-risk fever and neutropenia despite meeting the Diagnosis and Clinical criteria. Ideally, each primary oncology team will place a Critical Note in Cerner for every patient stating definitively whether or not they would be eligible for outpatient management of low-risk fever and neutropenia