Neutropenic Fever1 Outpatient Treatment For Solid Tumor Patients (18 years and older)

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Patient presents with suspected or proven neutropenia and fever

- Complete history and physical exam
- Start IV fluids
- CBC with differential, BMP, lactate acid
- Blood cultures (with a set collected from each lumen simultaneously if CVC present and 1 peripheral site); other cultures (i.e., sputum culture, urinalysis with culture and sensitivity; respiratory PCR multiplex panel) only if clinically indicated
- Chest x-ray or other tests as clinically indicated
- Calculate MASCC Risk Index score (see Appendix A)

Assess if patient is considered low risk: (i.e., MASCC Risk Index score ≥ 21 and no other complicating factors present) and meets all of the following criteria for outpatient treatment:
- Solid tumor
- Able to tolerate oral medications
- Able to tolerate fluids
- Does not use feeding tube as primary route for nutrition and medications
- No confirmed focus of infection
- Resides within 1 hour travel time of MD Anderson
- Has a 24-hour caregiver
- Has access to transportation and telephone at residence
- Age ≥ 18 years old
- No quinolone allergy for oral regimens
- No colonization with fluoroquinolone-resistant or multi-drug resistant organisms
- No history of non-compliance
- Not currently on antibiotics

First line therapy:
- Ciprofloxacin 750 mg PO twice daily
- Amoxicillin/clavulanic acid 875 mg PO twice daily each for 7 days
- First line therapy2 if penicillin allergy (i.e., IgE-mediated or other serious reaction):
- Ciprofloxacin 750 mg PO twice daily
- Clindamycin 600 mg PO three times daily each for 7 days
- Second line therapy2:
- Levofoxacin 750 mg PO daily for 7 days

Schedule patient for outpatient follow up

Able to adhere to outpatient follow up3

Yes

No

Refer to Neutropenic Fever Inpatient Adult Treatment (Solid Tumors) algorithm

1 ANC < 1 K/microliter and temperature ≥ 38.3°C or equal to 38°C for 1 hour or longer
2 Doses indicated are for patients with normal renal/hepatic function
3 See Appendix B: Outpatient Follow up

BMP = basic metabolic panel
MASCC = Multinational Association of Supportive Care in Cancer
NF = neutropenic fever

Department of Clinical Effectiveness V7
Approved by The Executive Committee of the Medical Staff on 09/17/2019
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## APPENDIX A: Multinational Association for Supportive Care in Cancer (MASCC) Risk Index Score

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>MASCC Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burden of illness: no or mild symptoms</td>
<td>5</td>
</tr>
<tr>
<td>No hypotension</td>
<td>5</td>
</tr>
<tr>
<td>No chronic obstructive pulmonary disease</td>
<td>4</td>
</tr>
<tr>
<td>Solid tumor</td>
<td>4</td>
</tr>
<tr>
<td>No dehydration</td>
<td>3</td>
</tr>
<tr>
<td>Burden of illness: moderate symptoms</td>
<td>3</td>
</tr>
<tr>
<td>Outpatient status</td>
<td>3</td>
</tr>
<tr>
<td>Age &lt; 60 years</td>
<td>2</td>
</tr>
</tbody>
</table>

- “Burden of illness” not cumulative
- Patients with score $\geq 21$ are considered low risk

## APPENDIX B: Outpatient Follow Up

- Schedule outpatient visit for Days 2, 3 and 7; and phone follow-up for Days 4, 5 and 6
- Day 2: CBC with differential; repeat creatinine if baseline greater than 1.2 mg/dL
- Day 3: CBC with differential, repeat creatinine
- Day 7: CBC with differential, repeat creatinine or phone follow-up if NF has resolved
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SUGGESTED READINGS


Continued on next page
SUGGESTED READINGS - continued


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DEVELOPMENT CREDITS

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