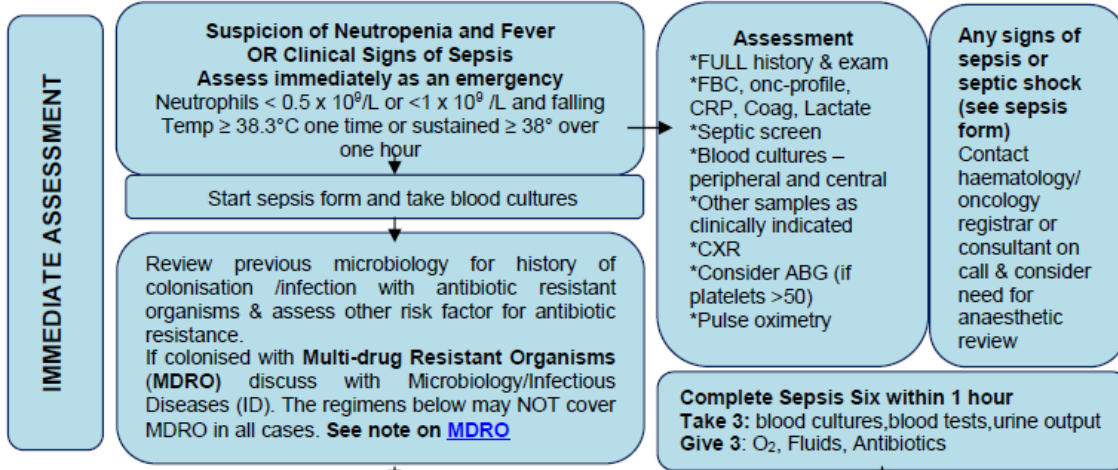


Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Initial management of neutropenic sepsis - Algorithm

Neutropenic Sepsis Guidelines GUH – INITIAL Management



ANTIBIOTICS WITHIN ONE HOUR

Antibiotics must be given as soon as possible, then discuss with Microbiology or ID.
 Meropenem should be considered as first-line treatment in patients who are **critically ill** with sepsis **OR** have a history of a **Gram-negative MDRO**. Discuss use of Meropenem with Microbiology or ID. If meropenem is essential in a patient with a history of severe penicillin allergy e.g. anaphylaxis, close monitoring is required for cross sensitivity e.g. in ICU.

Check allergy status and give antibiotics immediately after taking blood cultures

No penicillin allergy	Penicillin allergy: delayed onset non-severe reaction	Penicillin allergy: immediate or severe delayed reaction
<p>Piperacillin/tazobactam IV 4.5g every 6 hours PLUS</p> <p>Either Gentamicin IV One dose per GAPP App calculator. OR If multiple myeloma* Ciprofloxacin IV 400mg every 8 hours</p> <p>Consider need for Vancomycin IV infusion dose per GAPP App calculator (see below)</p>	<p>Meropenem IV 1g every 8 hours</p> <p>Consider need for Vancomycin IV infusion dose per GAPP App calculator (see below)</p>	<p>Give first doses, THEN IMMEDIATELY discuss on-going therapy with Microbiology or ID</p> <p>Aztreonam IV 2g every 8 hours PLUS</p> <p>Vancomycin IV infusion dose per GAPP App calculator PLUS</p> <p>Either Gentamicin IV one dose per GAPP App calculator OR If multiple myeloma* Ciprofloxacin IV 400mg every 8 hours</p>
<p>*In a haemodynamically unstable patient with multiple myeloma, benefit of gentamicin might outweigh risk – discuss with haematology consultant</p>		
<p>Add Vancomycin (with loading dose) IF</p> <ul style="list-style-type: none"> • Suspected line infection • Skin /Soft tissue infection • Septic shock/haemodynamically unstable • MRSA colonization or infection • Active mucositis • Pneumonia 		

DAILY REVIEW

Review Gentamicin (or Ciprofloxacin) after 24 hours, then daily.
 Continue ONLY if consultant or registrar recommended.
 Review patient daily, or more often if indicated.
 Reassess treatment at 48 hours – see algorithm below for continuing management.

For information on further treatment, investigations and monitoring, please see **Haematology Guidelines for the Management of Adult Febrile Neutropenic Patients in Galway University Hospitals** on Qpulse

(click on image to enlarge)