Infection Care Pathway

Prevention

Prevention

Systemic Prophylaxis

Assessment

Assessment: Onset of FN

- Use institutional definition of fever and neutropenia (FN)
- Obtain blood cultures at onset of FN from all lumens of central venous catheters
- Consider obtaining peripheral blood cultures in addition to central cultures
- Consider obtaining urinalysis and urine culture when a midstream specimen is readily available
- Do not obtain chest radiograph in absence of respiratory signs or symptoms

Assessment: Prolonged FN (≥ 96 Hours Fever and Broad-spectrum Antibiotics)

- Obtain CT of lungs
- Consider obtaining abdominal imaging
- Suggest not routinely obtaining CT of sinuses unless there are local signs or symptoms
- Suggest not obtaining serum galactomannan
- Do not obtain β-D-glucan or blood fungal PCR

Treatment

Treatment: Empiric Antimicrobial Therapy

- Use institutional standards to risk stratify patients
- Initial Empiric Antimicrobial Therapy
- Modification and Cessation of Therapy
- Do not remove the central venous line routinely as part of initial empiric management of FN

Treatment: Empiric Antifungal Therapy

- Use institutional standards to risk stratify patients
- Empiric Antifungal Therapy

Infection Care Pathway

Systemic Prophylaxis

For PJP prophylaxis, follow institutional standards

	Antibacterial Prophylaxis	Antifungal Prophylaxis
		Do not use amphotericin routinely as antifungal prophylaxis
AML and ALL	Consider using levofloxacin for patients with AML and relapsed ALL receiving intensive chemotherapy during severe neutropenia (ANC < 500/uL) if neutropenia is expected to be prolonged (≥7 days)	Use an echinocandin or mold-active azole in patients with AML receiving intensive chemotherapy during severe neutropenia if neutropenia is expected to be prolonged
	Suggest prophylaxis not be used routinely during induction chemotherapy for newly diagnosed ALL	Consider using an echinocandin or mold-active azole in patients with newly diagnosed and relapsed ALL at high risk for invasive fungal disease during severe neutropenia
Most Lymphomas and Solid/CNS Tumors	Do not use prophylaxis in patients whose therapy is not expected to result in severe neutropenia for at least 7 days	Do not use prophylaxis in patients at low risk for invasive fungal disease
HSCT	Suggest prophylaxis not be used routinely in patients undergoing autologous or allogeneic HSCT	Use an echinocandin or mold-active azole in patients undergoing allogeneic HSCT pre-engraftment during severe neutropenia and during systemic immune suppression for GVHD treatment

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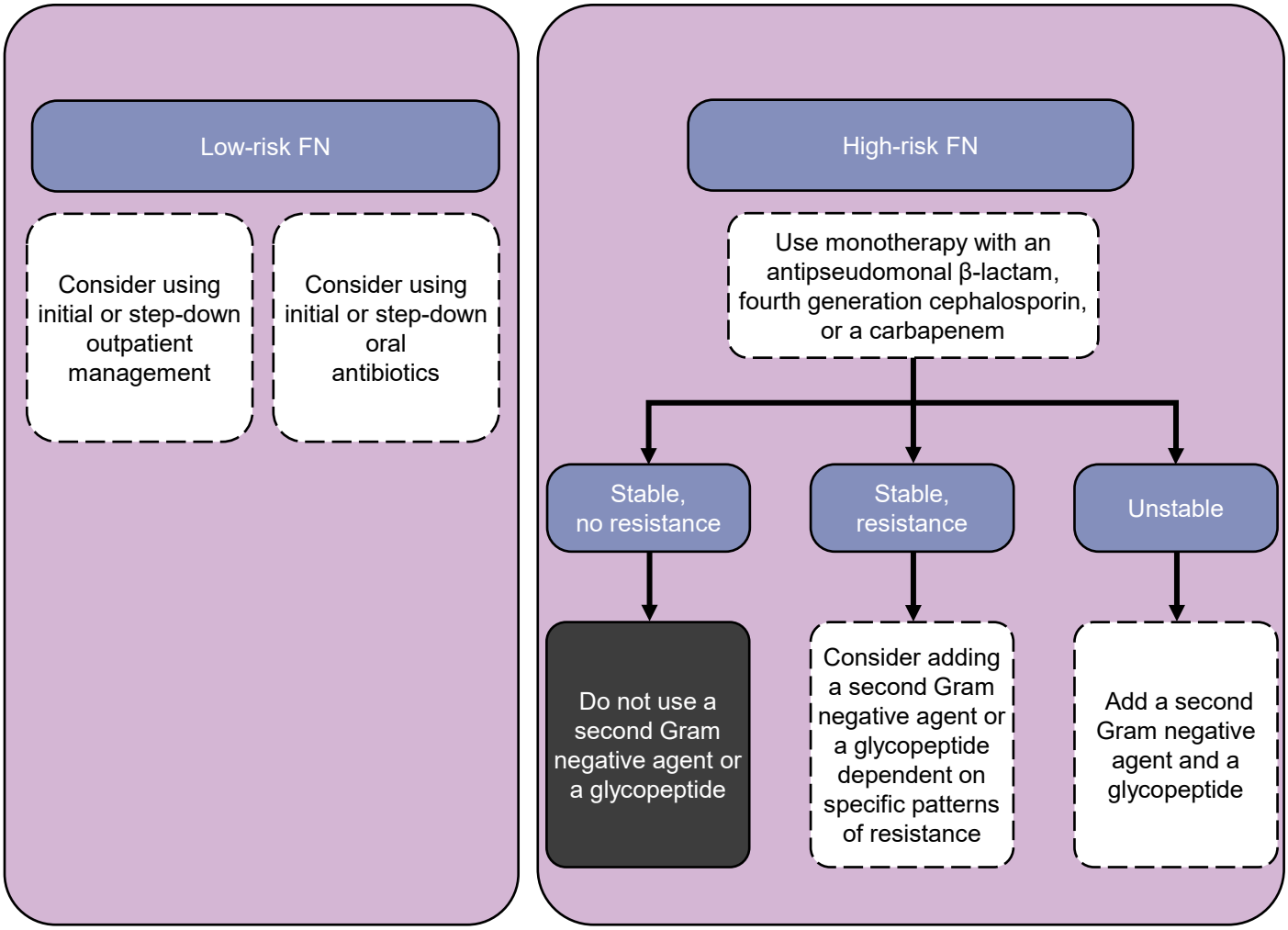
Initial Empiric Antimicrobial Therapy



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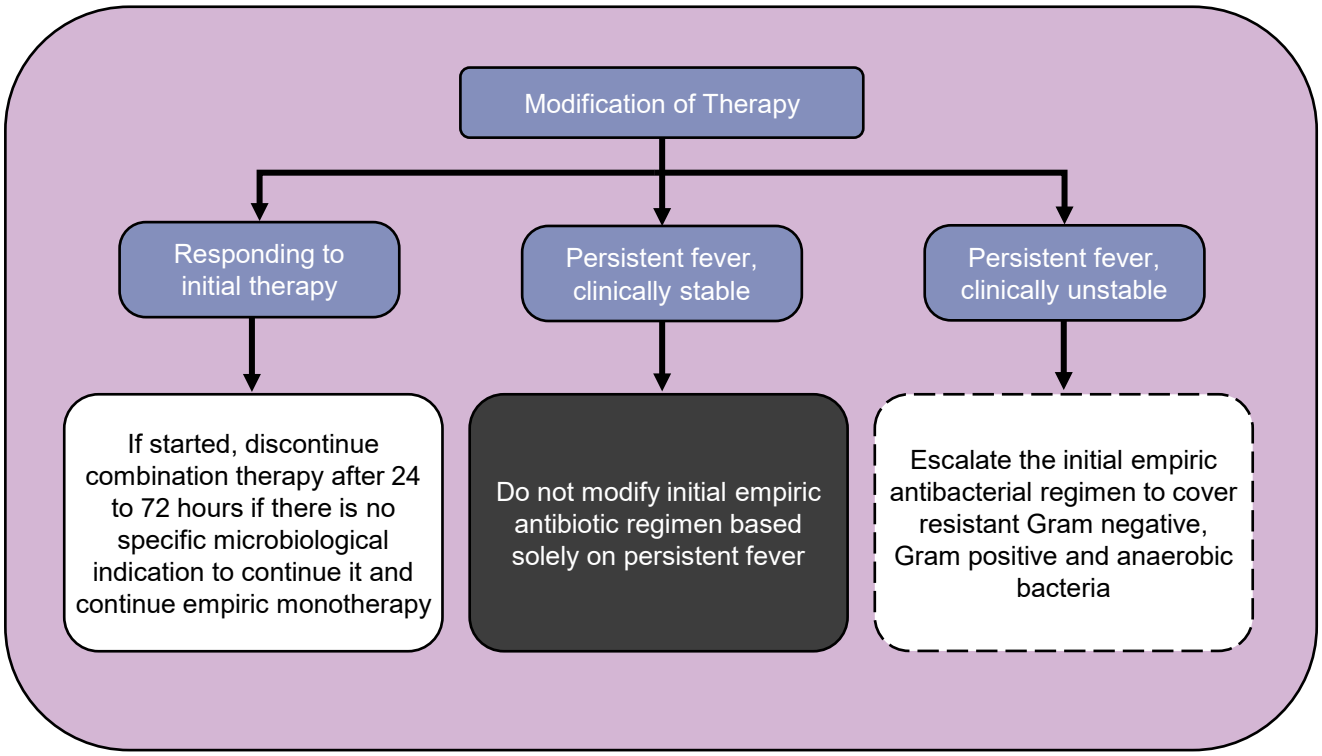
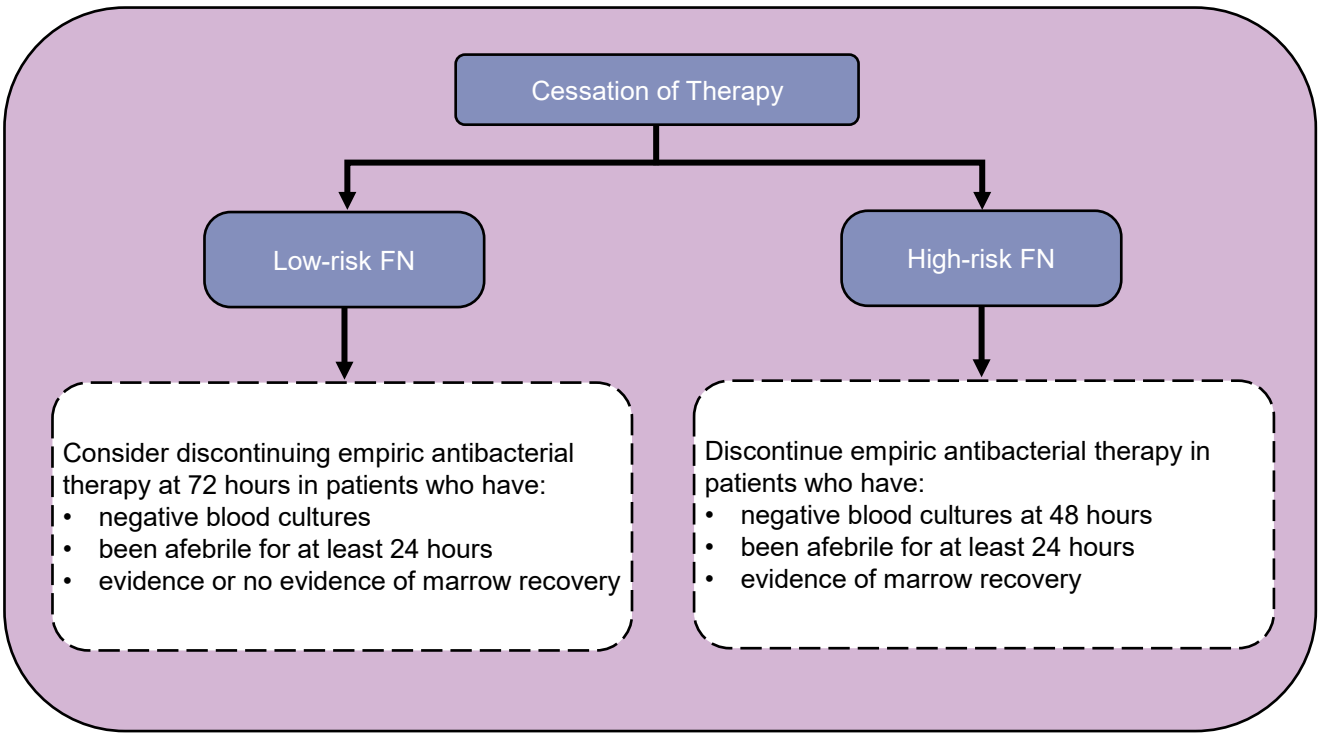
Modification and Cessation of Therapy





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Empiric Antifungal Therapy