Fact sheet

Managing a fever after chemotherapy
For further information refer to eviQ’s fact sheet: Immediate management of neutropenic fever (see below)

Patient risk factors:
- Received recent chemotherapy (within last 3 weeks)
- On high-dose steroids (e.g. prednisolone > 15mg/day for > 2 weeks)
- On other immunosuppressive agent (e.g. azathioprine, cyclophosphamide)
- Had a recent bone marrow transplant

YES

- Patient on high-dose steroids or severely immunocompromised may not have an increased temperature, but present with symptoms such as sweats, chills, rigors, malaise, increased respiratory rate, tachycardia, hypotension or severe diarrhoea (greater than grade 2).
- Clinical investigations must be investigated rapidly to establish the extent of neutropenia and identify the cause of any infection. The administration of fluids should also be considered.

- Patient may look well but can rapidly develop septic shock.
- Treatment should not be delayed pending the results of any investigations, and all patients with suspected neutropenic sepsis should receive antibiotics started within ONE HOUR of presentation.
- Failure to initiate antibiotics early may result in overwhelming sepsis and death.

Empiric broad spectrum antibiotic therapy

Penicillin/beta-lactam ALLERGIC
(confirm type and severity of previous reaction [e.g. rash, anaphylaxis])

YES

- Non-life-threatening penicillin allergy (rash): cefepime 2g IV 8-hourly
- Life-threatening (immediate) penicillin allergy or beta lactam allergy: aztreonam 1-2g IV 8-hourly OR ciprofloxacin 400mg IV 12-hourly + vancomycin 1.5g IV 12-hourly (if CrCl >90mL/min) OR 1g IV 12-hourly (if CrCl 60-80mL/min)

NO

- IV beta lactam monotherapy
- Piperacillin/Tazobactam IV 4.5g 6-hourly
Note: IV gentamicin not routinely recommended

Refer to secondary care for rapid assessment and management