

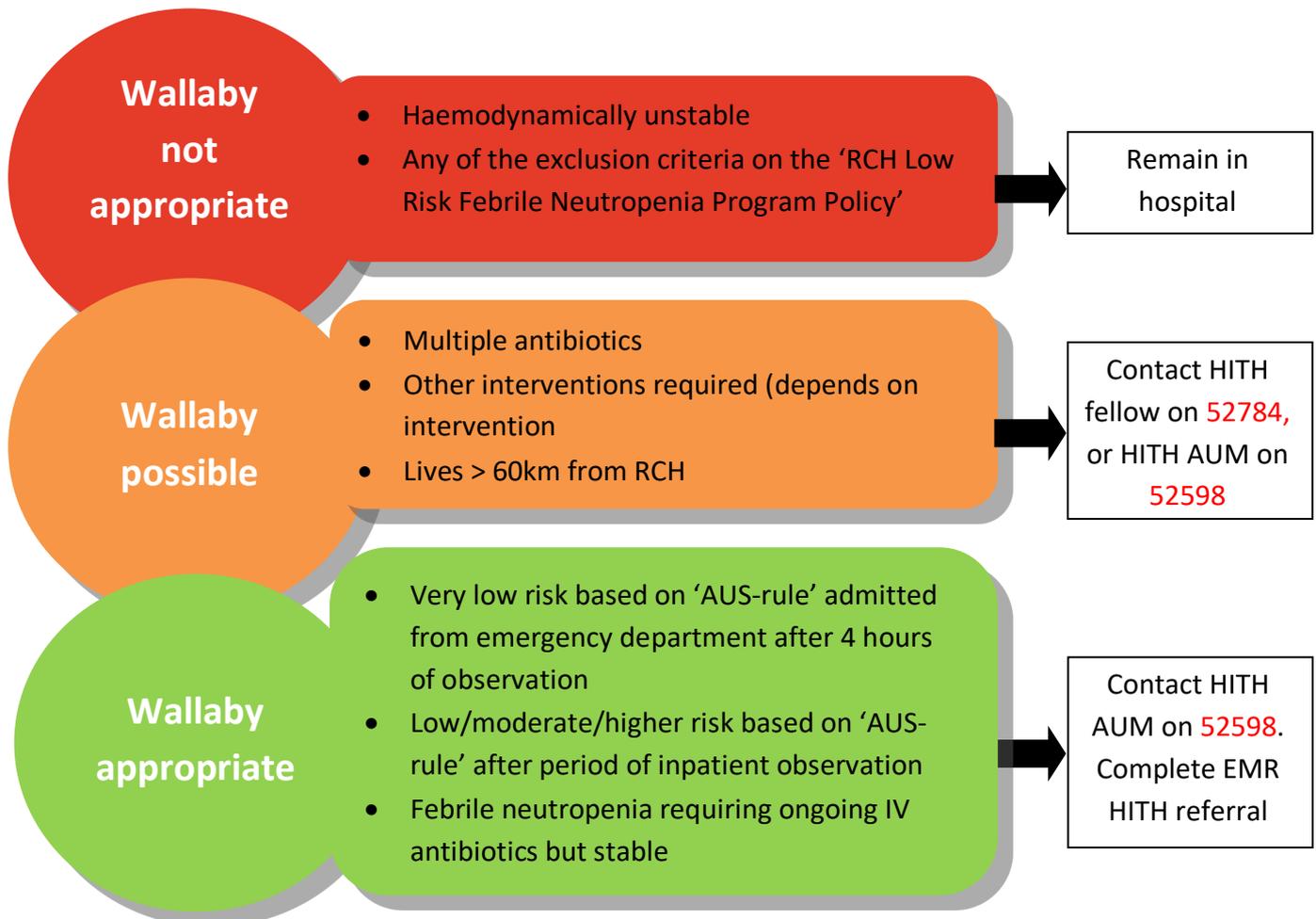


Febrile neutropenia



Clinically stable patients with febrile neutropenia requiring IV antibiotics until neutrophil recovery may be managed through Hospital-in-the-Home (HITH). As with any other HITH admission, this requires a safe home environment and consent from caregivers. *This should be used alongside 'RCH Low Risk Febrile Neutropenia Program Policy'.*

HITH (Wallaby) admission criteria and protocol



Prior to family leaving hospital:

- HITH CNC/AUM will review patient & family if during working hours
- Oncology have accepted patient on their bedcard
- HITH order set on EPIC completed:
 - o Preselected: Adrenaline 1:1000 (1mg/ml) 10mcg/kg IM PRN
Sodium chloride flush 0.5-2ml IV PRN
Weak and strong heplocks IV PRN
 - o Antibiotic prescribed & notify pharmacy – usually piperacillin-tazobactam 24h infuser (Baxter) - 400mg/kg of piperacillin (max dose 16g)
 - o EMR referral to HITH & HITH bed request
 - o EMR 'Transfer Order Reconciliation' completed
- First dose/Baxter connected in hospital
- FBEs and other pathology ordered as required (inpatient order)



HITH protocol – nursing and medical

Home team medical responsibilities

- Clearly document, book and communicate plan (including end date of antibiotics) & follow-up
- Order and review pathology results as required
- Overall medical responsibility for patient
- Medical review on Day 5 if ongoing ANC $<0.2 \times 10^9$ /L and on 'Low Risk FN Program'

HITH medical team responsibilities

- Review proposed antibiotic appropriateness.
- Troubleshoot line concerns
- Bi-weekly case conference to review patient progress

Wallaby care requirements

- Daily IV antibiotic administration
- Daily nursing review
- Collect pathology as per orders – usually daily FBE
- Weekly CVC care

Red flags for readmission



Clinical deterioration – depending on urgency either contact home team or advise to present to emergency

Other potential issues

- Recurrent or persistent fever (>48h from presentation) or new fever after being afebrile for 24 hours – needs oncology review/readmission
- Anaphylaxis – administer IM adrenaline and call ambulance (will need allergy referral)
- Positive blood cultures – liaise with home team

Readmission

If antibiotics modified - first dose of any new agent should be administered in hospital
Patients requiring review for readmission are required to present to the Emergency Department
Home team to notify ED admitting officer of patient expect

Discharge Plan

Discharge with home team advice when:

- Clinically well
- No documented infection requiring ongoing antibiotics
- Afebrile for >24 hours
- Evidence of marrow recovery (as judged by the treating clinician), including a post nadir ANC of at least $>0.2 \times 10^9$ cells/L and platelet recovery

Wallaby will arrange port to be de-accessed or CVC to be heparin locked