

<p><b>UMC Health System</b></p> <p><b>ASP THERAPY FOR FEBRILE NEUTROPENIA PLAN</b></p>	<p><b>Patient Label Here</b></p>
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**PHYSICIAN ORDERS**

**Diagnosis** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Allergies** \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

**ORDER ORDER DETAILS**

**Patient Care**

**Systemic Antibiogram**  
 T;N, Routine. See link for reference text.

**Antibiogram Education**  
 T;N, Routine. See link for reference text.

**Medications**

**Medication sentences are per dose. You will need to calculate a total daily dose if needed.**

Step 1: Choose one of the following. If coverage needed for extended- spectrum beta-lactamase (ESBL), choose meropenem.

**cefepime**  
 2 g, IVPB, ivpb, q8h, x 7 days, Infuse over 30 min, Neutropenic fever  
 Discontinue at 7 days or continue until neutropenia resolves.

**piperacillin-tazobactam**  
 3.375 g, IVPB, ivpb, q6h, x 7 days, Infuse over 30 min  
 Discontinue at 7 days or continue until neutropenia resolves

**meropenem**  
 1 g, IVPB, ivpb, q8h, x 7 days, Infuse over 30 min  
 Discontinue at 7 days or continue until neutropenia resolves

Step 2: Add either amikacin or gentamicin.

**amikacin**  
 15 mg/kg, IVPB, ivpb, q24h, x 7 days, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor  
 Discontinue at 7 days or continue until neutropenia resolves

**gentamicin**  
 7 mg/kg, IVPB, ivpb, q24h, x 7 days, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor

Step 3: Add coverage for MRSA or VRE. For MRSA select vancomycin. For VRE or documented allergy to vancomycin, select daptomycin.

If vancomycin chosen, add order for loading dose (if not already done) and a second order for maintenance dose.

**vancomycin**  
 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Neutropenic fever

**vancomycin**  
 15 mg/kg, IVPB, ivpb, q12h, x 14 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor

**DAPTOmycin**  
 6 mg/kg, IVPB, ivpb, q24h, x 14 days, Infuse over 90 min, Neutropenic fever

Step 4: Add acyclovir for prophylactic antiviral therapy.

TO  Read Back  Scanned Powerchart  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

ASP THERAPY FOR FEBRILE NEUTROPENIA PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<b>acyclovir</b> <input type="checkbox"/> 400 mg, PO, tab, BID, x 14 days <input type="checkbox"/> 800 mg, PO, tab, BID, x 14 days
	Step 5: Add order for prophylactic antifungal therapy ONLY if after 5 day of broad spectrum antibacterial coverage, patient continues to run fever. Select either fluconazole or voriconazole or micafungin.  <b>fluconazole</b> <input type="checkbox"/> 400 mg, PO, tab, Daily, x 14 days
	<b>voriconazole</b> <input type="checkbox"/> 200 mg, PO, tab, BID, x 14 days
	<b>micafungin</b> <input type="checkbox"/> 100 mg, IVPB, ivpb, x 14 days

TO     Read Back

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Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

