



THE FEBRILE ONCOLOGY PATIENT

Introduction

It is essential to exclude neutropenia in any febrile or “unwell” oncology patient.

Febrile neutropenia is a true medical emergency.

Triage

Any patient suspected of having febrile neutropenia must be given a high priority triage category, (NTS 2).

Clinical Assessment

In practice any oncology patient who has received recent chemotherapy and who is febrile, must be considered to have febrile neutropenia in the first instance.

It is critical to appreciate also that patients who are immunosuppressed, including those who are on steroids, may be still be “septic”, even though they are afebrile.

For practical purposes therefore, any oncology patient who appears clinically very unwell, must also be considered to have neutropenia and sepsis, even though they may not have a fever.

Specific sites of infection include:

- Chest (including unusual infections such as PCP)
- Urine
- Generalized septicaemia
- Lines (such as PICC lines, Hickman catheters)
- GIT: Consider *C difficile* if the patient has been on prior antibiotics or chemotherapy.

Note that PR examination should *not* be done in a febrile neutropenic patient.

- Consider the possibility of “masked” acute abdominal sepsis if the patient is on immunosuppressive agents.

Management

If the patient is neutropenic (and especially with neutrophil values <1.0) and sepsis is suspected broad spectrum intravenous antibiotics must immediately be instituted following cultures.

These should be given within 30 minutes of presentation. This means that antibiotics should be given on clinical suspicion, even prior to the result of the full blood examination, which may be delayed.

See specific guidelines for Febrile Neutropenia in “Infectious Diseases”

If the patient is very unwell or in septic shock, the aggressiveness of the resuscitation will depend on:

- The overall fitness of the patient
- The curability of the underlying disease
- The iatrogenic nature of the presentation.
- The wishes of the patient and family
- Consultation with the treating oncologist.

Dr Shane White, Chief Oncologist Northern Hospital

Dr J.Hayes.

Reviewed 2 May 2008