

NEUTROPENIC SEPSIS ANTIBIOTIC POLICY

Ensure antimicrobials are initiated within one hour of admission and blood cultures have been taken prior to first dose. Check previous results and ensure resistant organisms are covered appropriately

1st
Line

PIPERACILLIN/TAZOBACTAM 4.5g six hourly or

MEROPENEM 1g eight hourly if patient has **severe sepsis or shock** or has received Pip/Taz in previous 28 days

Penicillin allergy: **VANCOMYCIN** *IV (as per policy) and **GENTAMICIN** IV (as per policy) and **METRONIDAZOLE** 500mg IV eight hourly.

Review antimicrobials when culture becomes available

De-escalate therapy if indicated

48-72 hours – If no culture results and no response consider change to 2nd line therapy. Discuss with Haematologist / Microbiologist

If Community Acquired Pneumonia suspected, ADD **CLARITHROMYCIN** IV 500mg twelve hourly

If Hickman/PICC lines present and not already prescribed, ADD **VANCOMYCIN** IV (as per policy)

2nd
Line

MEROPENEM 1g eight hourly IV

(there is a small risk of cross-sensitivity in patients who are allergic to penicillin (1%) so monitor such patients closely for allergic reactions).

Discuss with microbiology for alternative antimicrobial therapy if meropenem was used as first line.

***Myeloma Patients – Penicillin allergy**
1st Line: Give **TEICOPLANIN** IV 10mg/kg 12 hourly for 3 doses then 10mg/kg every 24 hours instead of VANCOMYCIN

If fever remains unresponsive seek advice from Microbiologist - Consider fungal, TB or viral cause