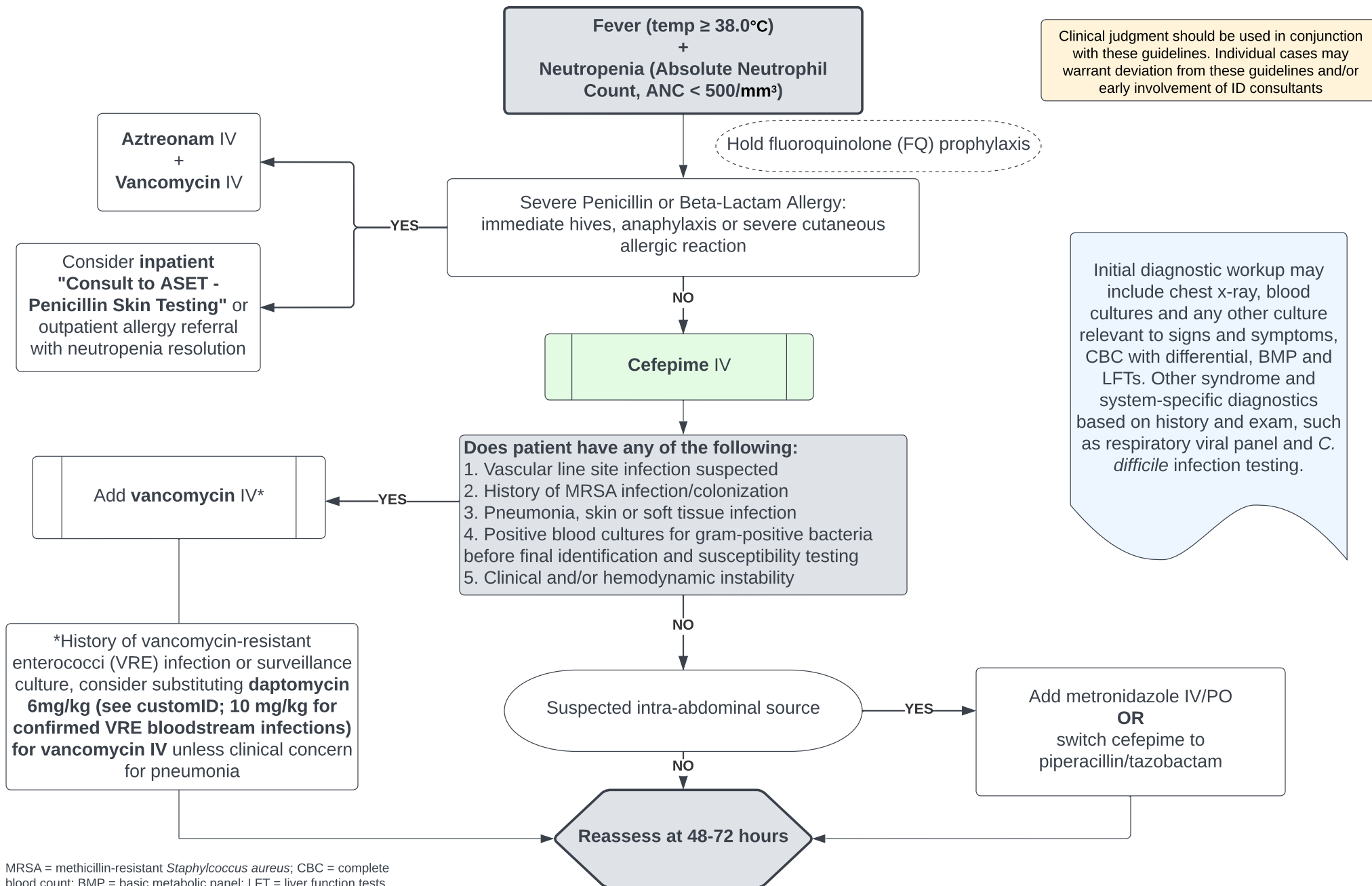
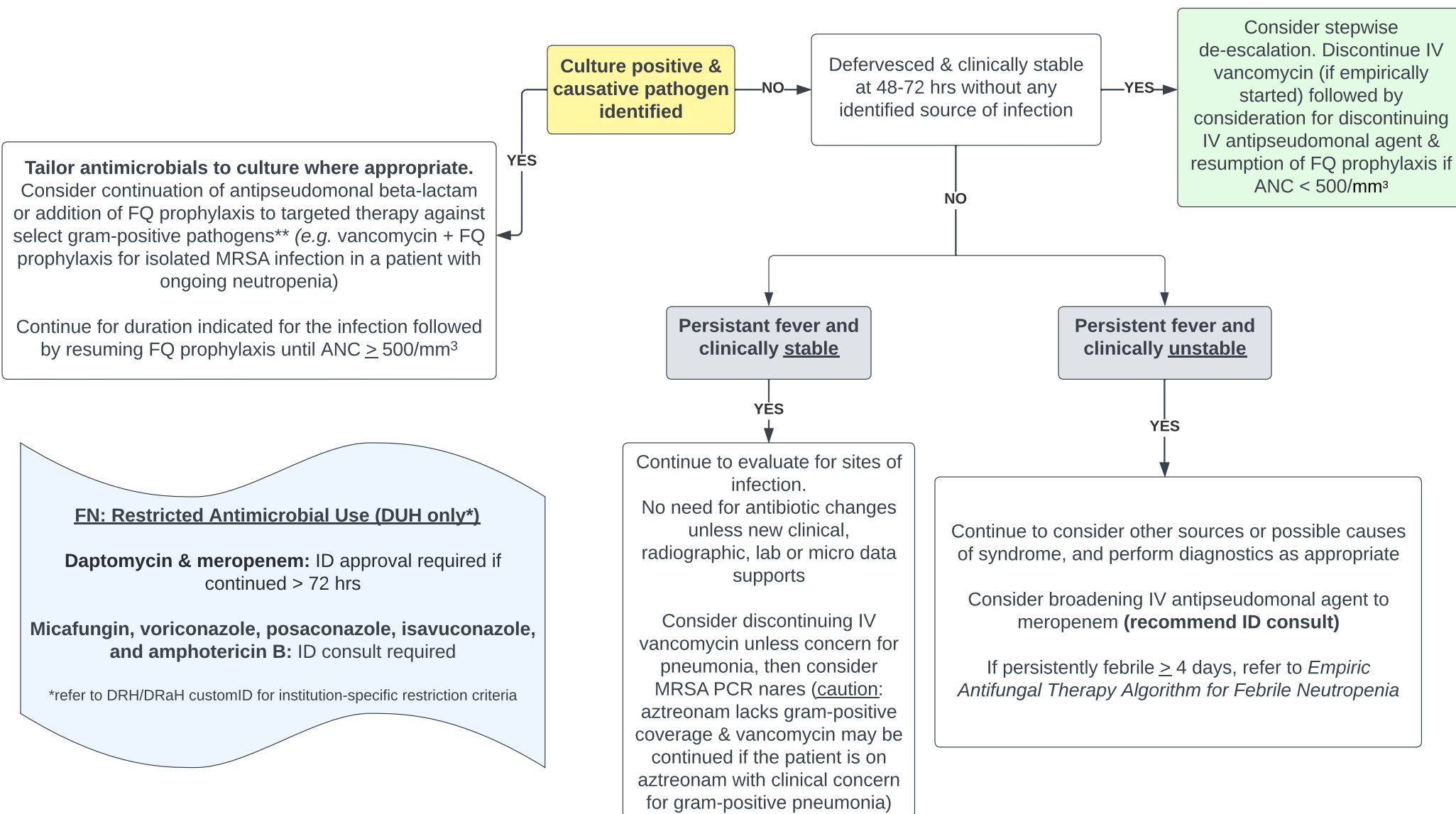


Empiric Antimicrobial Therapy Algorithm for Febrile Neutropenia



Febrile Neutropenia (FN): Reassess at 48-72 hours



FN: Restricted Antimicrobial Use (DUH only*)

Daptomycin & meropenem: ID approval required if continued > 72 hrs

Micafungin, voriconazole, posaconazole, isavuconazole, and amphotericin B: ID consult required

*refer to DRH/DRaH customID for institution-specific restriction criteria

****Viridans group streptococci (VGS)** sensitivities are only performed upon request to microbiology lab (i.e penicillin, ceftriaxone, and cefepime). **Levofloxacin** sensitivities may be performed for VGS isolates as well if specifically requested.

Empiric Antifungal Therapy Algorithm for Febrile Neutropenia

Persistent fever ≥ 4 days on appropriate broad-spectrum antimicrobials

- 1) Perform additional infectious work-up as indicated. Consider non-infectious causes of fever (e.g. drug induced fever, cancer, transfusion, etc.).
- 2) If patient is maintained on anti-mold prophylaxis (e.g. voriconazole, posaconazole, or isavuconazole), **check antifungal serum concentration**

Clinically stable?

YES

NO

BOX 1. Consider empiric initiation or modification (where relevant) of antifungal therapy* and consult ID.

*Antifungal therapy choice (e.g. micafungin, voriconazole, posaconazole, isavuconazole, liposomal amphotericin B) varies based on patient-specific risk factors, prior/current antifungal therapies, drug-drug interactions, renal/hepatic function, etc. **Consult ID for assistance with further diagnostic work-up, antifungal selection, and duration of therapy**

YES

Does the patient have persistent fevers without an identified etiology or source of infection?

NO

Concern for fungal infection based on diagnostic work-up?

NO

Consider holding empiric antifungal therapy

YES

Refer to "**BOX 1**" on the right for antifungal treatment recommendations

Reassess patient's clinical response, ANC, and signs/symptoms of infection.

Azole antifungals have a wide range of **drug-drug interactions**. Use caution as failure to identify drug-drug interactions may result in adverse events. Consult pharmacy with questions.