

UNC Children's Clinical Practice Guideline

Pediatric Fever and Chemotherapy-Induced Neutropenia

Appendix 4: Empiric Antibiotic De-escalation Checklist

These checklists are designed to facilitate the evaluation and management specifically for patients with fever and chemotherapy-induced neutropenia with **LOW suspicion for bacterial infection**. Please refer to full guideline for management of those with SUSPECTED or DOCUMENTED bacterial infections.

Table 5 on the right can serve as a reminder of which patients fall into Standard or High-Risk febrile neutropenia. Any patient who has at least one patient/disease or febrile neutropenia episode is considered High-Risk.

Table 5. Criteria for High-Risk Neutropenia

Patient/Disease Factors	FN Episode Factors
AML	Hypotension
ALL (induction or delayed intensification)	Tachypnea or O2 <94%
Burkitt Leukemia OR Lymphoma	New chest X-ray changes suggestive of infection
Progressive or relapsed disease with marrow involvement	Altered mental status
Down Syndrome	Severe mucositis
	Vomiting or abdominal pain concerning for typhlitis

Standard-Risk Febrile Neutropenia ABX De-escalation Checklist

Date & time of initial BCx = ____ / ____ / ____ @ ____

Day 1 of antibiotics = ____ / ____ / ____

Date & time of last fever = ____ / ____ / ____ @ ____

Date of de-escalation evaluation = ____ / ____ / ____



Patient has been afebrile for ≥48 hours



Blood cultures no growth to date for ≥48 hours



There are no imaging or physical exam findings suggestive of infection



If all boxes are checked, you may safely discontinue this patient's empiric antibiotics

High-Risk Febrile Neutropenia ABX De-escalation Checklist

Date & time of initial BCx = ____ / ____ / ____ @ ____

Day 1 of antibiotics = ____ / ____ / ____

Date & time of last fever = ____ / ____ / ____ @ ____

Date of de-escalation evaluation = ____ / ____ / ____



Patient has been afebrile for ≥48 hours



Patient has received at least 5 days of empiric ABX



Blood cultures no growth to date for ≥48 hours



There are no imaging or physical exam findings suggestive of infection



If all boxes are checked, you may safely consider de-escalation or discontinuation of this patient's empiric antibiotics