

**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 fever 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 O <sub>2</sub> <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