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 chemotherapy 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, HR consolidation, 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
Infant Leukemia	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
- ○ Blood cultures no growth to date for ≥48 hours
- ○ Anti-MRSA ABX still needed?
  Consider discontinuing prior to patient meeting remainder of criteria if no clinical diagnosis (e.g., SSTI) or risk factors warranting ongoing need
- ○ Patient has received at least 5 days of empiric anti-pseudomonal ABX
- ○ 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