

Low-Risk Fever and Neutropenia Evaluation: Provider Assessment Checklist

Does the patient have one of the following oncology diagnoses? (Y / N)

- Acute lymphoblastic leukemia or lymphoblastic lymphoma in maintenance phase of therapy
 Solid tumor/brain tumor
 Hodgkin lymphoma
 Langerhans cell histiocytosis

If no, STOP; patient does not qualify for LOW RISK outpatient management. The patient is HIGH RISK and requires admission for IV antibiotics. Contact Hem/Onc for recommendations.

If yes, proceed with checklist below to assess for LOW RISK outpatient management eligibility.

Does the patient/family have <u>any</u> of the following baseline social concerns?***	
<input type="checkbox"/>	Does not live (or is not able to stay) within 60 minutes of CMH AH campus
<input type="checkbox"/>	Is not able to receive daily phone follow-up
<input type="checkbox"/>	Is not able to return to clinic for follow-up within 72 hours, if needed

Does the patient have <u>any</u> of the following baseline clinical concerns? ***	
<input type="checkbox"/>	Age \leq 12 months
<input type="checkbox"/>	Not tolerating oral intake, including medications
<input type="checkbox"/>	Health and Physical are not reassuring
<input type="checkbox"/>	Vital signs are not normal for age at intake (except <i>mild</i> tachycardia with fever)
<input type="checkbox"/>	Signs of serious infection
<input type="checkbox"/>	Critical note in Cerner stating patient is NOT eligible for outpatient fever/neutropenia management
<input type="checkbox"/>	Evidence of mucositis
<input type="checkbox"/>	>1 fluid bolus given in clinic/ED
<input type="checkbox"/>	Trisomy 21
<input type="checkbox"/>	Any surgery in the preceding 2 weeks (excluding CVL placement)
<input type="checkbox"/>	VP shunt/Omayo reservoir placed within last 6 weeks OR meningeal signs of infection

Does the patient have <u>any</u> of the following additional clinical concerns?***	
<input type="checkbox"/>	Infant acute lymphoblastic leukemia/lymphoma (ALL)
<input type="checkbox"/>	Acute myelogenous leukemia (AML)
<input type="checkbox"/>	History of allogeneic BMT
<input type="checkbox"/>	History of autologous BMT within last 100 days
<input type="checkbox"/>	Burkitt lymphoma/leukemia
<input type="checkbox"/>	Hemophagocytic lymphohistiocytosis (HLH)
<input type="checkbox"/>	Severe aplastic anemia
<input type="checkbox"/>	Primary immunodeficiency
<input type="checkbox"/>	Received > 15 days of glucocorticoids in the last 30 days
<input type="checkbox"/>	Currently using broad-spectrum antimicrobials such as levofloxacin, ciprofloxacin, fluconazole, voriconazole, etc (excluding sulfamethoxazole/trimethoprim for PJP prophylaxis)
<input type="checkbox"/>	Other concerns from primary oncology team for reliability or safety

******If any boxes in these sections are checked patient does not qualify for LOW RISK outpatient management. The patient is HIGH RISK and requires admission for IV antibiotics. Contact Hem/Onc for recommendations.***