

Antibiotic Algorithm for Neutropenic Patients

Adult Hematology, Blood & Marrow Transplant, and Cellular Therapy and Antimicrobial Stewardship Programs
Approved by P+T 5.14.2019
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¹If at any point in the algorithm patient becomes unstable and needs ICU-level care, return to this step.

²Considerations for anaerobic coverage and addition of metronidazole to cefepime
1) Intra-abdominal infection
2) Typhilitis

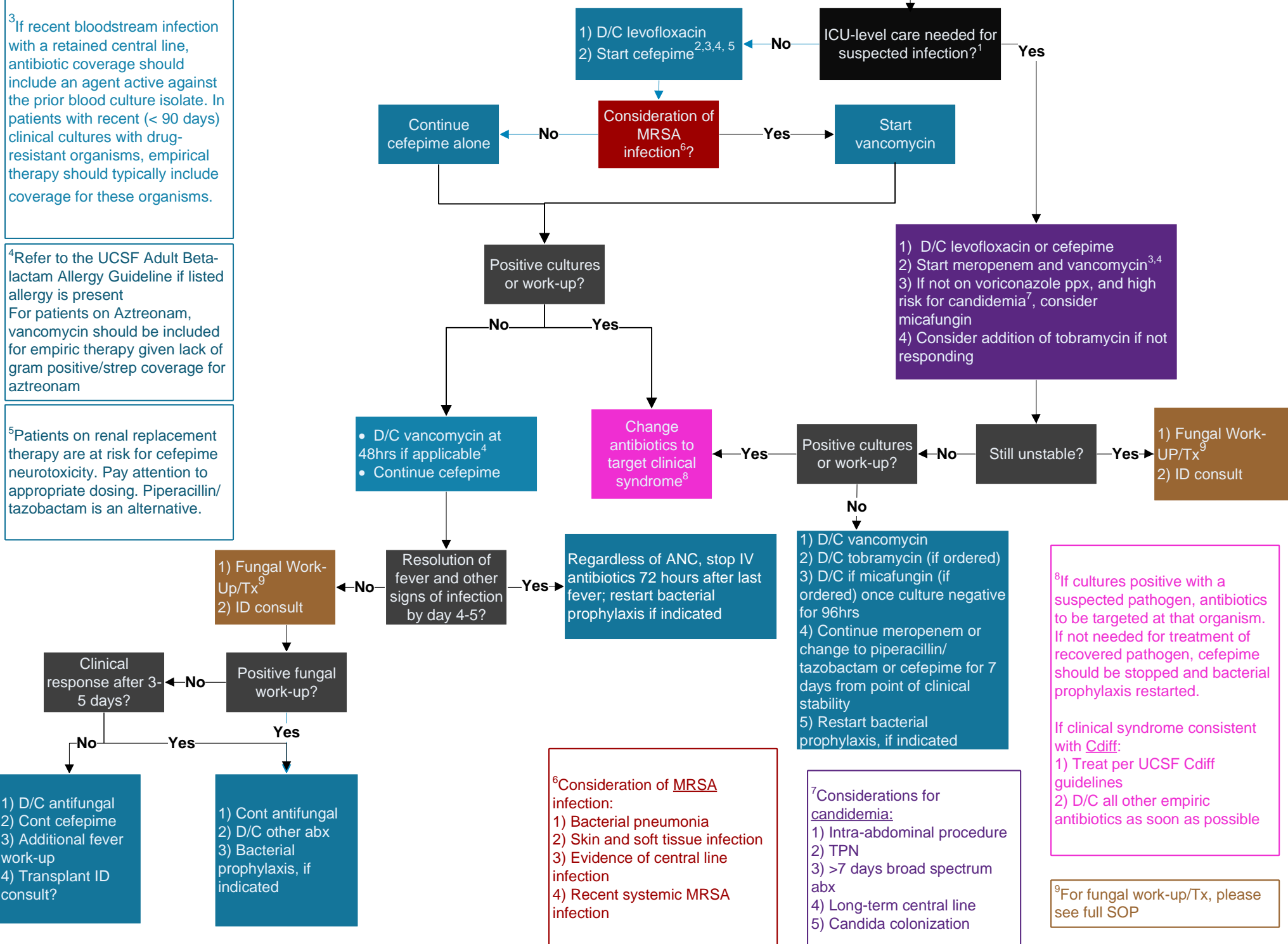
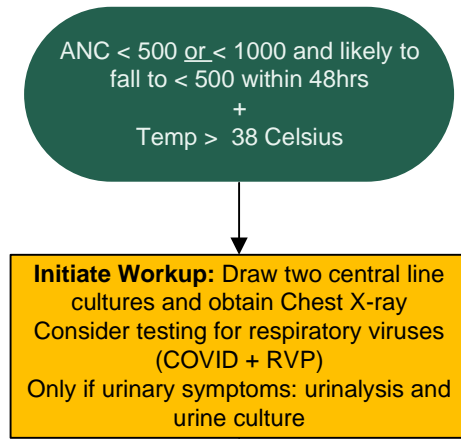
³If recent bloodstream infection with a retained central line, antibiotic coverage should include an agent active against the prior blood culture isolate. In patients with recent (< 90 days) clinical cultures with drug-resistant organisms, empirical therapy should typically include coverage for these organisms.

⁴Refer to the UCSF Adult Beta-lactam Allergy Guideline if listed allergy is present
For patients on Aztreonam, vancomycin should be included for empiric therapy given lack of gram positive/strep coverage for aztreonam

⁵Patients on renal replacement therapy are at risk for cefepime neurotoxicity. Pay attention to appropriate dosing. Piperacillin/tazobactam is an alternative.

Use Voalte to contact Transplant ID or ASP teams if needed

These are guidelines only and cannot be applied to every clinical situation. All patients should be examined carefully and treated for suspected focal infection if identified.



⁸If cultures positive with a suspected pathogen, antibiotics to be targeted at that organism. If not needed for treatment of recovered pathogen, cefepime should be stopped and bacterial prophylaxis restarted.

If clinical syndrome consistent with Cdiff:
1) Treat per UCSF Cdiff guidelines
2) D/C all other empiric antibiotics as soon as possible

⁹For fungal work-up/Tx, please see full SOP