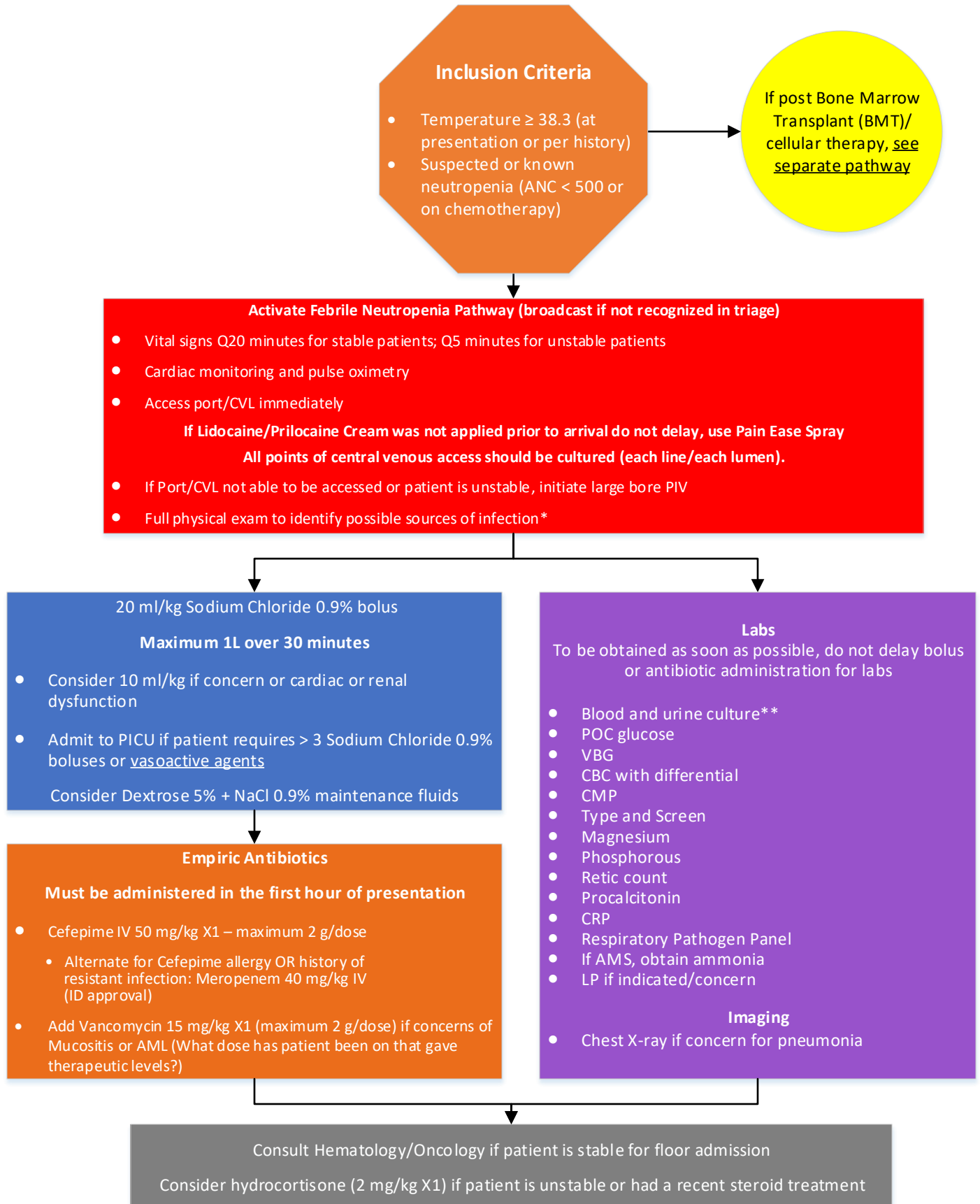


Febrile Neutropenia

Disclaimer: This clinical pathway is provided as a general guideline for use by Licensed Independent Provider's (LIP) in planning care and treatment of patients. It is not intended to be and does not establish a standard of care. Each patient's care is individualized according to specific needs.



*If patient has RLQ abdominal pain consider Typhlitis and add Metronidazole 10 mg/kg (maximum 500 mg/dose)

** No catheter urine cultures

Vasoactive Dosing

Admit to PICU if patient requires > 3 Sodium Chloride 0.9% boluses or vasoactive agents	
<p>Epinephrine Drip</p> <ul style="list-style-type: none"> • Drug of choice for inotropy in pediatric shock • Recommended to start @ 0.05 - 0.2 mcg/kg/min • Titrate in small increments based on perfusion 	<p>Epinephrine in D5 0.05 mcg/kg/min IV Continuous</p>
<p>Norepinephrine Drip</p> <ul style="list-style-type: none"> • For warm shock • Recommended to start @ 0.05 - 0.2 mcg/kg/min • Titrate in small increments to achieve normal MAP (per formula) 	<p>Norepinephrine in D5 0.05 mcg/kg/min IV Continuous</p>
<p>Milrinone</p> <ul style="list-style-type: none"> • No bolus dose; no titration • Recommended to start @ 0.3 - 0.5 mcg/kg/min 	<p>Milrinone in D5 0.3 mcg/kg/min IV Continuous</p>

Metrics

1. Time to first antibiotic
2. Time to first bolus
3. Order set utilization

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References