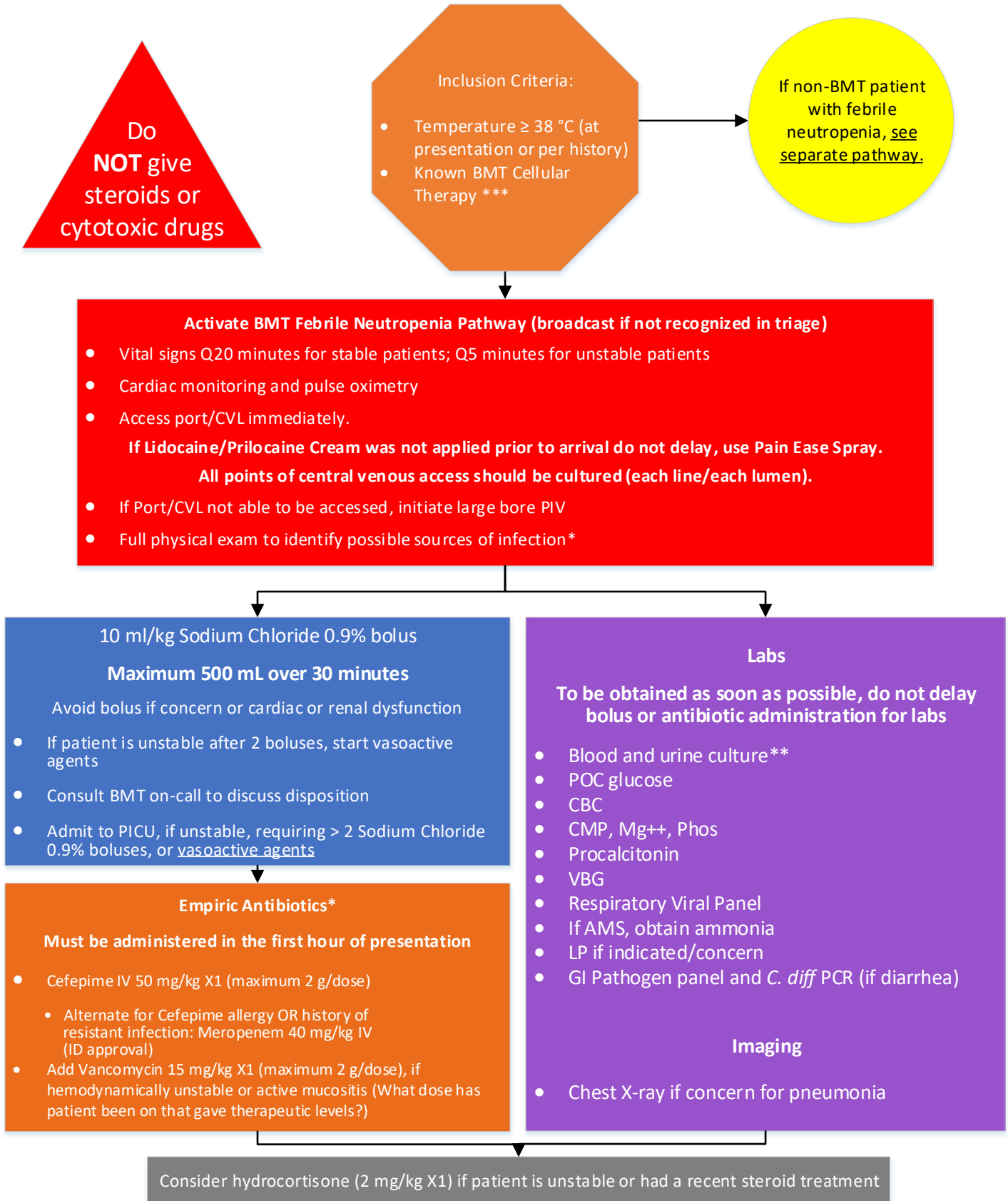


# Febrile Neutropenia for Bone Marrow Transplant Patients (BMT)

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

\*\*\* Chimeric Antigen Receptor CAR T-cell therapy patients will have a wallet card with instructions about ED management of Cytokine Release Syndrome.

# Vasoactive Dosing

Admit to PICU if patient requires > 2 Sodium Chloride 0.9% boluses or vasoactive agents	
<p><b>Epinephrine Drip</b></p> <ul style="list-style-type: none"> <li>• Drug of choice for inotropy in pediatric shock</li> <li>• Recommended to start @ 0.05 - 0.2 mcg/kg/min</li> <li>• Titrate in small increments based on perfusion</li> </ul>	<p>Epinephrine in D5 0.05 mcg/kg/min IV Continuous</p>
<p><b>Norepinephrine Drip</b></p> <ul style="list-style-type: none"> <li>• For warm shock</li> <li>• Recommended to start @ 0.05 - 0.2 mcg/kg/min</li> <li>• Titrate in small increments to achieve normal MAP (per formula)</li> </ul>	<p>Norepinephrine in D5 0.05 mcg/kg/min IV Continuous</p>
<p><b>Milrinone</b></p> <ul style="list-style-type: none"> <li>• No bolus dose; no titration</li> <li>• Recommended to start @ 0.3 - 0.5 mcg/kg/min</li> </ul>	<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

# Contributing Members

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# References