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# Evaluation of antibiotic use and duration for febrile neutropenia



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### Introduction

- Febrile neutropenia (FN) affects over 80% of patients with hematologic cancer and 10% to 50% of patients with solid tumors
- National Comprehensive Cancer Network (NCCN) guidelines recommend empiric broad-spectrum monotherapy until the absolute neutrophil count (ANC) is over 500 cells/ $\mu$ L.
- Extended durations with broad-spectrum agents leads to increased risk of antibiotic resistance, toxicity, and *C. difficile* infection.

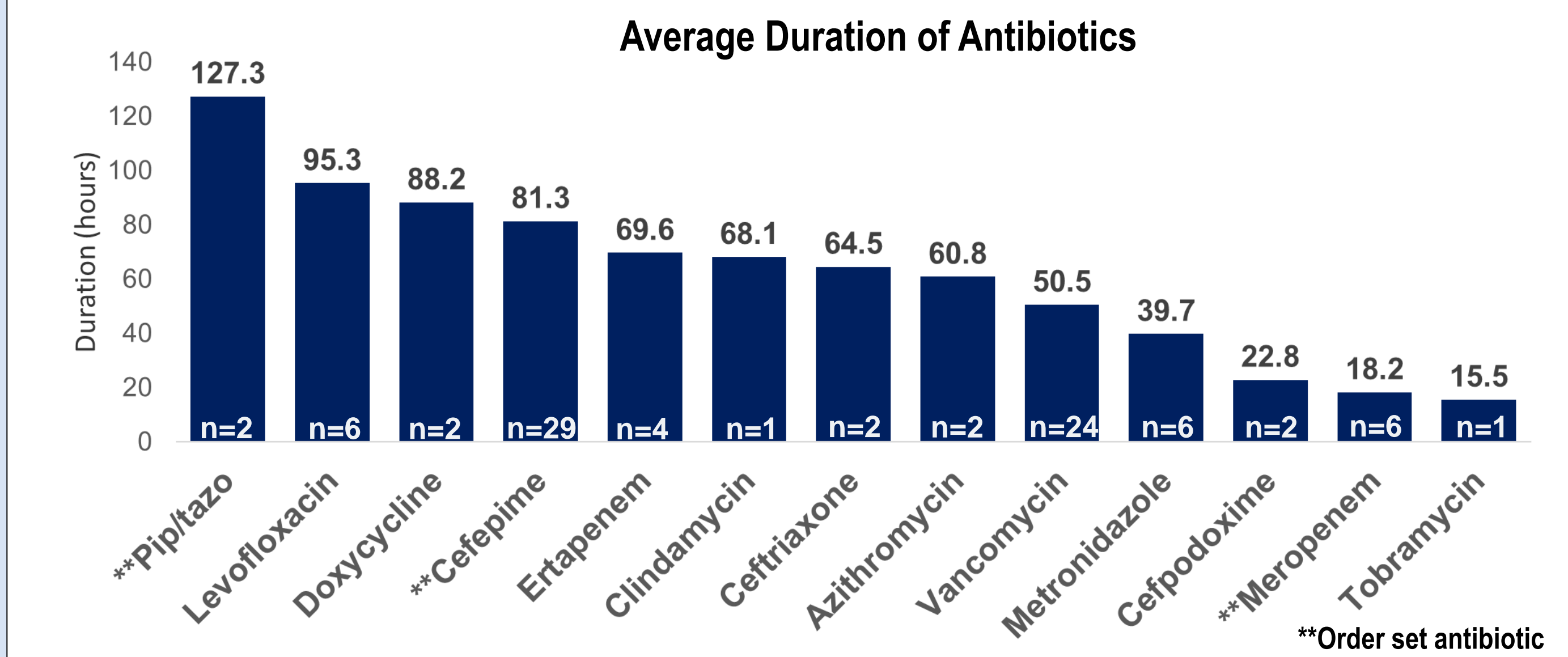
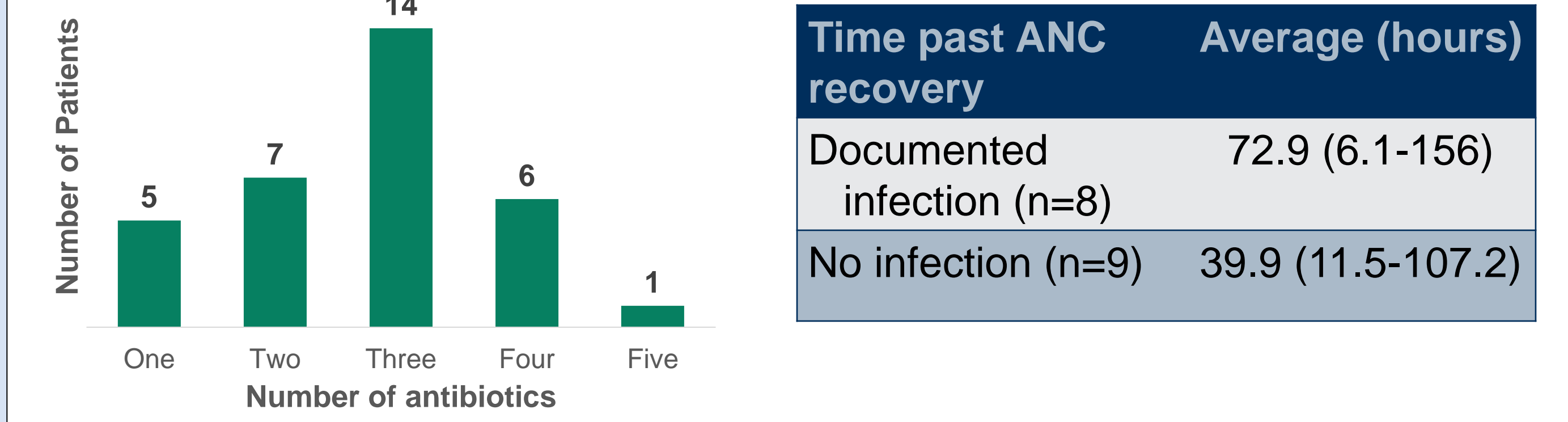
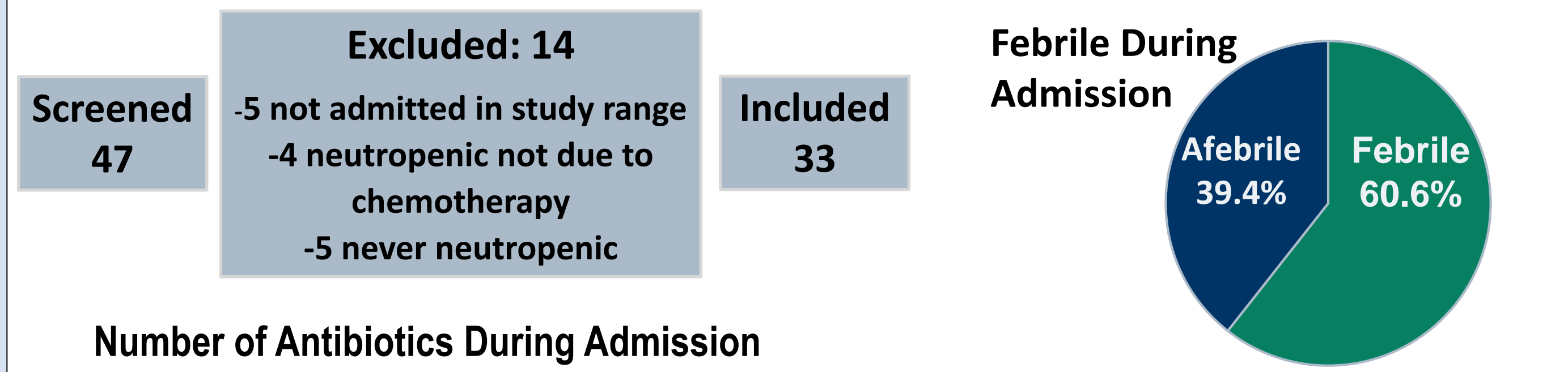
### Purpose

- To evaluate antibiotic prescribing patterns for patients with FN to optimize antibiotic stewardship

### Methods

- IRB-approved, retrospective chart review from 1/1/2020 to 8/31/2020
- Charts identified based on FN diagnosis code
- Antibiotic administered, antibiotic duration, ANC, and culture data were assessed

### Results



### Evaluation

- Antibiotics continued past ANC recovery in 27% of patients without documented infection.
- Medications were ordered from the FN order set in 33% of patients.
- Vancomycin was commonly prescribed although patients had few risk factors.
- In 85% of patients, multiple antibiotics were given although NCCN recommends IV monotherapy.

### Conclusion

- **There is an opportunity to improve antibiotic selection and duration for patients admitted for FN**

### Disclosure

Authors of this presentation disclose the following relationships with commercial interests related to the subject of this poster:

Kayla Jensen: Nothing to disclose  
 Patricia Aubert: Nothing to disclose  
 Joy Ward: Nothing to disclose  
 Ann Wigton: Nothing to disclose

### References

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