1.5 CARE OF THE NEUTROPENIC PATIENT

Aims

1. To protect the patient who is neutropenic from infection.
2. To ensure that the patient who is febrile and neutropenic is assessed, investigated, treated and managed in accordance with the Febrile Neutropenia Protocol (available from 3B).

Definition:

Neutropenia:	A neutrophil count less than 500/mm^3
Fever:	A temperature >38.5°c on one occasion OR >38°c on at least three occasions 1 hour apart (within a 24hour period)

Background Information

- Neutropenia can be caused by disease processes or as a result of treatment for cancer ie. chemotherapy.
- Neutropenia can put the patient at extreme risk of severe infection.
- Due to a decrease in neutrophils and the subsequent effect on the body's inflammatory response, signs of infection ie. pus, swelling and a raise in temperature are not always present.
- Febrile neutropenia can progress quickly to septic shock, which can have severe consequences. Hence early recognition of deterioration is vital as is viewing the patient as an emergency by ensuring assessment, investigations and treatments are carried out promptly.

Key Points

1. Strict hand hygiene must be performed by all persons in contact with the patient. Refer to Infection Control Manual 2.4 Hand Hygiene.
2. The patient will be nursed with standard precautions. For all areas external to Oncology ward 3B, the patient should be nursed in isolation under 'Protective Precautions.'
   Refer to Infection Control Manual 2.1 Standard Infection Control Precautions and 2.2 Transmissible Diseases and Infection Control Precautions.
3. Vital signs (TPR & BP) will be recorded 4/24 or more frequently as indicated by patients condition.
4. If the patient becomes febrile this will be reported to the Consultant immediately and blood cultures will be obtained. Refer to PNPM 5.1.3 Collection of Blood Cultures. Blood cultures will be repeated every 24 hours if the fever persists.
5. Antipyretics will be commenced only after consultation with the consultant, as antipyretics may mask febrile episodes.

6. If febrile, antibiotics will be administered after consultation with the Consultant. Once prescribed these should be administered immediately.
7. The nurse caring for the patient will monitor the neutrophil count at a frequency directed by medical staff.
8. Each shift the nurse caring for the patient will inspect all areas which have a high risk of infection ie. body orifices, perineum, CVC and IV sites.
9. The patient will have mouth care four times a day – after meals and before bedtime. Refer to PNPM 3.2.1 Oral Assessment and Hygiene.
10. Bowel function will be monitored in order to detect constipation (to prevent anal tearing) and be recorded on the TPR and/0or fluid balance chart.

    PR medications and rectal temperature must be avoided. Aperients may be required to treat constipation instead ie. Lactulose.
11. As is standard practice both central and peripheral IV administration sets and any add on devices will be changed every 72 hours. Intravenous lines used to administer lipids will be changed every 24 hours. Refer to PNPM 2.3.5 Monitoring and Maintaining Intravenous (IV) Access and IV Tubing Safety.
12. For use, care of and precautions required for CVC lines refer to PNPM Section 2.4 Central Venous Catheters.

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