

# GUIDELINE FOR THE PREVENTION, RECOGNITION & MANAGEMENT OF FEVER IN CHILDREN & YOUNG PEOPLE WITH CANCER.

|   |   |
|---|---|
| Version:                                  | 5.0.0   |
| Ratified by:                              | Chemotherapy Working Group  |
| Date ratified:                            | 30 <sup>th</sup> September 2013   |
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| Name of responsible committee/individual: | Chemotherapy Working Group (CWG)  |
| Date issued:                              | 30 <sup>th</sup> September 2013   |
| Review date:                              | Document to be reviewed not less than every two years – September 2015        |
| Target audience:                          | Medical, nursing and pharmacy staff within the Haematology Oncology Specialty |

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## 1 Introduction

Febrile neutropenia and neutropenic sepsis is a significant clinical risk for patients receiving immunosuppressive treatment, whether such treatment is treatment of their malignant disease or immunosuppression following stem cell, or other, transplantation.

A structured approach to the assessment of the patient and prompt and effective treatment are essential, and this guideline is intended to provide the basis for such an approach.

## 2 Purpose

These guidelines provide a basis for the prevention, prompt recognition and effective treatment and management of patients presenting with a febrile neutropenic illness.

However, in common with other such clinical guidelines they are no substitute for the regular clinical assessment of patients - a vital part of the effective management of febrile neutropenia in children & young people – and appropriate response to such assessment. In all cases, advice from senior colleagues should be sought sooner rather than later if there is any uncertainty. Paediatric Oncology Shared Care Units (POSCUs) must contact the patient's Principal Treatment Centre (PTC) consultant or PTC on-call consultant for advice.

This guideline covers children & young people with cancer and other non-malignant haematological disorders treated with immunosuppressive therapies. The majority of patients will have neutropenia related fever. However these guidelines are also appropriate for non-neutropenic patients where a course of parenteral antibiotics is considered necessary. It should also be noted that some patients (particularly those who are post stem cell transplant or with non-malignant immunodeficiency conditions) may have an adequate neutrophil count but still have an inefficient immune system and high risk of sepsis.

## 3 Duties

### 3.1 Duties within the Organisation

This guideline covers a range of health professionals across the haematology / oncology service and staff and departments working in partnership with the service.

Managers have a duty to ensure the guidelines are being followed.

Employees have a duty to undertake care as described in the guideline, or to consult with the consultant responsible for the patient to discuss individual variations, or with managers where practice is regularly not meeting the required standard, so that variations can be monitored.

### 3.2 Identification of Stakeholders

The following stakeholders have been identified within BCH: The Chemotherapy Working Group (CWG); the Cancer Locality Group; the Haematology Oncology

Programme meeting; medical, nursing and support staff within the Haematology Oncology specialty; the Birmingham Children's Hospital Antimicrobial Prescribing Committee.

Outside BCH: The West Midlands Children's Cancer Network Group.

## 4 Method for development

### 4.1 Consultation and Communication with Stakeholders

The guideline was drafted by Dr. Jayashree Motwani (Consultant Paediatric Haematologist) following a number of discussions with consultant and other staff within both the Haematology Oncology specialty and the Microbiology department. The content was agreed at the Specialty programme meeting on 21st. March 2013.

## 5 Content

### 5.1 Introduction

Children receiving cytotoxic drugs are at risk from infection, particularly bacterial. This risk is greatest in those children undergoing intensive treatment such as bone marrow transplantation, high dose chemotherapy with stem cell support or during leukaemia induction treatment. Where leukaemia is concerned the problems tend to be more severe in children with A.M.L than A.L.L.

### 5.2 Prophylactic antibiotics

- Prophylactic Cotrimoxazole (Septrin), for PCP is given to all children receiving treatment for A.L.L.
- Cotrimoxazole and antifungal agents (AmBisome/ voriconazole/ fluconazole/ itraconazole) are given to children who are expected to have a prolonged period of neutropenia. This includes patients with AML and those undergoing transplantation procedures.
- Children with Down's syndrome and A.L.L. are given prophylactic ciprofloxacin at various stages in their treatment. (see Down's Syndrome amendment of U.K.A.L.L. 2003 protocol).
- Other children are not routinely given prophylactic antibiotics, but may occasionally be prescribed these on an individual basis.
- Children with solid tumours can also become severely pancytopenic, although in general this is for a shorter period. In the majority of these children the blood count nadir usually occurs 10 to 14 days after a course of treatment, and recovery has occurred by day 21.

**ANY SUGGESTION OF INFECTION IN CHILDREN AT RISK MUST BE URGENTLY INVESTIGATED AND TREATED.**

### 5.3 Definitions

**Fever** - a temperature of  $\geq 38^{\circ}\text{C}$ )

**Neutropenia** - an absolute neutrophil count of  $\leq 0.5 \times 10^9/\text{L}$ . (NICE,2012)

**Unwell child:** Any child receiving chemotherapy who appears unwell but is not febrile or neutropenic may still need treating with antibiotics. Children with Down's syndrome are at particular risk of sepsis; they may present with non-specific symptoms and may be afebrile even when septic.

**Discuss with more senior colleague or the PTC if you are not sure.**

### 5.4 Referral

If and when a child at home becomes febrile or unwell a parent will have been advised to phone the PTC or POSCU for advice. On-Call Medical Staff must not ask parents to contact their GP without first discussing with a more senior colleague whether this is appropriate advice. All children on cancer treatment with fever must be assessed at their local POSCU or the PTC. Children with brain tumours on concurrent chemotherapy and radiotherapy must be treated at the PTC only.

Children attending the PTC at Birmingham Children's Hospital should be advised to attend the Oncology Clinic in working hours or the Emergency Department out-of-hours. Notify the department of the patients expected arrival.

Children attending one of the designated West Midlands POSCUs have direct access to assessment within the POSCU Children's ward(s). Notify the department of the patients expected arrival.

### 5.5 Initial review

The child will come to a POSCU ward or the PTC oncology day care unit (during working hours) or the PTC Emergency Department (out-of-hours) and be triaged as RED. Haem/Onc SHOs, called to review, should prioritise this child. Liaise with the Clinical Co-ordinators out-of-hours if they are unable to do so.

**The child needs to have been assessed and receive parenteral antibiotics if appropriate within 1 hour of arrival.** (NCAG, 2009)

When a child suspected of having an infection attends, take a history and do a full examination, specifically to document any history of symptoms such as diarrhoea or cough, or the presence of focal signs of infection such as skin sepsis.

Document all observations and calculate PEWS (Paediatric Early Warning Score). N.B. Although fever is not scored in PEWS it is a significant finding in immunocompromised patients. There may be rapid pr

ogression from fever to sudden deterioration in PEWS. Increase frequency of observations as necessary.

Assessment must be undertaken by a Doctor or appropriately trained Advanced Nurse Practitioner. In BCH Emergency Department and oncology clinic there are ready prepared Febrile Neutropenia admission packs containing assessment documents, blood forms etc.

**5.6 If the child has any signs of haemodynamic compromise**, e.g. delayed capillary refill time, tachycardia (not explained by fever), or hypotension:

- i. Inform the registrar or consultant immediately.

- ii. Oxygen should be administered to maintain adequate oxygen saturation.
- iii. Give a fluid bolus – 20 mls/kg of 0.9% sodium chloride IV and reassess.
- iv. Inform ICU (if not already aware) as soon as the first bolus has been given, using the local “Observation & Monitoring policy.” Utilise PEWS information and SBAR reporting structure. (SBAR = Situation, Background, Assessment, Recommendations)
- v. Review the patient with a haematology/oncology registrar grade or above and discuss subsequent management with ICU staff as appropriate.
- vi. Monitor vital signs and urine output closely (half hourly to hourly depending on patient status). Urinary catheterisation may be necessary if no urine output, despite improvement in haemodynamic status. Any patient this unwell **MUST** be discussed with the local consultant and the first on call consultant at BCH if admitted to a shared care centre.
- vii. If child **presents** with haemodynamic compromise – commence Meropenem See *PAGE 8*
- viii. If child **develops** haemodynamic compromise after initial assessment and whilst receiving Piperacillin/Tazobactam, change to Meropenem without waiting for cultures. This should be done as soon as the haemodynamic compromise occurs.

***Intravenous antibiotics should be commenced after appropriate cultures and blood tests are taken as below:***

- FBC
- Coagulation (especially if child septic and unwell)
- Group and Save if appropriate
- Chemistry, with CRP
- Blood cultures from all lumens of central lines, urine and stool cultures.

**There is no need to wait for neutrophil count before starting antibiotics if the child is unwell or if blood results are taking longer than 1 hour to obtain.**

**If the central line will not bleed back and it appears that the child’s condition warrants immediate antibiotics – DO NOT delay giving antibiotics whilst waiting for the line to be cleared with urokinase. In this situation take a blood culture from a peripheral vein and start antibiotics via cannula. If it then becomes possible to sample from the central line, send a further blood culture from the central line.**

- Clearly distinguish on bottles and forms if more than one set of cultures is taken.
- Throat swab, line site swab- as appropriate.

A chest X-ray is not mandatory on admission of all febrile neutropenic children, but should be done in any child with respiratory symptoms, e.g. cough, tachypnoea, or if the fever persists for >24 hours after admission without any obvious focus.

Lumbar punctures are not part of routine screening for febrile neutropenia. However, if you think one is indicated, e.g. if the child has neck stiffness, discuss with a consultant oncologist or haematologist and neurosurgeon for children with brain tumours. Children with neutropenia are also likely to be thrombocytopenic which increases the risks from lumbar puncture.

If a child has respiratory symptoms (upper or lower) consider whether a nasopharyngeal aspirate (NPA) should be taken.

Oral chemotherapy should be discontinued on admission. In rare circumstances e.g. during intensification blocks for leukaemia or T-cell lymphoma a consultant at the PTC may authorise the continuation of oral chemotherapy. This decision must be taken at consultant level.

**If a child is clinically well and stable with no haemodynamic compromise, has no central line and has neutrophils >0.5-normal, discharge on oral antibiotics after discussion with PTC consultant may be considered.**

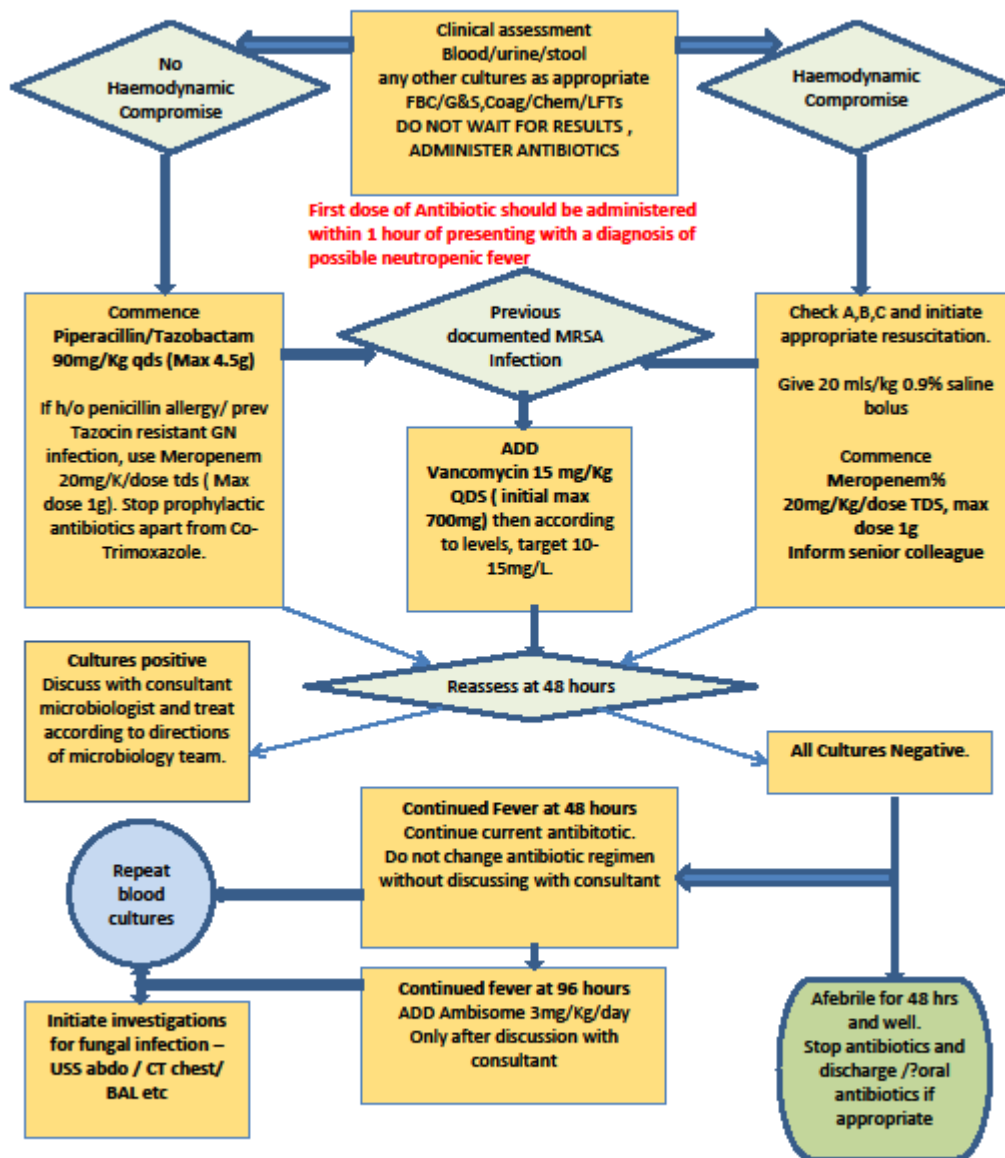
**This approach is NOT appropriate for children in the following categories:**

- AML
- ALL not on maintenance treatment.
- Relapsed ALL
- Children with Down's syndrome
- Children post BMT
- Patients with focal signs of infection
- Patients with previous admissions for serious bacterial or fungal infection
- Patients unwilling or unable to take oral antibiotics
- Low confidence in carer response to changes
- Challenging social circumstances

If in any doubt – admit and give parenteral antibiotics.

**Isolation of *Candida* or *Staph. aureus* from a central line necessitates prompt discussion with the consultant about the need for line removal.**

**Haematology and Oncology Departments, Birmingham Children's Hospital  
Management of Fever in The Neutropenic / Immunocompromised child**



BCH Febrile Neutropenia Guidelines V1.0.0 Review by 31<sup>st</sup> March 2015

Dr J Motwani. Approved by Clinical Leads 21<sup>st</sup> March 2013.



## 5.7 GUIDELINE ON THE PRESCRIBING AND USE OF PROPHYLACTIC AND EMPIRICAL ANTIFUNGAL THERAPY.

Patient groups:

Three patient groups are proposed, based on current practice. However, there is little evidence that such a classification is based on a true stratification of risk. These are:

- Group 1: In-patients who are going through conditioning and/ or are following BMT/PBSCT
- Group 2: In-patients considered to be at higher risk of fungal infection in consequence of profound and/or prolonged neutropenia.
  - AML
  - Infant ALL
  - Relapsed or MRD high risk ALL on R3
  - Ph positive ALL.
  - Aplastic Anaemia
  - ALL, Regimen B/C Induction
- Group 3: Patients who remain febrile and neutropenic after 96 hours of broad spectrum intravenous antibiotics

Group 1: Patients who are post BMT/PBSCT:

These patients should receive prophylaxis with AmBisome at a dose of 1mg/kg. daily.

At the time of discharge or when able to tolerate oral medications, **Itraconazole LIQUID SUSPENSION 5mg/kg.** daily, in one or two divided doses, should be substituted at the time discharge planning commences, or earlier as indicated.

Due to its relatively greater bioavailability, ALL patients should take the LIQUID formulation. **(no capsules)**

Itraconazole levels should be checked and doses altered accordingly.

If Itraconazole is poorly tolerated, voriconazole can be used.

Those patients who are unable to take itraconazole/ voriconazole due to liver GVHD/ photosensitivity etc, should receive posaconazole. If they are unable to tolerate posaconazole, then individualised antifungal prophylaxis plan needs to be put in place after MDT discussion along with Consultant microbiologist input. There is no role for ambisome 1mg/kg 3 times a week for this group of patients.

Group 2a: Patients who are profoundly neutropenic, or likely to become so, and ARE NOT receiving chemotherapy which includes Vincristine:

These patients should receive prophylaxis with ORAL Itraconazole, liquid at 5mg/Kg/day. Levels should be checked.

If itraconazole is not tolerated orally, whilst inpatient, these patients should receive prophylaxis with AmBisome 1mg/kg. on THREE days of each week

Group 2b: Patients who are profoundly neutropenic, or likely to become so, and ARE receiving chemotherapy which includes Vincristine (e.g. UKALL R3):

These patients should receive prophylaxis with AmBisome 1mg/kg. on THREE days of each week until no further doses of Vincristine (or other Vinca alkaloids) are scheduled.

If continued long-term prophylaxis is required -Itraconazole liquid at 5mg/kg. daily, in one or two divided doses, should be substituted 48 hours after the last dose of Vincristine has been given.

**ALL PATIENTS SHOULD HAVE ITRACONAZOLE LIQUID PREPARATION.**

| Condition                                 | Prophylaxis regime  |
|---|---|
| AML, HLH, APLASTIC ANAEMIA                | Itraconazole liquid at 5mg/Kg/Day   |
| ALL Regimen B/C Induction                 | Week 1-5 ambisome 1mg/kg/day M/W/F  |
| R3 HR arm                                 | Week 1-4 itraconazole<br>Week 5-10 ambisome 1mg/kg/day M/W/F<br>Week 10-15 Itraconazole<br>Antifungal prophylaxis to be continued in between courses. |
| R3 SR/IR ARM                              | Week 1-5 ambisome 1mg/kg/day M/W/F<br>Week 6-13 Itraconazole  |
| Interfant                                 | Induction- ambisome 1mg/kg/day M/W/F<br>Protocol1B Itraconazole<br>MARMA- Itraconazole<br>OCTADAD- ambisome 1mg/kg/day M/W/F                          |
| Ph+ ALL                                   | Post Induction Itraconazole, apart from around VCR of HR blocks. ( Itra CI in dasatinib trial)  |
| HSCT                                      | Ambisome 1mg/kg/daily till able to take itraconazole  |
| Post HSCT at discharge                    | Itraconazole liquid at 5mg/Kg/Day   |
| Post HSCT unable to have Itra/Vori        | Posaconazole  |
| Post HSCT unable to tolerate Posaconazole | Individualised prophylaxis regime after MDT discussion ( eg micafungin/ daily ambisome/ HD 3/wk ambisome)   |

Group 3: Patients who remain febrile and neutropenic after 96 hours of intravenous antibiotics and require empirical antifungal treatment:

These patients should receive treatment with AmBisome 3mg/Kg/day, if clinically indicated, until they have been afebrile for 48 hours (according to Specialty policy).

USS abdomen/HRCT chest/ Galactomannan tests /Brocho-alveolar lavage, should be organised as needed, as soon as possible.

**(Discussed and agreed by Haematology Consultant Team with Dr Mitul Patel, 26/9/13)**

## 5.8 Patient / Parent Education

Patients / parents must be educated about the risks of neutropenic sepsis and how to detect and respond to signs & symptoms of fever and infection. Their understanding should be checked by asking them to re-iterate information. The “Going Home Chat” should be delivered by nurses who have been trained to deliver accurate information. Suitable training would be the BCH Practical Oncology Programme foundation supportive care module or similar.

Verbal information should be backed up with written information with consideration to the need for interpreters for non-English speaking / reading families.

The medical “Alert Card” for risk of neutropenic sepsis should be provided with an explanation of how to use the card, particularly if using an emergency department while on holiday / visiting other regions.

A digital thermometer is provided for use at home to assist families with monitoring for fever. A normal home life should be encouraged and parents should be counselled about not needing to do routine monitoring at home but to use the thermometer if they suspect the child is unwell or hot. Families who do not find reading the thermometer

easy can be taught to put their face against the child's to see if the child feels a lot hotter than their own skin. Families should be counselled to call the PTC or POSCU if the child has fever or is unwell and present for review even if this is during the night. Modes of transport should be discussed, along with the need to use the 999 emergency ambulance service if their child is very unwell or if the cannot get to hospital by their own means.

When discussing the prevention of infection parents should be advised about the need to balance avoiding obvious sources of infection (e.g. relatives with D&V, colds, flu) and the need to maintain normal routines (e.g. attending school when well). Refer to the West Midlands Children's Cancer Network Schools Policy.

## 5.9 Medical "Alert Card" for risk of neutropenic sepsis

The West Midlands Children's Cancer Network has implemented the recommendations of a 1hour 'door to needle' time for cancer patients presenting with fever and suspected neutropenia (NCAG, 2009). Patients are issued with an "Alert Card" to show to Emergency Departments or Assessment units when they present with symptoms. This includes the contact details of the PTC and local POSCU and basic guidelines on initial care.

The PTC and POSCUs should implement local actions to ensure the NCAG recommendations are followed.

## 6.1 Monitoring Compliance With and the Effectiveness of the policy Process for Monitoring Compliance and Effectiveness

Routine audit.

## 6.2 Standards/Key Performance Indicators

Audit

## 7.0 References

CCLG – PONF (2008) Treatment of low risk febrile neutropenia in paediatric oncology: a framework document Accessed September 20, 2010  
[http://www.cclg.org.uk/members/wg/files/SC\\_FebrileNeutropeniaFrameworkGuideline\\_08.pdf](http://www.cclg.org.uk/members/wg/files/SC_FebrileNeutropeniaFrameworkGuideline_08.pdf)

BNF for children, 2010-2011:

Piperacillin with tazobactam ('Tazocin'): p.324

Meropenem: p.334

Vancomycin: p.349 Vancomycin is dosed qds rather tds (as recommended in the BNFc) based on local audits, showing that tds dosing does not provide a therapeutic level of 5mg/L. in the majority of patients.

National Chemotherapy Advisory Group (August 2009) Chemotherapy services in England: Ensuring quality & safety DH Best Practice Guidance Gateway no: 12208

National Collaborating Centre for cancer (2012) Neutropenic sepsis: prevention and management of neutropenic sepsis in cancer patients Clinical Guidelines

**Note: The Specialty guideline contains two further sections on ‘Patient / parent education’ and the ‘Medical “Alert Card” for risk of neutropenic sepsis’. Consult the guideline as necessary.**

**Appendix C – Policy Review Group Checklist for the Review and Approval of Procedural Document. To be completed by the Policy author prior to submission for approval/ratification**

|           | <b>Title of document being reviewed:</b>   | <b>Yes/No/Unsure</b> | <b>Comments</b> |
|-----------|--|----------------------|-----------------|
| <b>1.</b> | <b>State Title:</b>  |                      |                 |
|           | Is the title clear and unambiguous?  | Yes                  |                 |
|           | Is it clear whether the document is a guideline, policy, protocol or standard?             | Yes                  |                 |
| <b>2.</b> | <b>Rationale</b>   |                      |                 |
|           | Are reasons for development of the document stated?  | Yes                  |                 |
| <b>3.</b> | <b>Development Process</b>   |                      |                 |
|           | Is the method described in brief?  | Yes                  |                 |
|           | Are people involved in the development identified?   | Yes                  |                 |
|           | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | Yes                  |                 |
|           | Is there evidence of appropriate consultation with stakeholders and users?                 | Yes                  |                 |
| <b>4.</b> | <b>Content</b>   |                      |                 |
|           | Is the objective of the document clear?  | Yes                  |                 |
|           | Is the target population clear and unambiguous?  | Yes                  |                 |
|           | Are the intended outcomes described?   | Yes                  |                 |
|           | Are the statements clear and unambiguous?  | Yes                  |                 |
| <b>5.</b> | <b>Evidence Base</b>   |                      |                 |
|           | Is the type of evidence to support the document identified explicitly?                     | Yes                  |                 |
|           | Are key references cited?  | Yes                  |                 |

|           | <b>Title of document being reviewed:</b>   | <b>Yes/No/Unsure</b> | <b>Comments</b> |
|-----------|--|----------------------|-----------------|
|           | Are the references cited in full?  | Yes                  |                 |
|           | Are supporting documents referenced?   | Yes                  |                 |
| <b>6.</b> | <b>Approval</b>  |                      |                 |
|           | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?              | N/a                  |                 |
| <b>7.</b> | <b>Dissemination and Implementation</b>  |                      |                 |
|           | Is there an outline/plan to identify how this will be done?  | Yes                  |                 |
|           | Does the plan include the necessary training/support to ensure compliance?   | Yes                  |                 |
| <b>8.</b> | <b>Document Control</b>  |                      |                 |
|           | Does the document identify where it will be held?  | Yes                  |                 |
|           | Have archiving arrangements for superseded documents been addressed?   | Yes                  |                 |
| <b>9.</b> | <b>Process to Monitor Compliance and Effectiveness</b>   |                      |                 |
|           | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | N/a                  |                 |
|           | Is there a plan to review or audit compliance with the document?   | Yes                  |                 |
| <b>10</b> | <b>Review Date</b>   |                      |                 |
| .         | Is the review date identified?   | Yes                  |                 |
|           | Is the frequency of review identified? If so is it acceptable?   | Yes                  |                 |
| <b>11</b> | <b>Overall Responsibility for the Document</b>   |                      |                 |
| .         | Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?    | Yes                  |                 |

|   |
|---|
| <b>Policy Review Group Ratification</b> |
|---|

|   |  |      |  |
|---|--|------|--|
| If you are happy to ratify this document, please sign and date.   |  |      |  |
| <b>Committee /Other Approval</b>  |  |      |  |
| If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents. |  |      |  |
| Name  |  | Date |  |
| Signature   |  |      |  |

## Appendix D – Equality Impact Assessment

To be completed and attached to any procedural document when submitted to the Policy Review Group for consideration and approval.

### EQUALITY IMPACT ASSESSMENT FORM

#### SECTION 1:

|   |  |
|---|--|
| <b>Department</b>   | <b>Assessor:</b>   |
| <b>Policy/ Service Title:</b>   | <b>Date of Assessment:</b>   |
| 1. Describe the purpose of this policy or function  | <p>The Children's Cancer Measures 2009 requires the PTC (principal treatment centre) to have a range of policies in place to support the safe and effective delivery of chemotherapy from the perspective of patients, carers and staff.</p> <p>This policy has been in place for a number of years and has been reviewed and brought to Trust standard as part of the peer view process for cancer services.</p> <p>There is now new NICE clinical guidelines which recommend the definitions and choice of antibiotics now reflected in this policy.</p> |
| 2. Who is affected by this policy?  | Medical, nursing and pharmacy staff within the Haematology Oncology specialty at BCH and paediatric oncology shared care units.  |
| 3. What are the outcomes or intended outcomes of this policy/ function?                                   | <p>This policy will ensure that staff managing patients presenting with febrile neutropenia have available a clinical guideline for effectively managing such patients.</p> <p>Secondarily, compliance with Children's Cancer Measures 2009.</p>   |
| 4. What consultation has been undertaken during the development of this policy/function?                  | Oncology/ haematology clinicians and Shared care oncology clinicians consulted throughout developments.  |
| 5. What information or evidence has been used to assess the potential impact across the equality strands? | This policy will have no implications with respect to Equality Impact  |

**IMPACT**

1. What is the impact or likely impact, either positive or negative, of the initiative on individuals, staff, or the public at large?

2. Please complete the following list and identify if there is, or likely to be, an impact on a group

|   |   |   |
|---|---|---|
| a) Grounds of race, ethnicity, colour, nationality or national origins. | <del>Yes</del> <input type="checkbox"/> No <input type="checkbox"/> | Adverse? <input type="checkbox"/><br>Provide further details: |
| b) Grounds of sexuality or marital status                               | <del>Yes</del> <input type="checkbox"/> No <input type="checkbox"/> | Adverse? <input type="checkbox"/><br>Provide further details: |
| c) Grounds of gender  | <del>Yes</del> <input type="checkbox"/> No <input type="checkbox"/> | Adverse? <input type="checkbox"/><br>Provide further details: |
| d) Grounds of religion or belief  | <del>Yes</del> <input type="checkbox"/> No <input type="checkbox"/> | Adverse? <input type="checkbox"/><br>Provide further details: |
| e) Grounds of disability  | <del>Yes</del> <input type="checkbox"/> No <input type="checkbox"/> | Adverse? <input type="checkbox"/><br>Provide further details: |
| f) Grounds of age   | <del>Yes</del> <input type="checkbox"/> No <input type="checkbox"/> | Adverse? <input type="checkbox"/><br>Provide further details: |

**If you have stated that there is an adverse impact a Full Impact Assessment is Required. Complete Section 2.**



**SECTION 2:**

**Modifications**

1. If you stated that the policy/ function has or could have an adverse impact on any group, how could you modify it to reduce or eliminate any identified negative impacts?

2. If you make these modifications, would there be an impact on other groups, or on the ability of the policy to achieve its purpose?

**Consultation**

**Under the Race Relations (Amendment) Act 2000 you are required to consult on the impact of new policies, functions and service change.**

3. How do you plan to consult on these modifications?  
Specify who would be involved, timescales and methods.

**Decision Making**

1. Who will make the decision?

2. What is the decision?

- Reject the policy/ function
- Introduce the policy/ function
- Amend the policy/ function
- Other (Please explain)

| <b>Monitoring and Review</b>  |
|---|
| 1. How will the implementation of the policy/ function and its impact be monitored? |
| 2. What are the overall learning points from this assessment?                       |
| 3. What actions are recommended from this assessment?                               |
| 4. When is the review date?   |

For advice in respect of answering the above questions, please contact the Equality and Diversity Officer on Ext: 8611. A completed form must be returned with your procedural document.

Appendix E – Plan for Dissemination of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the Policy Review Group for consideration and approval.

|  |   |                                       |                 |
|--|---|---------------------------------------|-----------------|
| <b>Title of document:</b>  | Guideline for the prevention, recognition & management of children & young people with cancer & fever.                    |                                       |                 |
| <b>Date finalised:</b>   |   | <b>Dissemination lead:</b>            | Heather Petts   |
| <b>Previous document already being used?</b>                           | <b>Yes / No</b><br>(Please delete as appropriate)   | <b>Print name and contact details</b> |                 |
| <b>If yes, in what format and where?</b>                               | In specialty handbook and on oncology file on the Trust intranet  |                                       |                 |
| <b>Proposed action to retrieve out-of-date copies of the document:</b> | Out of date hardcopies will be removed. Out of date electronic copies will be archived on v drive with restricted access. |                                       |                 |
| <b>To be disseminated to:</b>  | <b>How will it be disseminated, who will do it and when?</b>  | <b>Paper or Electronic</b>            | <b>Comments</b> |
| Oncology / haematology medical staff                                   | Clinical Leads and Lead Cancer Nurse<br>April 2013  | E                                     |                 |
| Oncology nursing staff   | Lead Cancer Nurse,<br>April 2013  | E                                     |                 |
| POSCU lead clinician   | Lead Cancer Nurse,<br>April 2013  | E                                     |                 |
|  |   |                                       |                 |
|  |   |                                       |                 |
|  |   |                                       |                 |

**Dissemination Record – to be used once document is approved.**

|   |  |                                |  |
|---|--|--------------------------------|--|
| <b>Date put on register / library of procedural documents</b> |  | <b>Date due to be reviewed</b> |  |
|---|--|--------------------------------|--|

| <b>Disseminated to: (either directly or via meetings, etc)</b> | <b>Format (i.e. paper or electronic)</b> | <b>Date Disseminated</b> | <b>No. of Copies Sent</b> | <b>Contact Details / Comments</b> |
|--|--|--------------------------|---------------------------|-----------------------------------|
| Haem/ onc policies file  | E  | 21.3.13                  |                           | Heather Petts                     |
|  |  |                          |                           |                                   |
|  |  |                          |                           |                                   |

## Appendix F – Summary of Significant Changes to previous version of Policy

| Policy Title |         |   |  |
|--------------|---------|---|--|
| Version      | Date    | Author  | Comment (Identify any significant changes to the procedural document)  |
| 4.0.1        | 15.4.13 | Dr J Motwani /<br>Heather Petts<br>Lead Cancer<br>Nurse | <ul style="list-style-type: none"> <li>▪ Definition of neutropenia changed.</li> <li>▪ Antibiotics suggested changed.</li> <li>▪</li> <li>▪</li> <li>▪</li> <li>▪</li> <li>▪</li> <li>▪</li> <li>▪</li> <li>▪</li> </ul> |