Cautions

- Authored by REMM and RITN physicians, this set of orders is a prototype only.
- Orders must be customized for each patient and incident.
- Specific drugs are suggested for function only. Patients may not need any/every category of drug listed.
- No HHS, CDC, FDA, or other US government entity endorsement of specific drugs or drug doses is intended or implied by inclusion in this order set.
- Consult the notes at the end of this document for additional, key information.

Internal contamination (decoration treatments)

- This Adult and Pediatric Orders Prototype lists only FDA-approved medications as radioisotope countermeasures.
- Some, but not all of these drugs are currently in the Strategic National Stockpile.
- Prescribers should consult the FDA drug label for complete prescribing information.
- Decorporation drugs should be used in children with great caution.
- The online version of REMM has additional recommendations about additional countermeasure drugs that may be considered.
- This prototype does not address threshold levels of internal contamination that would trigger initiation, continuation, or discontinuation of decoration treatment. See REMM Countermeasures Caution and Comment, which discusses this issue.

Drug dosages

- All adult drug doses in this prototype are based on a 70 kg adult with normal renal and hepatic function.
- Appropriate dose adjustments should be made based on age, weight, drug-drug interactions, nutritional status, renal, and hepatic function.
- All pediatric drug doses should be prescribed as appropriate for age, weight, and any clinical issues, including allergies.

After a mass casualty incident, practitioners may encounter counterfeit drugs. This FDA website will provide information on avoiding and detecting counterfeit drugs and assist with reporting of suspected counterfeit medications.

If this order set, Version date 4/22/2015, has been printed for use offline, consult the online version of REMM to see if updates are available. http://www.remm.nlm.gov/adultorderform.htm
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1. Administrative information

Name: ____________________________________________

Unique Identifier: __________

Address: __________________________________________

Phone: ________________

Spoken language: __________

Unaccompanied minor: __________

Next of kin contact information: ________________________________

Special needs: ____________________________________________

2. Admit to:

__ Hospital ward ___________ Area_______________

__ Team: ________________ ICU_______________

__ Physician: ________________ Other ________________

3. Diagnoses

Acute Non-radiation Related Admission Diagnoses:

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________
Acute Radiation-related Admission Diagnoses

a. **Radiation contamination?**  Yes____  No____

   See REMM Body Chart (page 18) to record whole body radiation survey.
   
   __ External contamination with Isotope (Specify or unknown) ____________
   __ Internal contamination with Isotope (Specify or unknown) ____________
   __ Contamination suspected, Isotope uncertain

b. **Radiation Exposure / Acute Radiation Syndrome (ARS)?**

   Yes_____  No____
   
   • Estimated whole body dose from exposure_________(units of gray)
   
   • See also Item #23 for additional details

**Other potential complicating factors**

   __ Mass casualty incident
   
   __ Other, Specify __________________

**Specific populations potentially requiring more customized management?**

   Yes_____  No____
   
   __ Infant (〈 1 y)
   __ Child (1-16 y)  __ Age > 65 y
   __ Pregnant/Possibly pregnant  __ Immunosuppressed
   __ Other, Specify ___________________________________

   • See REMM page about At-Risk/Special Needs Populations
4. **Precautions:**

**Infectious**
- [ ] Contact
- [ ] Droplet
- [ ] Airborne
- [ ] Reverse Isolation/Neutropenic

**Radiation precautions**
- For persons with known or suspected *external or internal contamination*.
- Persons with *exposure* but NO *contamination* are NOT radioactive. Patients with exposure only do not need Radiation Precautions.

- **Precautions:** Single room, gown, mask, cap, boots, and gloves
- Use medical facility procedures for discarding all biological/physical/radioactive waste, including linens/towels/trash/personal protective equipment.
- Contact Radiation Safety Officer for additional instructions. Phone: _______________ Page: ____________
- Place Radiation Safety Sign on door if patient has internal or external radioactive contamination
- Notify pregnant staff that entry to room is prohibited if patient is/may be contaminated.
- Everyone entering room/area of contaminated patient must wear personal radiation dosimeter assigned by Radiation Safety.
- Use medical facility procedures for disposal of radiation waste, including linens/towels/trash/personal protective equipment.

- **See guidance**
  - [2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5615a1.htm) Healthcare Infection Control Practices Advisory Committee (HHS/CDC)
  - *Components of a Protective Environment* (HHS/CDC)

5. **Urgent consultations: specify**

- [ ] Pediatric Hematology/Oncology
- [ ] Adult Hematology / Oncology
- [ ] Transfusion Medicine
- [ ] Hematopoietic Stem Cell Transplantation
- [ ] Radiation Oncology
- [ ] Mental Health / Psychiatry
- [ ] Endocrinology
- [ ] Ophthalmology
- [ ] Pain Service
- [ ] Dermatology / Plastic Surgery
- [ ] Gastroenterology
- [ ] Radiation Safety
- [ ] Burn Therapy
- [ ] Other ____________________
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6. Condition:

    __ Good    __ Fair        __ Stable      __ Guarded        __ Critical

7. Vital Signs:

    __ q 2 hours X 4                    __ Ward routine
    __ q 4 hours X 4

    Notify physician for:
    Temperature    ____> 38 ºC ____ Other: ___________
    SBP: ______> 180, <100 ____ Other: ___________
    DBP: ______> 100  < 50    ____ Other: ___________
    HR:    _____>100    <50 ____ Other: ___________
    RR:    ______  >30<8 ____ Other: ___________
    O₂ saturation:  _____< 92% ____ Other: ___________

8. Allergies:

    __ No Known Drug Allergies (NKDA)
    __ Allergies (drugs, foods)
        If yes, specify: ______________________________________

9. Activity:

    __ Bed rest     __ Bathroom privileges
    __ Out of bed every ___ hrs.                 __ Ambulate as tolerated
    __ Confine to room

10. Diet:

    __ Regular Diet   __ Liquids (full, clear)       __ NPO
    __ Advance as tolerated
    __ Neutropenic diet
    __ Special dietary needs/requests: ______________________________

11. Height, weight:

    Height: ____ feet ____ inches     or  ____ cm
    Weight: ____ lbs. ____ oz.  or   ____ Kg

    Repeat body weight:
    q _____ hours                 q _____ days
12. Age:
Months (if <3 years) _____            Years _____

13. IV fluid management:
   __ IV Fluids: ______ @ _____ cc/hr, with additive ______
   __ IV Fluids: ______ @ _____ cc/hr, with additive ______

14. __ Foley catheter management (specify) _____________
   __ Use radiation precautions for urine and feces for patients with internal
     radiation contamination.

15. __ Monitor I / O
   Frequency ____________
   __ Use radiation precautions for urine and feces for patients with internal
     radiation contamination.

16. Deep Venous Thrombosis (DVT) prophylaxis:
   __ TED hose to Bilateral Lower-Extremities
   __ Sequential Compression Devices (SCD)
   __ Anticoagulation regimen ________________________________
   __ Other
   
   **Note:** The potential benefit of anticoagulation (e.g. heparin) should be
   balanced against the risk of excessive bleeding in patients with severe
   thrombocytopenia or significant gastrointestinal toxicity.

17. Respiratory Therapy:
   __ Use radiation precautions for personnel, equipment, and waste if
     patient has internal radiation contamination.
   __ Room air     __ Chest tube care (Specify)___________
   __ Titrate oxygen supplementation for Oxygen saturation > ____%
   __ Nebulizer treatment (Specify) ________________________

18. Wound care: (see also item 25)
   __ Decontaminate external wounds if there is external contamination.
     See REMM contaminated wound care recommendations.
__ Sterile dressing to wounds daily

__ Monitor waste

__ Use medical facility procedures for discarding biological/radioactive/physical waste and linens/towels/trash/personal protective equipment.

__ Radiation precautions (needed if patient has radiation contamination)

__ Silvadene (Silver Sulfadiazine)\(^2\) cream topically to burns

__ Bacitracin topically to burns

__ Other wound management per Burn team/Dermatology/Surgery:
  Pager ____________  Phone ________________________

19. Orthopedic care:

__ Splint/brace/cast

__ Other orthopedic management procedure per orthopedics:
  Pager ____________  Phone ________________________

20. Admission studies: Labs, Imaging

Labs

__ CBC w/differential

__ Comprehensive Metabolic Panel (CMP) / Chem 14

__ Cardiac enzymes

__ PT / PTT

__ Urinalysis

__ Urine culture

__ Blood culture

__ Urine HCG

__ Serum HCG

__ Thyroid Function Tests (Specify) ____________

Serologies:

__ Herpes Simplex Virus type 1 (HSV-1)
__ Herpes Simplex Virus type 2 (HSV-2)
__ Cytomegalovirus (CMV)
__ Varicella-zoster virus (VZV)
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Imaging
__ Chest x-ray ______ PA/Lateral _________ Portable
__ Other imaging studies Specify: ______________________________

21. Standing labs / studies
__ CBC w/diff q ___ hours, x ___ days,
   Followed by q ___ until further orders
__ Comprehensive Metabolic Panel (CMP) / Chem 14
   Followed by q ___ hours, x ___ days
   Followed by q ___ until further orders

22. Electrocardiogram
__ Electrocardiogram
__ STAT Electrocardiogram for chest pain, notify physician

23. Radiation Dose Assessment
A. Biodosimetry and Bioassay assays
   • Difference between Biodosimetry and Bioassay
   • Define biodosimetry
   • More about biodosimetry
   • Dicentric chromosome assay

B. Biodosimetry assays for radiation exposure
   • See REMM information on
     ▪ Dose Estimator for Exposure: 3 biodosimetry tools
     ▪ Dose Reconstruction
   • Estimated whole body dose from exposure: _____ (Gray)
     • Using which tool(s) __________________________
       e.g., vomiting, lymphocyte depletion kinetics, dicentric chromosome assay
     • Note: if different assays give different results
   • METREPOL Scores: Heme___ GI___ Neuro____Cutaneous____
   • Response Category (RC score) __________
     Explain METREPOL
     Consider Response Category in clinical triage (Interactive tool for ARS)
   • Date of exposure: ______________
   • Time of exposure: ______________
   • Location of patient at time of exposure:______________
   • Estimated whole body/partial body dose, specify _______ (dose)
   • Dose unknown: _______
Dicentric Chromosome Assay Instructions:
- Draw extra green top tube and provide: date ________   time _______
- See REMM for location of approved US laboratories that perform this test.
- Send this tube **ON ICE** for outside lab study
  - To the attention of: _____________________________________
  - Name of lab:_____________________________________
  - Address of lab:____________________________________

C. Radiation bioassay for evaluating/managing internal decontamination
- Collect ≥ 70 mL Spot urine for ____________(name of radioactive isotope)

Note: Consult senior radiation event medical managers for name and location of other laboratories that may be available to perform this test in a mass casualty incident. Routine labs generally cannot perform this test.

24. Blood bank
   - __ Type and cross match
   - __ Type and screen
   - For ____ units of packed red blood cells
   - For ____ units of platelets

Note:
- Use only leukoreduced AND irradiated products, if available, unless it is known with certainty that the patient was exposed to a low dose of radiation, e.g. less than 100 cGy.
- If radiation whole body dose is not known with certainty, leukoreduced AND irradiated products are preferred, if available.
- See REMM blood use page for additional information.

25. General Medications¹:

- Suggested dose ranges for pediatric patients (PEDS) are included for some but not all drugs.
- Drug names are generally listed as follows Generic (Brand) names
- Some drugs with **bold blue font** have DailyMed hyperlinks with additional information.

For gastric acid suppression:

- __ Lansoprazole (Prevacid)² 15-30 mg PO daily
  - PEDS: 1 mg/kg, max 30 mg/dose.
  - Dose: ______
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For radiation-induced nausea & vomiting:

**Ondansetron (Zofran)**\(^2\)
4 mg IV q 8h PRN nausea/ emesis  
PEDS: 0.15 mg/kg, max 8 mg, IV/PO Q 8hrs PRN.  
Dose: ______

**Lorazepam (Ativan)**\(^2\)
0.5 mg – 1 mg PO q 6-8h PRN  
PEDS: 0.03 mg/kg IV/PO Q 6 hrs PRN.  
Dose: ______

**Prochlorperazine**\(^2\)
10 mg PO/IM/IV q 6-8h PRN  
anxiety/insomnia/breakthrough nausea

See ASCO antiemetic guidelines for adults\(^3\):


See New England Journal of Medicine June 5, 2008 article:  
Chemotherapy induced nausea and vomiting\(^3\)

- See National Comprehensive Cancer Network (NCCN) Antiemetic Guideline for Adults:  
  *Antiemesis, National Comprehensive Cancer Network (NCCN): Clinical Practice Guidelines on Oncology: Antiemesis 2012* (requires registration). See section entitled "NCCN Guidelines for Supportive Care".\(^3\)

For fever:

**Acetaminophen**\(^2\)
650 mg PO q 6 – 8h PRN temperature> 38 °C  
PEDS: 15 mg/kg, max 650 mg PO Q 6 hrs PRN.  
(Tylenol)  
Dose: ______

For diarrhea:

**Loperamide hydrochloride (Imodium)**\(^2\):  
- Recommended initial dose is 4 mg (2 capsules) followed by 2 mg (1 capsule) after each unformed stool.  
- Daily dose should not exceed 16 mg (8 capsules)

For rash:

- Topical sterile dressing
- **Diphenhydramine hydrochloride (Benadryl)**\(^2\)
25-50 mg PO q 4-6 hours for pruritis, not to exceed 300 mg/24 hours  
PEDS: 1 mg/kg, max 50 mg IV/PO Q 6 hrs PRN.  
Dose ______
For pain:

___ Morphine sulphate\(^2\) ___ mg ____ route ____ frequency

PEDS: 0.05-0.1 mg/kg IV Q 2 hrs PRN; 0.2-0.5 mg/kg PO Q 4 hrs PRN.
Dose ______

For skin burns: (see also item 18: wound care)

Burn topical regimen __________________________________________
Replace body fluid _____________________________________________
Other burn therapy ____________________________________________

For oral mucositis:

Mouth care regimen __________________________________________

26. Radioisotope decorporation or blocking agents:

- Note: Only FDA approved radiation countermeasures are listed in table below.
- See REMM Radiation Countermeasures for Treatment of Internal Contamination table for longer list of countermeasures which have been recommended by some experts but are not FDA approved as radiation countermeasures.

<table>
<thead>
<tr>
<th>Medical Countermeasure</th>
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<th>Route of Administration</th>
<th>Dosage</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Ca-DTPA (^2,4) Zn-DTPA (^2,4)</td>
<td>Americium (Am-241) (^2)</td>
<td>IV(^2): Give once daily as a bolus or as a single infusion, i.e., do not fractionate the dose.</td>
<td>IV: 1 g in 5 cc 5% dextrose in water (D5W) or 0.9% sodium chloride (normal saline, NS) slow IV push over 3-4 minutes OR 1 g in 100-250 cc D5W or NS as an infusion over 30 minutes</td>
<td>Ca-DTPA for the first dose Give Zn-DTPA for any follow-up doses (i.e., maintenance as indicated) Duration of therapy depends on total body burden and response to treatment</td>
</tr>
<tr>
<td>See REMM’s DTPA information.</td>
<td>Californium (Cf—252) (^3)</td>
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<tr>
<td>See FDA’s Zn-DTPA drug label.</td>
<td>Cobalt (Co-60) (^3)</td>
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<td></td>
</tr>
<tr>
<td>See FDA’s Ca-DTPA drug label.</td>
<td>Curium (Cm-244) (^2)</td>
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<tr>
<td></td>
<td>Plutonium (Pu-238 and Pu-239) (^2)</td>
<td>Nebulized inhalation(^2): DTPA is FDA-approved for nebulized inhalation in adults only, and if</td>
<td></td>
<td></td>
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</tbody>
</table>
## Prototype for Adult and Pediatric Medical Orders During a Radiation Incident

**Medical Countermeasure** | **Administered for** | **Route of Administration** | **Dosage** | **Duration**
--- | --- | --- | --- | ---

| Potassium iodide<sup>2</sup> | Iodine (I-131) | PO | Adults >40 years: 130 mg/day (for projected thyroid dose ≥ 500 cGy) |  |
| | | | Adults 18-40 years: 130 mg/day (for projected thyroid dose ≥ 10 cGy) |  |
| | | | Pregnant or lactating women of any age: 130 mg/day (for projected thyroid dose ≥ 5 cGy) |  |
| | | | **PEDS:** 3-18 yrs: 65 mg/d 1 month – 3 yrs: 32.5 mg/d Birth-1 month: 16 mg/d |  |

- Some incident will require only a single dose of KI.
- Incident managers may recommend additional doses if ongoing radioactive iodine ingestion or inhalation represents a continuing threat.
- See also: [Potassium Iodide (KI): Duration of Therapy](#).
## Prototype for Adult and Pediatric Medical Orders During a Radiation Incident

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<th>Administered for</th>
<th>Route of Administration</th>
<th>Dosage</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prussian blue, insoluble</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Cesium (Cs-137)</td>
<td><strong>PO</strong></td>
<td>Adults: 3 g PO tid (see FDA package insert) OR 1 - 3 g PO tid with 100-200 mL water, up to 10-12 g/day (based on Goiânia accident data) <strong>PEDS:</strong> &gt;12 yrs: 1 - 3 g po TID; 2-12 yrs: 1 gm TID</td>
<td>• Minimum 30 days course per FDA • Obtain bioassay and whole body counting to assess treatment of efficacy • Duration of therapy depends on total body burden and response to treatment</td>
</tr>
<tr>
<td></td>
<td>Thallium (Tl-201)</td>
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</tbody>
</table>

See REMM’s Prussian Blue summary information.

See FDA’s Prussian Blue drug label.

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27. Neutropenia therapy, if indicated\textsuperscript{1, 5}:

**Neutropenia definition:**
a total count of neutrophils + bands in the peripheral blood <1,000 /µL

- Although the 3 drugs listed below are FDA-approved for the treatment of chemotherapy induced neutropenia, none is approved either for radiation-induced neutropenia or as prophylactic treatment prior to the onset of neutropenia.
- See additional REMM information on Myeloid Cytokines (Growth Factors, Colony-stimulating Factors) for Radiation-induced Myelosuppression.
- In a mass casualty radiation event, use of these drugs would be off-label or require a formal Emergency Use Authorization.

![Myeloid Cytokines](https://example.com/myeloid_cytokines)

<table>
<thead>
<tr>
<th>Cytokine\textsuperscript{3}</th>
<th>Adult dose</th>
</tr>
</thead>
</table>
| G-CSF or filgrastim\textsuperscript{5} (Neupogen®) | • Subcutaneous administration  
• 10 mcg/kg/day via single daily injection in adults and children  
• Continue until absolute neutrophil count remains greater than 1,000/mm\textsuperscript{3} (= 1.0 x 10\textsuperscript{9} cells/L) for 3 consecutive (daily) CBCs or exceeds 10,000/mm\textsuperscript{3} (= 10 x 10\textsuperscript{9} cells/L) after a radiation-induced nadir.  
• Of the 3 myeloid cytokines listed on this page, **only Neupogen® is FDA-approved for treatment of radiation-induced myelosuppression**. |
| Pegylated G-CSF or pegfilgrastim\textsuperscript{3} (Neulasta) | • 1 subcutaneous dose, 6 mg  
• Consider second 6 mg dose 7 or more days after initial dose, if significant neutropenia persists |
| GM-CSF or sargramostim\textsuperscript{3} (Leukine) | • Subcutaneous administration  
• 250 mcg/m\textsuperscript{2}/day  
• Continued until absolute neutrophil count > 1,000/mm\textsuperscript{3} (= 1.0 x 10\textsuperscript{9} cells/L) |

See Clinical Practice Guidelines for Myeloid Cytokines

For Antimicrobial prophylaxis with neutropenia:1

- For patients with neutropenia who have NOT HAD NEUTROPENIC FEVER.
- Use as appropriate for each patient.
- Drugs listed are examples only.

**Anti-bacterial prophylaxis:**

- **Levofloxacin** *(Levaquin)* \(^2\) 500 mg PO/IV daily  
  PEDS: 16 mg/kg/day divided q12H NOT TO EXCEED ADULT DOSE  
  Dose: __________

**Anti-viral prophylaxis (neutropenia without fever)**

- **Acyclovir** *(Zovirax)* \(^2\) 400 mg PO q12h, or  
- **Acyclovir** *(Zovirax)* \(^2\) 250 mg/m\(^2\) IV q12h  
  PEDS: 250 mg/m\(^2\) IV bid or 10 mg/kg IV bid  
  Dose: __________

**Anti-fungal prophylaxis (neutropenia without fever)**

- **Fluconazole** *(Diflucan)* \(^2\) 400 mg PO/IV daily – beginning when absolute neutrophil Count (ANC) becomes < 1000  
  PEDS: 5 mg/kg PO/IV daily, max 400 mg daily  
  Dose: __________

  or

- **Posaconazole** *(Noxafil)* \(^2\) 200 mg PO tid with food – beginning when absolute Neutrophil Count (ANC) becomes < 1000

For treatment of neutropenia AND fever(defined as T>38 °C while neutropenic):1

**Anti-microbial work-up and therapy**
__ Blood cultures __ Urinalysis w/culture

__ Sputum culture + sensitivity __ Chest x-ray

__ Cefepime (Maxipime)$^2$ 2gm IV q 8h  
PEDS: 50 mg/kg, max 2000 mg IV Q8h  
Dose: ______

__ Vancomycin (Vancocin)$^3$ 1gm IV q 12h –  
Consider if: suspected catheter-related infection, skin or soft tissue infection, 
pneumonia or hemodynamic instability.  
Consider trough level before 4th dose  
PEDS: 15 mg/kg IV Q8h  
Dose: _____

**Antifungal therapy**  
Consider one of the following$^1$ if: fever >72 hours on antibacterial therapy, 
evidence of fungal infection or hemodynamic instability.

__ Voriconazole (Vfend)$^3$ 6mg/kg IV q12h for two doses, then 4 mg/kg IV q12h  
PEDS: 15 mg/kg IV Q8h  
Dose: ______

__ Caspofungin (Cancidas)$^2$ 70 mg IV once then 50 mg IV daily  
PEDS: 70 mg/m2 IV once, then 50 mg/m2 IV daily  
(max dose 70 mg once then 50 mg daily)  
Dose: ___

__ Liposomal amphotericin B (Ambisome)$^2$ 3 mg/kg/day IV over 1-4h  
PEDS: same dose  
Dose: ___

__ Amphotericin B lipid complex (Abelcet)$^2$ 3 mg/kg/day IV over 1-4h  
PEDS: same dose  
Dose: ___

See **Fever and Neutropenia Guidelines with cancer**

**NOTES**

1. Suggested drugs are listed as representatives of a functional class, and no specific 
medication endorsement is implied. Dosages are based on a 70 kg adult with normal 
baseline renal and hepatic function. Appropriate dosage adjustments should be made 
based on age, weight, drug-drug interactions, nutritional status, renal and hepatic 
function, and any other patient-specific characteristics that may apply.
2. FDA approved for this indication

3. This drug is **not** approved by the FDA for radiation-induced myelosuppression. If used, this would be an "off-label use", and physician discretion is strongly advised. Only Neupogen® is approved for this indication.

4. Ca-DTPA and Zn-DTPA have not been approved by FDA for treating internal contamination with californium, thorium, and yttrium. For initial treatment, Ca-DTPA is recommended, if available, within the first 24 hours after internal contamination. Zn-DTPA is preferred for maintenance after the first 24 hours, if available, due to safety concerns associated with prolonged use of Ca-DTPA.

5. FDA recommendations on how and when to consider Neupogen® to treat myelosuppression from radiation exposure

- The recommended dose of Neupogen® is 10 mcg/kg as a single daily subcutaneous injection for adult and pediatric patients exposed to myelosuppressive doses of radiation.
- Administer Neupogen® as soon as possible after suspected or confirmed exposure to radiation doses greater than 2 gray (Gy).
- Estimate a patient's absorbed radiation dose based on
  - Information from public health authorities (e.g., dose reconstruction)
  - Biodosimetry, if available
  - Clinical findings such as time to onset of vomiting or lymphocyte depletion kinetics.
- Obtain a baseline complete blood count (CBC) and then serial CBCs approximately every third day until the absolute neutrophil count (ANC) remains greater than 1,000/mm³ (= 1.0 x 10⁹ cells/L) for 3 consecutive CBCs. (REMM Note: More frequent CBCs, including daily CBCs, are likely to be ordered if laboratory resources permit.)
  - **Do not delay administration of Neupogen® if a CBC is not readily available.**
  - Continue administration of Neupogen® until the absolute neutrophil count (ANC) remains
    - Greater than 1,000/mm³ (= 1.0 x 10⁹ cells/L) for 3 consecutive CBCs or
    - Exceeds 10,000/mm³ (= 10 x 10⁹ cells/L) after a radiation-induced nadir
  - **REMM Note:** CBCs with the target ANC level on 3 consecutive days is also acceptable as a stopping point for drug administration.
Body Chart for Recording Results of Radiation Survey