

# Antimicrobial stewardship in high-risk febrile neutropenia (FN) patients

Recent ECIL 4 guidelines recommend antibiotic discontinuation in FN cases after:

- 3 days in non severe PUO
- 2 days regardless of the ANC in afebrile patients

**Type of study:** A longitudinal pre and post-intervention study in a hematology unit evaluating the above plus antibiotic discontinuation at day 7 and 4 days of afebrile in those with proven infection in FN patients.

*(please refer to the paper for the full interventions)*

## Demographics

N = 312

	<u>PRE</u> (164)	<u>POST</u> (148)
Age (yo)	60.4	65.2
Female	78%	65%
CCI	2 (2-4)	2 (2-6)
Myeloma	37	45
AML	31	32
Aggressive lymphoma	28	26

*CCI = Charlson comorbidity index*

Reduced glycopeptide and carbapenem consumption in the post-intervention period.

## NO difference in

Length of stay:

9 vs. 13 days ( $p = 0.06$ )

In-hospital mortality rates:

5.1% vs. 3.7% ( $p = 0.59$ )



## Take home message

Implementation of a de-escalation and discontinuation strategy for patients with high-risk FN was shown to be: **feasible, safe,** and led to a **significant decrease in glycopeptide and carbapenem consumption** at the scale of an intensive hematology unit

