Expediting Emergency Care of Febrile Neutropenia Patients
Ann Kelley, BSN, RN
Methodist Hospital
Hannah Sowell, Carole Elledge, Mary Krivoy, Jill MacPherson, Carlos Bachier, Fred LeMaistre, Sarah Cannon, Paul J. Shaughnessy, Roberta Tremper

Problem: Patients with febrile neutropenia (FN) are referred to the emergency department (ED) for rapid administration of antibiotics and admission. Due to ED overcrowding and competing demands, these patients were not receiving antibiotics timely, increasing their risk of developing sepsis and other complications.

Evidence: Outpatient oncology patients who develop a fever need rapid intervention to prevent complications. Emergency departments can affect outcomes by developing processes to expedite care for these patients.

Strategy: Emergency department collaboration with the oncology department, as well as ED nurses’ rapid assessment and intervention skills can be utilized to quickly identify FN patients presenting to the ED and start treatment as soon as possible, using an appropriate protocol.

Practice Change: A multi-disciplinary group developed a program to help FN patients quickly self-identify and an order set to expedite care. ED physicians and nurses were provided with education on identifying patients and initiating the order set. Process changes implemented include audible paging of patient arrival, implanted port access kits, and increased caregiver teamwork upon patient arrival in order to expedite care.

Evaluation: Time from arrival to administration of antibiotic was measured. The goal for this time interval was 60 minutes.

Results: The time interval between arrival to the ED and administration of antibiotic has decreased from an average of 2 hours to an average of 70 minutes. The percentage of patients receiving antibiotics within 60 minutes has increased from 10% to 45%.

Recommendations: This process is currently being adopted by all emergency departments in our system. Emergency departments, especially those in hospitals with an active oncology program, should review and improve their own processes in order to reduce the time-to-antibiotic for FN patients.

Lessons Learned: ED staff must have strong understanding of program rationale, FN patients must be triaged into the department immediately and the order set used without fail.
Bibliography:
