Haematology and Oncology Unit Royal Hospital for Children, Glasgow



Appendix E: Low Risk Febrile Neutropenia Home observation chart

Low-risk FN program – Home observation chart Version 3. Date: 30,,03,2020 Write patient details or affix patient label Given names ... Unit number ... Date of birth ... Surname

Low-risk febrile neutropenia

Assessment form

Home observation and assessment chart: to be completed by patient and CNS	oleted by pat	ient and CNS			
Intervention /assessment	Day 1	Day 2	Day 3	Day 4	Day 5
	Date	Date	Date	Date	Date
Patient/carer to complete					
Temperature:	1. Time	1. Time	1. Time	1. Time	1. Time
Recorded 4-6 hourly during waking hours	Temp	Temp	Temp	Temp	Temp
	2. Time	2. Time	2. Time	2. Time	2. Time
	Temp	Temp	Temp	Temp	Temp
	3. Time	3. Time	3. Time	3. Time	3. Time
	Temp	Temp	Temp	Temp	Temp
	4. Time	4. Time	4. Time	4. Time	4. Time
	Temp	Temp	Temp	Temp	Temp
	5. Time	5. Time	5. Time	5. Time	5. Time
	Temp	Temp	Temp	Temp	Temp
	6. Time	6. Time	6. Time	6. Time	6. Time
	Temp	Temp	Temp	Temp	Temp
CNS to complete					
Blood culture results					

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Document any issues identified (these must be discussed with CNS nurse co-ordinator and/or treating team)

CNS nurse to complete										
	Day 1	y 1	Da	Day 2	вQ	Day 3	вQ	Day 4	Da	Day 5
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Is Patient alert and orientated										
Any overnight chills or shakes										
Tolerating normal diet without vomiting	_	_								_
Any reported concerns over dehydration										
Is child passing normal amounts of urine in the last 24 hours										
Normal bowel patterns with no diarrhoea over previous 24 hours										
Patient & carer understand reasons to trigger contact with hospital personnel										
CNS nurse signature										
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