



Conference Abstract

Experiences and barriers to implementing the Low-Risk Febrile Neutropenia Pathway in a busy District General Hospital

Miles, G.¹, Viswanathan, V.¹, Burman, A.¹, Tolan, S.¹, Nair, R.¹

Accepted for publication: March 2026 in Volume 7, London Paediatrics

Objectives

1. To assess awareness of the local Low-Risk Febrile Neutropenia pathway.
2. To understand how staff can be supported to feel safer and more comfortable using homecare protocols.
3. To assess parental perception of the pathway according to staff members.

Background

While Febrile Neutropenia (FN) remains a medical emergency requiring rapid hospital assessment, advancements in supportive care mean that clinically significant infections are now rare. Accurately identifying low-risk FN patients can safely reduce duration of hospital stays and exposure to IV antibiotics and nosocomial infections, benefitting patients, families, and hospital capacity.

The Children's Cancer and Leukaemia Group recommends an Australian-UK-Swiss (AUS) based homecare protocol, which has been demonstrated to safely identify children with low-risk FN and forms the basis of trust's policy.^{1,2} This service evaluation aimed to highlight barriers to implementing this protocol.

Methods

A 21-set questionnaire (divided into two surveys) was sent to all resident doctors, consultants, and nurses in paediatrics.

Survey questions assessed job role; experience in paediatric oncology; awareness of FN risk stratification; and criteria for homecare and follow-up. Likert scales and free-text were used to assess staff confidence and experience, feedback on parental views of the pathway and recommendations for improvement.

Results

43 responses were received (5% consultants, 86% resident doctors and 9% nurses).

Awareness:

81% of respondents were aware of the low-risk FN pathway and most (63%) knew the definition of febrile neutropenia. The majority (86.6%) could not recall the components of the AUS-score but most (62%) knew where to find the information.

Confidence:

Despite knowledge of the protocol, few respondents (35%) reported feeling confident and safe using the pathway, with only 28% participants having recently managed an FN patient.

Homecare and Discharge:

28.5% of participants were confident in arranging discharge follow-up and 54.5% were aware of the homecare eligibility checklist. Only 20% knew the correct information for the homecare assessment form.

Experience:

Responses suggested parents and carers are receptive to the homecare pathway and are often 'thrilled to not have to stay in hospital'. Staff requested a teaching session to enhance their knowledge of the protocol.

Conclusion

While most respondents were aware the pathway exists, our survey demonstrates that many participants have little experience and confidence in using the pathway. In contrast, staff report parents/carers are supportive of the homecare protocol. As a result, the next steps are to empower staff to feel knowledgeable, confident and safe in using the homecare protocol with accessible teaching sessions.

References

1. Children's Cancer and Leukaemia Group. Managing febrile neutropenia in the UK in 2020 Proposed New Management Pathway. [Internet]. England: CCLG; Accessed January 2025. Available from: https://www.cclg.org.uk/write/MediaUploads/Member%20area/COVID19/2020_CCLG_FN_program_-_Guidance-Protocol_FINAL.pdf
2. Jackson TJ, Napper R, Haeusler GM, et al. Can I go home now? The safety and efficacy of a new UK paediatric febrile neutropenia protocol for risk stratification. *Archives of Disease in Childhood*. 2023;108(3):192–197

Corresponding Author: Georgina Miles
Email Address: georgina.miles1@nhs.net

1. North Middlesex Hospital, Royal Free London NHS Foundation Trust London, UK

To subscribe to London Paediatrics: <https://tinyurl.com/45dchzp>
Article submissions and author instructions: <https://tinyurl.com/ye5mdymut>