Febrile syndromes

INFECTION	MOST LIKELY ORGANIMS	THERAPY CATEGORY	ANTIMICROBIALS	COMMENTS
FEBRILE NEUTROPENIA	**Gram positives:** CoNS (coagulase-negative staphylococci) Strep *viridans* Staph *aureus* **Gram negatives:** Enterobacteriales *Pseudomonas* spp *Acinetobacter* spp	First line	*Refer to the "Montreal Children's Hospital Protocol for Febrile Neutropenia in Pediatric Cancer Patients".*	
		Penicillin allergy		
TOXIC SHOCK SYNDROME • community-acquired	Staph *aureus* Group A strep *Clostridium sordelii*	First line	**Cefazolin 100 mg/kg/DAY IV DIVIDED q8h** (max. 2g/dose) **AND** **Vancomycin* 15 mg/kg/dose IV q6h**** **AND** **Clindamycin 40 mg/kg/DAY IV DIVIDED q8h** (max. 900 mg/dose) **If differentiation between toxic and septic shock is difficult, replace cefazolin by:** **Ceftriaxone 50 mg/kg/dose iv q24h** (max. 2 g/dose)	*Vancomycin is added until MRSA ruled out. Send nasal and throat (or perianal) MRSA screens. Consider IVIG. ** Refer to the Guidelines for the prescription and the therapeutic drug monitoring of vancomycin at the Montreal Children's Hospital
		Penicillin allergy	Same	

REFERENCES:

Empiric Antimicrobial Therapy Guide: Version 9, June 2025