

SUMMARY

Our retrospective analysis of inpatient notes was carried out to identify diagnosis, treatment, neutrophilic count at time of infection, antibiotic therapy and clinical outcome.

We had 39 patients laboratory proven febrile neutropenic patients. In a period of 12 months from the day 1 of operation in CCHE 57357 till 7th of July 2008.

27 of this patients were male while 12 were female.

17 of them lived in rural area while 12 where from urban and 10 were from semi urban.

17 patients were originally diagnosis as ALL, 15 were AML and 7 were NHL.

Klebsiella and Pseudomonas were the most cultured organisms of all gram negative although the Enterobacter was the highest in mortality as 50% of the cultured patients died followed by E-coli with 33.3%.

We found out that 56.4% of our patients were post receiving high dose ARAC then next comes VCR+DOX with 25.6%, and that 75% of the mortalities were post ARAC

100% of the dead patients needed ICU admission while just 16% of the alive patients needed that. From whom who needed admission only 29.6% of them were males while 41.7 were females.

All patients who needed ICU admission had neutropenic period more than 15 days and needed line change in treatment and finally 84.6% were still febrile at day 7 of treatment.

ALL disease came in the first rank of PICU admission by 53.8%, while NHL came last with only 7.7%.

We find the Klebsiella come in the first place in organisms resulting in ICU admission 38.5% followed by E-coli 30.8% then Pseudomonas 23.1%.

Diarrhea was accompanied symptom of 92.3% of all the admitted patients to the PICU.

One of the critical factors which appeared through out our analysis was the duration of neutropenia and if fever is still on day 7 from the initiation of antibiotic therapy where we found that 25.8% of surviving patients were still febrile and neutropenic at day 7 while 100% of all the mortality were feverish and neutropinc at day 7.