

**Santolaya 1994**

<b>Clinical features and settings</b>	Children admitted for treatment of malignancy at a single hospital between 1991 and 1992 were eligible. Children with fever (>38°C on 2 occasions within 24 hours) and neutropenia (ANC < 0.5 X10 <sup>9</sup> /l) were included in the study.
<b>Participants</b>	200 children were admitted for treatment: there were 85 FN episodes in 75 children. 85% of the children had haematological malignancy. Bacterial infection was documented in 24/85 episodes, clinically documented infection in 31/85 and in 30/85 there was either viral infection or no infection.
<b>Study design</b>	Observational study, consecutive sample. Chile
<b>Target condition and reference standard(s)</b>	Documented bacterial infection: one blood culture positive for a well recognized pathogen, or two blood cultures positive for an opportunistic pathogen, or positive cultures from a clinically relevant focus (urine or skin).  Clinically documented infection: a severe clinical course or findings indicative of bacterial infection, in the absence of positive cultures.
<b>Index and comparator tests</b>	CRP, threshold 40 mg/l (10 mg/l was considered normal).
<b>Follow-up</b>	Tests were first done before the first dose of antibiotic was administered (day 1). Patients were monitored on a daily basis - blood was also drawn for tests on days 2,3, 5 and 7.
<b>Notes</b>	Standard deviations of CRP measured from the graph (figure 1 in the paper). The error bars on the figures are standard error of the mean - not standard deviation as reported in the text.