Infections are a primary cause of death in patients with chronic lymphocytic leukemia (CLL). Such individuals are particularly susceptible to infectious complications stemming from immune deficits associated with the primary disease process and with immunosuppression secondary to treatment. Although the recent availability of new treatment modalities and more aggressive therapies are improving outcomes for patients with CLL, standardized approaches are needed so that nurses can monitor for and manage infections. The aim is overall reduction in morbidity and mortality, as well as improvement in quality of life. The current pharmacologic therapies for CLL are alkylating agents, purine nucleoside analogs, monoclonal antibodies, and combinations of those therapies, which may present their own unique risks for and different spectra of infectious events. This article provides an overview of the known risks for developing infections in CLL, as well as nursing guidelines for monitoring and managing patients with CLL.

**At a Glance**

- Patients with chronic lymphocytic leukemia (CLL) are susceptible to infectious complications caused by immune deficits associated with the primary disease process and immunosuppression secondary to treatment.
- Infectious complications remain a primary cause of morbidity and mortality in patients with CLL; nursing assessments and real-time patient management are essential to decreasing infection-related morbidity and mortality.
- Nurses play a key role in providing patient and caregiver education and in facilitating patient adherence to anti-infective treatments to minimize infectious complications.

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