Ambulatory Care Shared Governance Pediatric Temperature Taking EBQI Project

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Background

Ambulatory Care Nurses raised questions about the most accurate methods for pediatric temperature taking (e.g., oral, rectal, tympanic, and temporal temperatures):

- What is the most accurate route?
- Can less invasive routes be used for non-fever related visits?
- Is a core (rectal) temperature required for well child visits?

Clinical Question

What is the best route for pediatric temperature taking in an Ambulatory Care setting (by age group) for a well child exam, illness, or injury visit?

Approach

- Iowa Model Revised¹ was used by an Ambulatory Care Shared Governance subcommittee to look into this issue.
- Team members reviewed current AAH policies and procedures.
- Ambulatory Care RNs and MAs (N=598) completed an electronic survey via Survey Monkey to determine current practices and equipment used for temperature taking.
- A literature search was conducted by the AAH librarian and review conducted by a AAH nurse scientist.

Staff Survey Findings (N=598)

- Lippincott² procedures did not include route recommendations based upon age or reason for visit.
- A literature search revealed 16 articles for review.
- The literature review indicated rectal temperatures take time, can be inaccurate, may cause injury and are distressing to parents and children.³
- The American Academy of Pediatrics⁴ and Society of Pediatric Nurses⁵ indicate the temporal route is reliable for screening <3 months and recommend a core body temperature (rectal) for infants <3 months.
- Screening temperatures are indicated when a core temperature is not required.⁶
- The recommendations do not require a core body temperature for well child visits or injury with no suspected fever visits.⁷⁻⁸
- Not all routes are equal to measure core body temperature. Temporal and tympanic routes are comparable.⁹ Majority of staff use route based upon presentation.
- The least reliable method is the axillary route.⁸
- Not all clinics have the equipment required for temporal and tympanic temperature taking (survey finding).
- Not all team members were trained in the proper use of all routes (survey finding).

Recommendations for Practice Change

- Proper technique must be used for all modes to ensure an accurate temperature.
- Ideal temperature-measurement technique should be safe, easy, noninvasive, cost effective, and time efficient, and should precisely reflect core body temperature.
- A distinction should be made between the need for a core body temperature (rectal) and a screening temperature.
- A screening temperature is indicated when illness or fever is not suspected.
- An elevation in a screening temperature should be followed by a core temperature.
- Core temperatures are necessary when a child is presenting with a fever or a fever is suspected.

References

6. Screening temperatures are indicated when a core temperature is not required.⁷
- Not all routes are equal to measure core body temperature. Temporal and tympanic routes are comparable.⁹ Majority of staff use route based upon presentation.
- The least reliable method is the axillary route.⁸

Implements for Practice

These recommendations are pending system pediatric policy review.

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