Fever

Setting: **Inpatient** Population: **Pediatric**

Clinical Description

Care of the hospitalized child experiencing elevated body temperature.

Key Information

- Core temperature monitoring (intravascular, esophageal, bladder) is most accurate. If noncore monitoring is used, only oral and rectal electronic measurement should be used to support clinical decision-making, based on current evidence.
- Fever has a protective role with infection, however, it has been proven harmful in the presence of septic shock or cerebral damage. It may be harmful for children with heart failure, respiratory comorbidity, hemodynamic instability or neuropsychiatric disorder.
- Recommendations vary regarding temperature value at which antipyretic pharmacologic therapy or active cooling method should be initiated. Management should be individualized by baseline temperature and symptoms.
- Febrile seizures are felt to be caused by genetic susceptibility. Use of antipyretic medication does not prevent seizures.

Clinical Goals

By transition of care

A. The patient will demonstrate achievement of the following goals:

- Body Temperature in Desired Range

B. Patient, family or significant other will teach back or demonstrate education topics and points:

- Education: Overview
- Education: Self Management
- Education: When to Seek Medical Attention

Correlate Health Status

Correlate health status to:

- history, comorbidity, congenital anomaly
- age, developmental level
- sex, gender identity
- baseline assessment data
- physiologic status
- response to medication and interventions
- psychosocial status, social determinants of health
- barriers to accessing care and services
- child and family/caregiver:
  - health literacy
  - cultural and spiritual preferences
- safety risks
- family interaction
- plan for transition of care

Fever

Signs/Symptoms/Presentation

- agitation
- diaphoresis
- irritability
- lethargic
- level of consciousness decreased
- seizure activity
- skin flushed
- skin warm to touch

Vital Signs

- blood pressure increased or decreased
- core body temperature elevated
- heart rate increased
- respiratory rate increased

Laboratory Results

- blood culture positive
- WBC (white blood cell) count elevated

Hemodynamic Values

- CVP (central venous pressure) decreased
- MAP (mean arterial pressure) change

Problem Intervention(s)

Promote Normothermia

- Identify and address underlying cause.
- Monitor body temperature and trend; manage variability.
- Provide optimal hydration; consider increased need due to insensible loss.
- Administer antipyretic medication to reduce temperature and discomfort.
- Encourage sleep/rest to minimize oxygen and metabolic demand.
- Provide oxygen therapy if hypoxemia is present.
- Provide comfort measures; adjust environment to minimize body temperature (e.g., offer cool cloths, encourage lightweight clothing and covers, reduce room temperature, increase air circulation, decrease stimulation).
- Consider active cooling measures (e.g., external-cooling device, tepid sponge or tub bath, internal-cooling method); cool gradually to avoid shivering.

Associated Documentation

- Thermoregulation Maintenance

General Education

- admission, transition of care
- orientation to care setting, routine
- advance care planning
- diagnostic tests/procedures
- opioid medication management
- oral health
- medication management
- pain assessment process
- safe medication disposal
- tobacco use, smoke exposure
- treatment plan

Safety Education

- call light use
- equipment/home supplies
- fall prevention
- harm prevention
- infection prevention
- MDRO (multidrug-resistant organism) care
- personal health information
- resources for support

Education: Overview

- description

Education: Self Management

- fever reduction measures
- fluid intake
- provider follow-up

Education: When to Seek Medical Attention

- unresolved/worsening symptoms

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