BACKGROUND

Body temperature measurement is recommended by the National Institute of Clinical Excellence (NICE) as part of assessment in acute illness in adult (NICE, 2007). Wide variations exist on the methods and techniques used to measure body temperature. In KKH, the most common way used is a tympanic scanner (Thermoscan Device) or a standard digital thermometer taking axillary temperature.

In Obstetrics and Gynecology setting, elevated body temperature or fever is one of the most common presenting symptoms among patients as a result of infection, postoperative inflammation changes etc. During fever, the “set-point” in hypothalamus shift upwards to febrile level. The objectives in treating fever are to first reduce the elevated set-point of the hypothalamus hence reduce core temperature. Anti-pyretic is found to be effective in fever treatment by working on hypothalamus set-point. Besides that, cold compress is traditionally used as non-pharmacological measure to reduce body temperature.

We took the opportunity to look into the current nursing practice of using cold compress as its effectiveness to reduce core temperature.

CURRENT PRACTICE

- TEMPERATURE
  - Reads above 37.5°C

  - MEDICATION
    - Nurses administered Anti-Pyretics as ordered by doctor

  - Comfort Measure
    - Cold Compress prepared by nurses

  Recheck Temperature
  - ½ hour and 1 hour later to ensure patient temperature is within normal range

AIM

1. To align nursing practice for fever management in KKH for adults
2. To enhance patient’s safety and provide quality care through evidence based practices
3. To reduce the nursing manpower utilization for the time taken to prepare a cold compress

METHODOLOGY

Comparative data of sixteen Gynecology patients with fever of 38°C and above on oral anti-pyretic with or without the use of ‘cold compress’ was collected for one month (February 2019) in Ward 42. First two weeks of February, patients who has fever were only given anti-pyretic (Paracetamol / Ibuprofen) as part of the treatment intervention. Subsequent two-week, patients were given both anti-pyretic and comfort measures such as cold compress to manage their fever.

RESULT

There is no significant difference in the 2 groups. Patients who are administered anti-pyretics during onset of fever requires an hour for the temperature to be back near normal range. Whilst, comparison group takes the same hour for the temperature to be back to normal range with administration of both comfort measure.

IMPLEMENTATION

We recommended the new nursing practice for fever management to all wards in KKH.

- O & G Ward Nurses
  - Ensure all febrile patients are given anti-pyretic regularly
  - Monitor fever regularly to ensure patient remain afebrile for 24 hours since the last spike
  - Only administer comfort measure upon request

- Doctor
  - Introduce new nursing practice guideline during orientation

- Fever Management P&P
  - To liaise with the Professional Practice Council to review on the guideline

CONCLUSION

The new process of standardizing managing of fever with only anti-pyretic effectively reduce core temperature, and also help nurses to priorities their tasks for nursing care rather than taking the time to prepare cold compress. Cold compress is only given to patient upon request to relieve the ‘hot’ feeling over the temples of the head.

The nursing PnP guidelines for fever management for women will be aligned to Pediatric. Administration of anti-pyretic alone is found to be effective in fever management.

FINAL OUTCOME

In KKH, we advocate the use of oral Anti-Pyretics round the clock to treat patients with FEVER. Data confirms, administration of oral anti-pyretic round the clock will return the body temperature to a normal range within an hour with or without use of comfort measure such as cold compress.

References