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Pediatric Fever Education

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Background:

Fever is a common complaint in children. In most cases, these fevers are acute and self-limiting, requiring only symptomatic treatment. However, a lack of education regarding what constitutes emergency room care for a fever is lacking. Often, children are brought into an Emergency Room for care of a non-emergent fever due to a lack of primary care providers or lack of health care insurance (Baker, Monroe, & King, 2010). Additionally, parental anxiety plays a huge role in emergency department visits. A study done in fever education showed that with an increase in education showed a significant improvement in parental knowledge and anxiety (Baker, Monroe, King).

Goal:

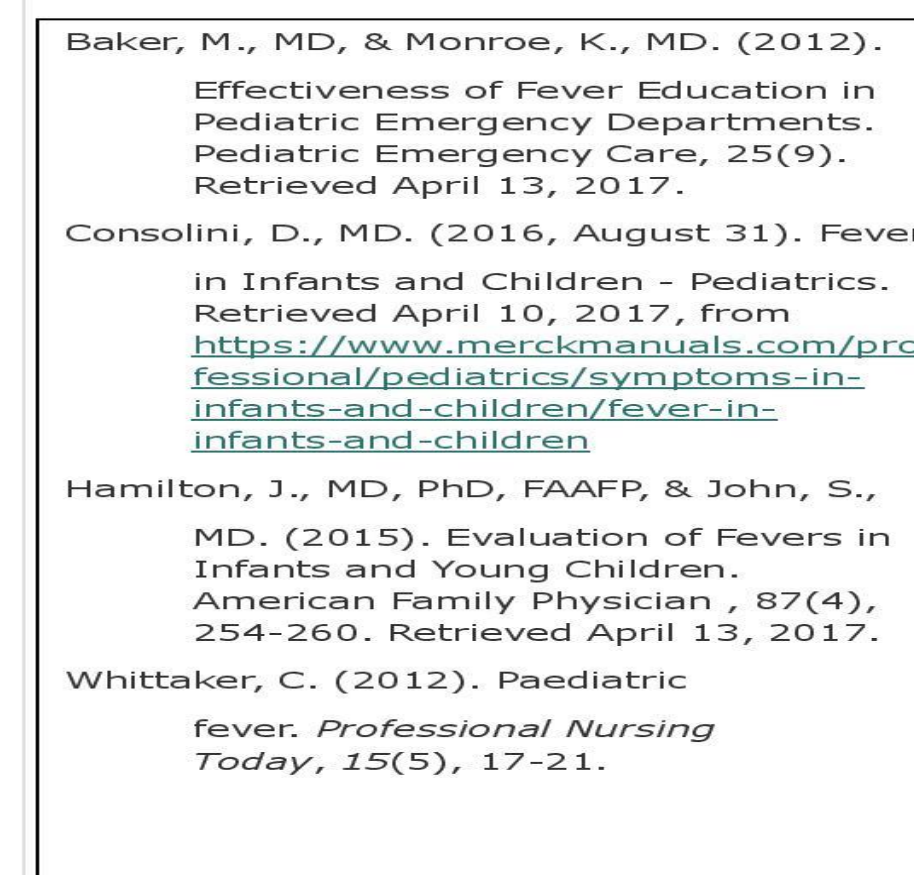
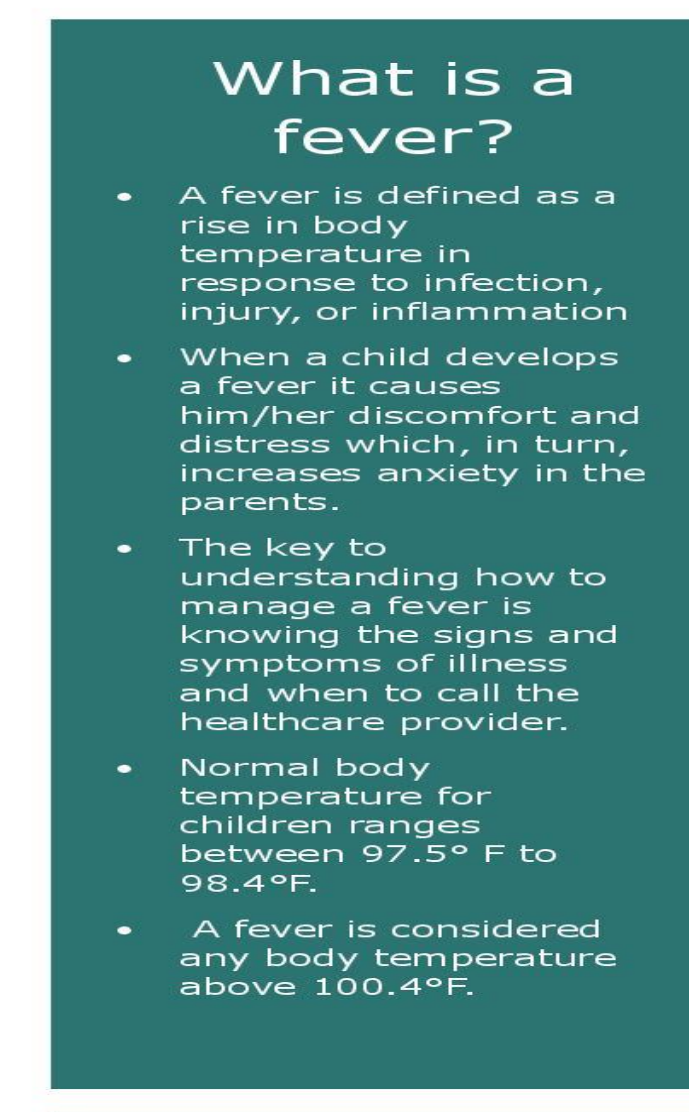
The goal of this project was to provide an educational resource for parents of children in order to help caregivers differentiate an emergent versus a non-emergent fevers. Providing information regarding signs and symptoms of fever and appropriate home care may minimize emergency room visits for non-life-threatening fevers.

Nursing Role/Responsibilities:

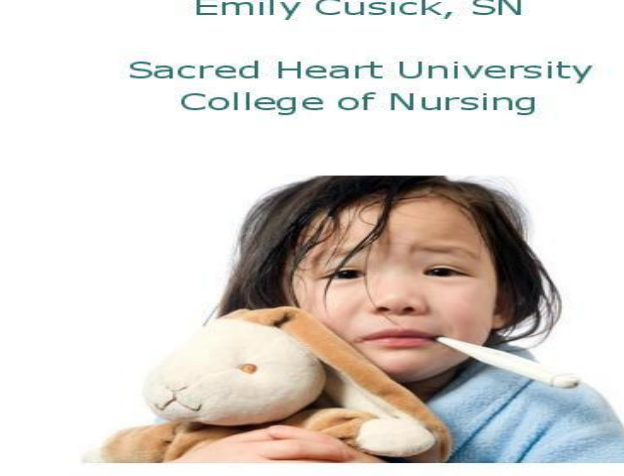
As a nurse, the responsibilities for this project revolve around providing education for the parents. This pamphlet will be something that the nurse will have to explain thoroughly upon discharge. Nurses play a vital role in education, as patients look to the nurse for assistance when they do not understand what the doctor says. With the education provided, the parents will be able to use this pamphlet as a reference in case they are in a similar situation at another time in the future. The nurse also plays a role in safety aspect, especially when it comes to medication use. Although nurses do not prescribe medications, they provide the education. For example, with fevers it is crucial to teach the parents about the differences between acetaminophen and ibuprofen.

Implementation of Project:

Fever education was implemented in the form of a pamphlet. The pamphlet provided information about a fever including what a normal temperature is compared to a febrile temperature, methods of taking a temperature, and associated symptoms that may accompany a fever. Furthermore, this pamphlet provides information on fever interventions; both medication regimes and non-pharmacological methods. Most importantly, it discusses how to know when a fever has turned into an emergent situation.



Pediatric Fever Education



Symptoms

- ❖ Irritability
- ❖ Not sleeping or eating well
- ❖ Fast heart rate and/or respiratory rate
- ❖ Flushed skin
- ❖ Sweating
- ❖ Disinterest in play (older children)

*Rapidly rising fevers can cause a febrile seizure in children between the ages of 6 months and 5 years of age.

Ways to Check a Child's Temperature

- ❖ **Rectal Temperature** (most accurate)
 - Coat tip of thermometer in Vaseline; gently insert the tip (1-2cm) inside rectum
 - Keep in place 2-3 minutes
- ❖ **Oral Temperature**
 - Place under child's tongue for 2-3 minutes
 - Difficult to take in younger children
- ❖ **Armpit Temperature**
 - Place thermometer (lengthwise) under child's armpit for 3-4 minutes

Fever Reduction

Tylenol and Motrin facts

- o Tylenol and Motrin take about 1 hour to work
- o Tylenol lasts for approximately 4 hours
- o Motrin lasts approximately 6 hours

*Tylenol and Motrin are two different medications and can be alternated for optimal fever control

Example of time chart for medication administration

- o 9am: Tylenol
- o 12am: Motrin
- o 3pm: Tylenol
- o 6pm: Motrin

*Motrin is not to be given to children under 6 months of age.

Treating Fevers Without Medicine

- ❖ Tepid (lukewarm) baths
- ❖ Increase fluid intake; may include popsicles and ices
- ❖ Loose clothing
- ❖ Sponge bath
- ❖ Rest

When To Go To The Pediatric ED

Newborns and Infants Less Than 3 Months Old

Temperature above 100.4°F

- Difficult to wake up or inconsolable
- Difficulty breathing
- Not making wet diapers
- Rash
- Vomiting

Infants and Toddlers 3 Months to 3 Years

Temperature above 102.2°F

- Difficult to wake up or inconsolable
- Unable to keep fluids down
- Not up to date on immunizations
- Difficulty breathing

Children 3 and Older

Temperature above 102°F for 2 or more days

- Abdominal pain
- Difficulty breathing
- Difficulty swallowing
- Unable to keep fluids down
- Burning during urination/does not urinate

Patient-Centered Care:

The role of the nurse in implementing patient-centered/family-centered care begins with parent education. This teaching tool facilitates learning by providing parents with information to promote care of a fever at home using medications and non-pharmacological interventions. However, because there is a possibility of a febrile illness becoming emergent, it also discusses when a visit to the Emergency Department becomes necessary.

Evaluation:

Time constraint did not permit evaluation of this teaching tool. However, the nurses were receptive to distributing the teaching tool in an effort to educate parents regarding appropriate care of the child with a fever.

Conclusion:

Parent education is of utmost importance in regards to caring for children with a fever and decreasing anxiety is just one measure. Providing this resource to them allows the parents to feel as though they are somewhat in control during a stressful situation, as it provides them with more knowledge. The basic education in this pamphlet is meant as a tool to instruct parents on options to treat a fever and when to seek medical care in the emergency department.

References:

Available upon request.