

Taking temperatures in pediatric patients

There are various methods used to take temperatures in pediatrics such as oral, tympanic, auxiliary and anal (Kanegaye et al., 2016). This pamphlet illustrates the procedure to take temperatures in pediatric patients effectively. According to Hurwitz et al., (2015) the choice of the method to use depends majorly on the child's age. For children under 2 years, the rectal method is preferred. There are also thermometers adapted to the different methods and thus one needs to know the type that suits the choice.

Rectal method



- Clean the thermometer using clean soapy water and rinse
- Shake the thermometer to ensure that it reads below 36⁰C and cover the silver tip with jelly
- Place the baby on its back with knees bent, then gently insert the thermometer in its rectum about 2.5cm deep
- Remove the thermometer after 2 minutes, read the temperature and clean it.

Oral method

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temperature**

Student's name:

Institution:

- Clean the thermometer and shake it to ensure that the reading is below 36⁰C
- Carefully put its tip below the child's tongue
- Leave the thermometer with the mouth closed for 3-4 minutes
- Remove the thermometer, read the temperature and clean it

Auxiliary method

- Clean the thermometer and shake it until the reading goes below 36⁰C
- Place the tip at the center of the armpit and ensure that it is tucked close to the body

- Leave the thermometer in place for 3-4 minutes then take the reading
- Clean the thermometer

Tympanic method

- Gently tug the child's ear pulling it back and up
- Gently insert the tip until the canal is sealed off
- Take the reading after 4minutes.

References

Hurwitz, B., Brown, J., & Altmiller, G. (2015). Improving pediatric temperature measurement in the

ED. *AJN The American Journal of Nursing*, 115(9), 48-55.

Kanegaye, J. T., Jones, J. M., Burns, J. C., Jain, S., Sun, X., Jimenez-Fernandez, S., ... & Tremoulet, A. H. (2016). Axillary, oral, and rectal routes of temperature measurement during treatment of acute Kawasaki disease. *The Pediatric infectious disease journal*, 35(1), 50.

