Temperature Measurement

Clinical Indications:
- Monitoring body temperature in a patient with:
  - suspected infection,
  - hypothermia,
  - hyperthermia,
  - or to assist in evaluating resuscitation efforts.

Procedure:
1. Multiple methods of temperature management are acceptable; refer to manufacturer’s instructions for these devices as necessary:
   a. For adult patients that are conscious, cooperative, and in no respiratory distress, an oral temperature is preferred (step 2 below).
   b. For adult or pediatric patients being evaluated for a suspected infectious disease, utilization of the touchless temporal thermometer is indicated (step 3 below).
   c. Alternative methods: for infants or adults that do not meet the criteria above, a tympanic temperature may be performed (step 4 below). Rectal temperature measurement (step 5) is also acceptable, as is esophageal temperature probe in the setting of induced hypothermia; follow the Gastric Tube Insertion procedure (Paramedic Only) to place the esophageal probe.
2. To obtain an oral temperature, ensure the patient has no significant oral trauma and place the thermometer under the patient’s tongue with appropriate covering. Have the patient seal his or her mouth closed around thermometer. Leave the device in place until there is indication an accurate temperature has been recorded (per the “beep” or other indicator specific to the device).
3. To obtain a touchless temporal reading, point the device towards the patient’s temple with the device 2-3 inches from skin surface (temporal artery reading) in an enclosed area without wind. Pull the trigger and the unit will beep and give an immediate reading. Additional readings may be obtained after 15 seconds.
4. To obtain a tympanic (ear) temperature, ensure there is no ear trauma, cover the thermometer with an appropriate cover, place the device gently in the external auditory canal, press the button and the unit will beep within seconds and provide a reading.
5. To obtain a rectal temperature, ensure the patient has not suffered any rectal trauma by history and/or brief exam as appropriate for patient’s complaint. Cover the thermometer with an appropriate cover, apply lubricant, and insert into rectum no more than 1 to 2 cm beyond the external anal sphincter.
6. Record time, temperature, method (oral, tympanic, temporal, esophageal, rectal), and scale (C° or F°) in Patient Care Report (PCR).

Certification Requirements:
- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the Wake EMS System.