

## Notes on Practical Nursing.

## THERMOMETRY.—III. (Conclusion).

## A LECTURE TO NURSES.

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There is a certain routine to be carried out by every nurse in the correct taking of temperatures. From it she must never depart, and indeed after a time it becomes such a matter of habit that it is quite unconsciously performed.

1. Wash the thermometer with cold water and dry without "rubbing it up."

2. Observe that it does not register more than 96° Fahr. before you give it to the patient.

3. Place it carefully in the chosen site, do not let this vary from day to day in the same patient. If the groin or axilla be used first wipe it free from sweat.

4. Note the exact time of insertion.

5. Be very careful to remove the instrument at the appointed time. Nothing is more exasperating to a sick person than to be left hugging or sucking a thermometer for half an hour, because the nurse has forgotten it.

6. Read the mercurial index, and *at once* note down the result. In private work be very careful to record also the time and date on which that particular observation was taken.

7. Wash the thermometer in cold water, shake down the index to 96° Fahr., and place the instrument in a jar of disinfectant, seeing that it is protected with cotton wool. Do not keep it on the chimney piece if there is a fire in the grate.

8. Always take a patient's temperature at as nearly the same hour daily as possible. If it be twice a day, 7 a.m. and 7 p.m. are fairly convenient times. If four-hourly, either 11, 3, and 7 or 12, 4, and 8 are suitable; but the times once chosen should be adhered to throughout the illness.

9. Never forget that a thermometer is an extremely fragile instrument, and an expensive one.

If a patient's temperature appears to differ greatly from that expected, it should be taken again, but with a different thermometer; the nurse should always in addition ascertain the state of the patient's pulse. If the reading still be high, she should again take the temperature in half an hour's time.

Occasionally an hysterical person or a malingerer may be the occupant of a hospital bed. Such a one is often an adept in making his thermometer show a high temperature. Should the nurse have any suspicion of this, she must hold the thermometer whilst taking the temperature.

A thermometer will record a higher degree in the rectum than in the mouth, and in the mouth than in the axilla. Wunderlieb states that a person

having an axilla temperature of 98.6° Fahr. has a mouth temperature of 98.78° to 98.96°, and a rectal temperature of 99.14° to 99.5°, each degree being divided into 100 decimal parts.

The range of temperature in health varies in different persons and at different hours of the day, from about 97.4° Fahr. to about 99° Fahr. It is at its lowest about 2 a.m., and at its maximum about 5 or 6 p.m., the fluctuations being much more marked in illness than in health. Temperature also varies somewhat with age, thus (to quote Wunderlieb again) a new-born infant averages 98.5°, after its first washing 98.6, and in about ten days it will rise to 99.8°, but it fluctuates very much; a fit of crying may cause a considerable rise for the time.

Children's temperatures have this same characteristic of instability; they are very easily influenced by slight constitutional disturbances. In health they average about  $\frac{1}{2}$ ° Fahr. higher than do those of adults. Aged persons, as a rule, have a slightly higher temperature than they possessed normally in middle life but the reverse holds good if the circulation be much enfeebled; their temperatures are not generally subject to much fluctuation and a high one is therefore always to be noted and reported to the doctor.

It is customary to represent a person's temperature on a "chart" by means of dots which show the degree registered by the thermometer, and are connected by lines. This does not convey an accurate idea of the state of the temperature at any particular hour other than that represented by the dot, for considerable fluctuations may have taken place during the intervening hours which do not appear on the chart. It does, however, give a very fair general idea by which the state of the patient's temperature throughout the day can be approximately estimated.

Temperatures have been classified by many writers; perhaps the simplest is that given by Taylor in "The Practice of Medicine" using the Fahrenheit scale.

Collapse temperatures, 92.3° to 96°.

Sub-normal, 96° to 97.5°.

Normal, 97.5° to 99°.

Slight or moderate pyrexia from 99° to 101° in the morning, or 102.5° in the evening.

Severe pyrexia, from 101° to 103° in the morning, or 105° in the evening.

Hyperpyrexia, above 105°.

The highest authenticated temperature on record is 112.55 Fahr. taken in a case of tetanus.

The lowest 80.6, in a patient suffering from injury to the cord.

Pyrexia may be either continuous, remittent, or intermittent; in some illness at different stages all these types may be present, in others only one will be manifest.

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