

## FEVER AS A SYMPTOM.

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The word fever is generally associated in the public mind with some infectious or contagious illness, such as scarlet fever or enteric fever, &c. But fever (or pyrexia) has a much wider significance in the nursing world, as it is used to indicate a certain rise of temperature, showing the body is not in its normal condition. It is as a symptom common to many diseases that fever is to be considered, and one or two things must be pointed out which may be useful to the nurse in her everyday work.

First let us glance at the clinical thermometer (Fahrenheit) and see how it is divided:—

- 95° to 98°, Subnormal.
- 98° to 99.4°, Normal.
- 99.4° to 101°, Febrile.
- 101° to 105°, Pyrexia.
- Above 105°, Hyperpyrexia.

The first point where fever, as a rule, starts is 99.4°, but from that to 101° it is very mild. Sometimes a patient is admitted with a temperature between these two points, and on examination nothing can be found to account for it; there is only a little fever, and after a few days the temperature drops to normal, and the patient is all right again. Children especially are liable to this rise of temperature, and it may only be an attack from over-eating, which a dose of aperient medicine will relieve. That is a case of simple fever or febricula.

When the temperature gets into the next stage, between 101° and 104°, it is seldom that it does not indicate some more serious form of illness.

Now, what changes are actually taking place in the body during fever, apart from the disease the patient may be suffering from, and of which fever is only one symptom? There is loss of fluids, the skin is dry, and the secretions are generally scanty. There is also great waste, as the burning process is going on much too quickly, and the body is very hot and uncomfortable. Continued high fever weakens the muscles of the heart, and this naturally reacts on the pulse and sets it wrong. The heat and discomfort of the body make the patient restless and wakeful, and so in turn the nervous system gets out of order. The digestive organs are affected by the secretions being scanty, and there is loss of appetite. Thus one sees that every part of the body is more or less interfered with by a continued high temperature. This condition is common to nearly every acute illness. But although the cause of such disturb-

ance, a certain amount of fever is considered a good symptom, for it also acts as a curative agent by helping to destroy the microbes of the disease from which the patient is suffering. A fairly high temperature in an acute illness generally shortens both the acute and convalescent stages. Fever has two ways of starting—the insidious onset, as in enteric, and the sudden rigor of pneumonia. The deferescence takes place in the same way—the gradual decrease day by day, called lysis, and the rapid drop called crisis.

As we see that fever takes a fairly prominent place in the course of an acute illness, it follows that the taking of the temperature, which is the recognised way of finding out what amount of fever a patient has, must be carefully and accurately done. There are one or two points which it would be well for nurses to remember. Always take the morning and evening temperature at the same hour each day. If the time is 8 a.m. and 8 p.m., begin at the same bed each time and go round the ward in the same order. By doing this, the temperatures will very nearly be taken at the corresponding hour. Do not start at the right-hand side of the ward in the morning and the left-hand in the evening, for it may make a difference of nearly an hour, that is, the patient whose temperature was taken at 8 in the morning will be taken at 9 in the evening. An hour later or earlier often makes a material difference, and one ought to remember that it is a twelve hourly chart that is required.

The temperature can be taken either internally or externally, the intern being reckoned about a degree higher than the extern; so if a chart is started with an intern temperature, it must be continued intern. It is the more accurate one, for the limbs do not always fit closely to the body, and therefore the thermometer cannot be held tightly enough in place. Under the tongue, in the rectum or the vagina are the three places to take intern temperatures. For adults who are in their proper senses, under the tongue is most convenient, but it is necessary to watch that the lips are quite tightly and firmly pressed together, and also that the thermometer is held steadily. It can be made to rise several degrees by being gently rolled about. In the rectum is the best place for children.

The extern can be taken in the axilla or the groin. To take it properly, one must first wipe out the axilla with a dry towel to remove any moisture, insert the bulb right in the axilla, press the arm from shoulder to elbow close to the body, and bend the hand up until it clasps

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