

**SECTION: NURSING SERVICES**

**POLICY #: 428 TEMPERATURE MONITORING**

**POLICY:** Central Valley Health District provides temperature monitoring.

**PROCEDURE:**

1. Client will be assessed for signs and symptoms of elevated temperature.
2. Appropriate mode of temperature evaluation will be determined by RN (i.e. axillary, oral, and rectal).
3. Procedure will be explained to client.
4. Client will be positioned appropriately for mode of temperature evaluation ( i.e. axillary temp, sit or lie down; oral-sitting position; rectal-lie down).
5. Digital thermometer will be turned on and proper monitoring mode selected. The appropriate covering will be placed on the temperature probe.

**Placement of thermometer:**

**Auxiliary Temperature:** Place tip of thermometer in upper aspect of armpit. Make sure thermometer is directly against the skin and held firmly in place. Read as indicated by beep of thermometer after 5 minutes.

**Oral Temperature:** Place in client's mouth to one side under the tongue. Read at beep of thermometer or after 3 minutes.

**Rectal Temperature:** Lubricate bulb end of thermometer. Insert gently 1 inch into Rectum for a minimum of 2 minutes. Digital thermometer will be removed when beeping sound is heard.

7. Remove thermometer, discard cover, read and record results on client chart.
8. Assess clients individually and referral to their physician if indicated.