Current Concept and Management of Fever for Adult in Nurses

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Purpose:

- 1. Explore staff nurse's knowledge, attitudes, and management behaviors regarding fever.
- 2. Investigate the relationships among nurse's knowledge, attitudes, and management of fever.

Methods:

- 1. A prospective and survey design was adopted.
- 2. To recruit the registered nurses from teaching and non-teaching hospitals in north, central, south, and east part of Taiwan. Stratified random sampling and cluster random sampling were used to select representative samples.
- 3. The self-designed "Questionnaire on Clinical Nurse's Knowledge, Attitudes, and Management Behaviors for Fever in Adults" was used.

Results:

1. The study included data from 1665 nurses. The percentage of the nurses who indicated accurate fever knowledge was 67.46%. In terms of fever definitions, the nurses expressed disagreement regarding the body temperature that determines a diagnosis of fever. Most of the nurses (74.1%) failed to correctly comprehend the appropriate use of physical cooling measures and believed that these cooling measures should be applied prior to antipyretics (84.4%). As for fever management behaviors, when the body temperature reaches 37.5-38°C, approximately 64.2% of the nurses will begin treatment to bring the fever down; 35.6% will consider using antipyretics when the body temperature is >38°C; and 29.5% will considering using ice pillows when the body temperature is >37.5°C. The nurses indicated that improving comfort was the primary purpose for providing antipyretic management. Attitudes towards fever included attitudes toward fever symptoms and management, with the results showing a higher percentage of negative attitudes than positive attitudes. Correlation analysis showed a weak positive correlation between knowledge and attitude (r=.074, p=.001).

Conclusion:

The research findings showed that some nurses still lack knowledge about fever and tend to exhibit negative management behaviors and attitudes, meaning that fever phobia still exists among staff nurses. Most nurses manage fever based on instructions in old textbooks and do not make changes according to the results of evidence-based studies.