

AB179. 137. An audit of the investigation and management of temperatures measuring 37.5 °C and above in surgical patients

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Background: An increase in temperature to 37.5 °C or above may help identify surgical patients who may later spike to 38 °C and/or subsequently have an adverse outcome.

Methods: This is an ongoing audit whereby observation charts documenting physiological measurements are screened daily to identify surgical patients on four wards who initially record a temperature of 37.5 °C or greater, and whose body temperatures may or may not subsequently increase to 38 °C or more. The characteristics of triggering based on the National Early Warning Score (NEWS) are recorded, along with the investigations and management of all incidences.

Results: To date, descriptive statistics for 40 patients (30 male, 10 female) were gathered. The mean age was 61.75 years (range, 20–95 years). Of the 40 patients who recorded a temperature of 37.5 °C or above, 19/40 subsequently developed a temperature at or above 38 °C. There was no record of investigation or change of management at 37.5 °C. In patients who spiked to 38 °C, 19/19 underwent further investigation and 13/19 required additional management (12 required antibiotics, 1 required high dependency unit transfer). There was an initial rise in the NEWS in 14/40 patients prior to a temperature spike to 38 °C. White cell count, neutrophils, and C-reactive protein increased from previous values when the temperature rose to 37.5 °C (20/40; 18/40; 30/40, respectively).

Conclusions: The initial findings of this audit may suggest that having a lower threshold for investigating a rise in body temperature in surgical patients may warrant earlier changes in management, and subsequently prevent adverse outcomes.

Keywords: Temperature; threshold; detection; management

doi: 10.21037/map.2018.AB179

Cite this article as: Sweeney Y, O'Connor D, Walsh SR, Malone C. An audit of the investigation and management of temperatures measuring 37.5 °C and above in surgical patients. *Mesentery Peritoneum* 2018;2:AB179. doi: 10.21037/map.2018.AB179