

Fever

Differential

- Infection (lung, heart, brain, urine, sinuses, prostate, abdomen, skin, joints, lines, etc)
- Inflammation (Collagen vascular disorder, neoplastic disorder)
- Mucositis
- Atelectasis
- Blood product reaction
- Drug fever (beta lactam antibiotics and amphotericin common causes)
- PE vs DVT

Is it a true temperature?

- Is it greater than >100.4 F?
- Quickly chart check and determine if patient is stable vs unstable (look at vitals, etc). If **unstable go to bedside immediately!**

If **unstable**:

First: Brief yet thorough chart check

Go assess bedside.

Get as much hx as you can - drug allergies, recent infections, blood transfusions, etc. Targeted exam (skin, lungs, extremities, etc). If patient is not responsive or sudden change in mentation, address those first.

- If you have an idea where the infection is coming from, start targeted antibiotics.
- If no idea where infection is coming from, repeat blood culture if > 48 hours since last blood culture. If blood culture performed less than 48 hours ago, usually no need to repeat blood culture.
- Consider pan culture - UA, Urine Clx, line clx, CXR, and EKG on top of repeat blood cultures.
- Labs to order (based on presentation/suspicion): CBC, CMP, Lactate, Trop, BNP, D-dimer, PT/PTT, etc.
- Also start broad-spectrum antibiotics (Vancomycin/Zosyn) (unless antibiotic allergies)
- ICU consult, Stat.

If stable:

- Assess where the nurse took temperature, is it in the correct location?
- Have RN recheck temperature in 30 mins and dochal/ call you. You do not have to act on one temperature, first confirm it. (Exceptions might be if the patient is neutropenic, then consider neutropenic fever).
- Do a thorough chart check while you wait for a call back:
 - Why was the patient admitted?
 - What was the WBC?
 - What was the urine output?
 - Any recent meds/blood transfusions/surgeries?
- If after 30 minutes temperature is confirmed, go assess patient bedside.
- Get a detailed history from patient.
- Do a thorough PE, looking for skin infections (including decubitus ulcers), and looking at all lines.
- If worried about an infectious cause, start appropriate antibiotics.

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