CARE PATH
Fever

INTERACT®
Version 4.0 Tool

Fever Definition
- One temp > 100˚F (> 37.8˚C)
- Two temps > 99˚F (> 37.2˚C) oral or > 99.5˚F (> 37.5˚C) rectal
- Increase in temp of 2˚F (1.1˚C) over baseline

Take Vital Signs
- BP, pulse, apical HR *(if pulse irregular)*
- Respirations
- Oxygen saturation
- Finger stick glucose *(diabetics)*

Vital Sign Criteria *(any met?)*
- Temp > 100.5˚F
- Apical heart rate > 100 or < 50
- Respiratory rate > 28/min or < 10/min
- BP < 90 or > 200 systolic
- Oxygen saturation < 90%
- Finger stick glucose < 70 or > 300
- Resident unable to eat or drink

YES → Notify MD / NP / PA

NO ↓

Evaluate Symptoms and Signs for Immediate Notification*
- Acute mental status change
- Not eating or drinking
- Acute decline in ADL abilities
- New cough, abnormal lung sounds
- Nausea, vomiting, diarrhea
- Abdominal distension or tenderness
- New or worsened incontinence, pain with urination, blood in urine
- Very low urinary output
- New skin condition *(e.g. rash, redness suggesting cellulitis, signs of infection around existing wound or pressure ulcer/injury)*
- Unrelieved pain
- Signs and symptoms suggest possible sepsis**

YES → Notify MD / NP / PA

NO ↓

Consider Contacting MD/NP/PA for orders *(for further evaluation and management)*
- Portable chest X-ray
- Urinalysis and C&S if indicated
- Blood work *(Complete Blood Count, Basic Metabolic Panel)*
- Stool specimen for culture and C. Difficile assay *(diarrhea)*
- Nasal Pharyngeal swab for influenza

→ **Tests Ordered** →

Evaluate Results
- Critical values in blood count or metabolic panel
- WBC > 14,000 or neutrophils > 90%
- Infiltrate or pneumonia on chest X-ray
- Positive C. Diff
- Positive flu result on swab
- Urine results suggest infection and symptoms or signs present

YES → Notify MD / NP / PA

NO → Manage in Facility

Manage in Facility
- Monitor vital signs, fluid intake/urine output every 4-8 hrs for 24-72 hrs
- Do not give acetaminophen unless necessary for comfort *(it can mask fever)*, or until source of fever known
- If on diuretic, consider holding
- Oral, IV or subcutaneous fluids if needed for hydration
- Update advance care plan and directives if appropriate

→ Monitor Response

Monitor Response
- Vital signs criteria met
- Worsening condition and/or immediate notification criteria met

**** Refer also to other INTERACT Care Paths as indicated by symptoms and signs***

***** If sepsis is being considered, refer to INTERACT Guidance on Possible Sepsis and INTERACT Guidance on Infections***

© 2014 Florida Atlantic University, all rights reserved. This document is available for clinical use, but may not be resold or incorporated in software without permission of Florida Atlantic University.
Updated June 2018