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Universal Temperature Taking in the Office: Is It Time to Cool Down the Feverish Pace at Which This Practice Is Still Being Done?

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Sometimes clinical practices are put in place that seem reasonable but in retrospect might not be. For example, is it good practice to screen every patient that visits your office (including well-child visits) for their temperature? Is that something your practice currently does? If so, how often do you pick up an incidental fever in a child who is being seen for a health maintenance visit, and what then happens as a result? Does detection of an incidental fever result in more antibiotics being administered unnecessarily or vaccines being delayed because an elevated temperature has been detected?

These questions and others form the basis for a fascinating and thought-provoking study we are releasing this week in our journal. Dang et al (10.1542/peds.2021-053412) share with us the results of their retrospective cohort study involving 24 primary care clinics in a health system. The authors used electronic health records to look at well-child visits from 2014-2019 in children and teens less than 18 years of age to determine if routine temperature measurement was done. If a fever greater than or equal to 100.4F was detected incidentally, the authors also checked to see if diagnostic testing, administration of antibiotics or deferral of vaccinations resulted. The authors found that temperature was measured in 155,527 well-child visits out of a possible 274,351 included in this study (58.9%). 16 of the 24 clinics in this study recorded the temperature at more than 90% of well child visits and 8 clinics did so less than 20% of the time. As you will discover in linking to this study, despite the fact that incidental fevers were uncommon, antibiotics and diagnostic tests were more commonly ordered than in children without fever. In addition, vaccines were deferred 50% of the time when a fever was incidentally detected.

Why are some clinics taking temperatures on everyone who comes for a well-child visit and others not? What is unique about the populations in those clinics? The authors provide some interesting demographic data as well as other factors that may be contributing to this practice in sharing results and discussion of their study. We also wanted further input from some experts on these findings so invited a commentary from Drs. Katie Lockwood and Bonnie Offit from the Children's Hospital of Philadelphia (10.1542/peds.2021-053895). Drs. Lockwood and Offit note how universal temperature taking may exacerbate health disparities in vaccination rates, since this study identified temperatures being taken most often in higher proportions of Hispanic, Black, and Medicaid-enrolled patients. The commentary authors point out that this practice could lead to fewer children of different races and ethnicities being vaccinated. Drs. Lockwood and Offit also note that "fever phobia", a term coined by Dr. Baron Schmitt in his landmark 1980 study, is not a behavior to demonstrate to families. Yet, we may be unintentionally promoting this behavior through the practice of taking temperatures at routine health maintenance visits. Link to this study and commentary and consider what you are doing to not promote fever phobia especially if you are still taking temperatures on all healthy children who come for scheduled well-child visits to your office. Maybe this study will have you reconsidering whether that practice should be sustained.