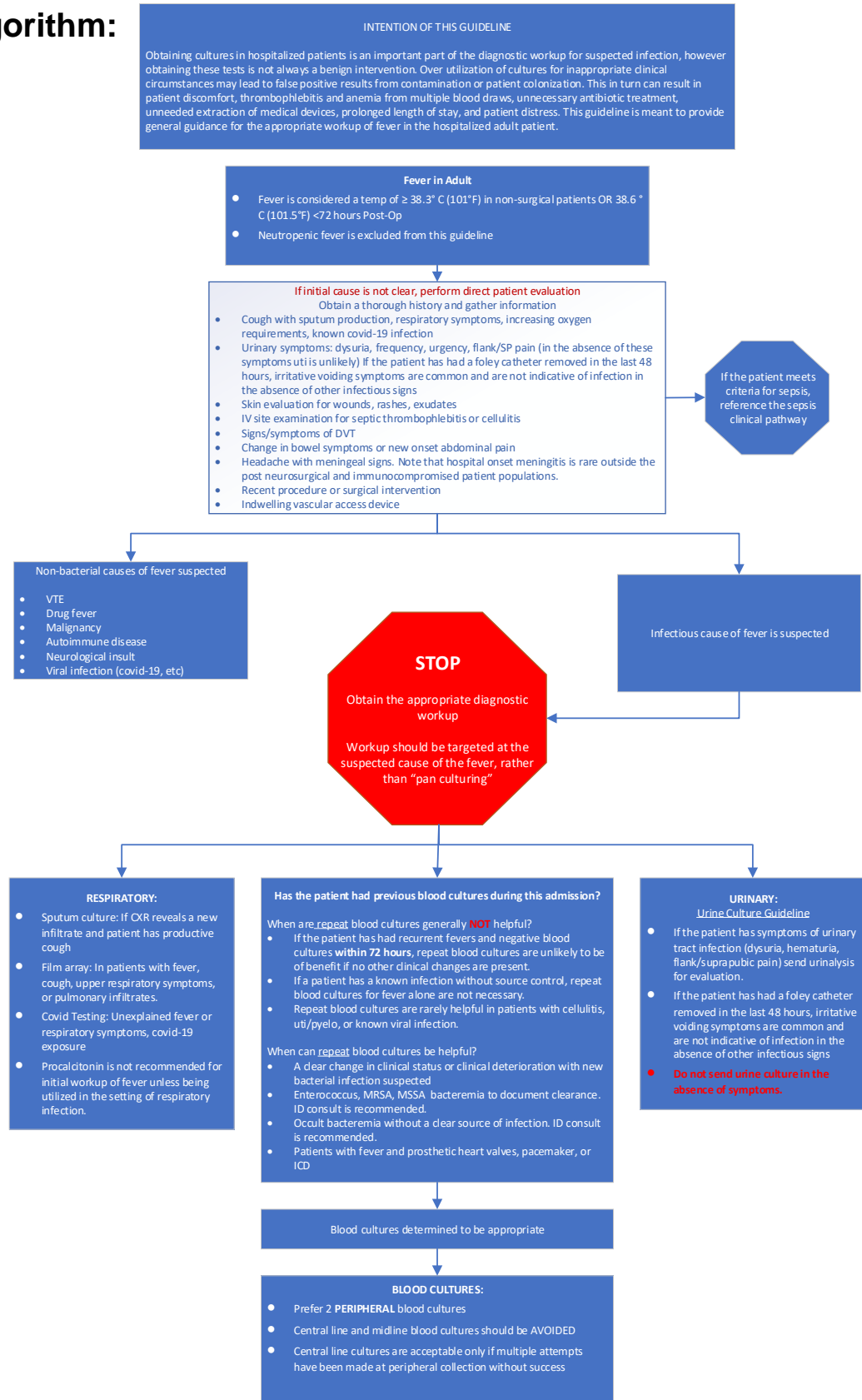


Guideline: FEVER, ADULT INPATIENT

Updated: October 2021

Clinical algorithm:



Clinical guideline summary

CLINICAL GUIDELINE NAME: Adult Fever, Inpatient

PATIENT POPULATION AND DIAGNOSIS:

Fever is considered a temp of $\geq 38.3^{\circ}\text{C}$ (101°F) in non-surgical patients OR 38.6°C (101.5°F) <72 hours Post-Op. Neutropenic fever is excluded from this guideline

APPLICABLE TO: SHWM inpatient spaces.

BRIEF DESCRIPTION: Obtaining cultures in hospitalized patients is an important part of the diagnostic workup for suspected infection, however obtaining these tests is not always a benign intervention. Over utilization of cultures for inappropriate clinical circumstances may lead to false positive results from contamination or patient colonization. This in turn can result in patient discomfort, thrombophlebitis and anemia from multiple blood draws, unnecessary antibiotic treatment, unneeded extraction of medical devices, prolonged length of stay, and patient distress. This guideline is meant to provide general guidance for the appropriate workup of fever in the hospitalized adult patient.

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OWNING EXPERT IMPROVEMENT TEAM (EIT): CLABSI, CAUTI

MANAGING CLINICAL PRACTICE COUNCIL (CPC): Acute Health

CPC APPROVAL DATE: 10/26/21

OTHER TEAM(S) IMPACTED: All service lines and specialties, all inpatient providers

IMPLEMENTATION DATE: 02/11/22

LAST REVISED: 10/01/21

FOR MORE INFORMATION, CONTACT: Cheryl Peavler

References:

<https://www.journalofhospitalmedicine.com/jhospmed/article/243241/hospital-medicine/things-we-do-no-reason-to-obtain-urine-testing-older>

Vaughn VM, Chopra V. BMJ Qual Saf 2017;26:236–239. doi:10.1136/bmjqs-2015-004821