box). For best results in taking vital signs of infants, count respirations first (before the infant is disturbed), take the pulse next, and measure temperature last. If vital signs cannot be taken without disturbing the child, record the child's behavior (e.g., crying) along with the measurement.

Atraumatic Care

Reducing Young Children's Fears

Young children, especially preschoolers, fear intrusive procedures because of their poorly defined body boundaries. Therefore avoid invasive procedures, such as measuring rectal temperature, whenever possible. Also, avoid using the word "take" when measuring vital signs, because young children interpret words literally and may think that their temperature or other function will be taken away. Instead, say, "I want to know how warm you are."

Temperature

Temperature is the measure of heat content within an individual's body. The **core temperature** most closely reflects the temperature of the blood flow through the carotid arteries to the hypothalamus. Core temperature is relatively constant despite wide fluctuations in the external environment. When a child's temperature is altered, receptors in the skin, spinal cord, and brain respond in an attempt to achieve **normothermia**, a normal temperature state. In pediatrics, there is a lack of consensus regarding what temperature constitutes normothermia for every child. For rectal temperatures in children, a value of 37° to 37.5° C (98.6° to 99.5° F) is an acceptable range, where heat loss and heat production are balanced. For neonates, a core body temperature between 36.5° and 37.6° C (97.7° to 99.7° F) is a desirable range. In the neonate, obtain temperature measurements for monitoring adequacy of thermoregulation, not just for fever; therefore, temperature measurements in each infant should be carefully considered in the context of the purpose and the environment.

The nurse can measure temperature in healthy children at several body sites via oral, rectal, axillary, ear canal, tympanic membrane,