




Temperature Site	
<b>Oral</b>	
<p>Place tip under tongue in right or left posterior sublingual pocket, not in front of tongue. Have child keep mouth closed without biting on thermometer.</p> <p>Pacifier thermometers measure intraoral or supralingual temperature and are available but lack support in the literature.</p> <p>Several factors affect mouth temperature: Eating and mastication, hot or cold beverages, open-mouth breathing, and ambient temperature.</p>	
<b>Axillary</b>	
<p>Place tip under arm in center of axilla and keep close to skin, not clothing. Hold child's arm firmly against side.</p> <p>Temperature may be affected by poor peripheral perfusion (results in lower value), clothing or swaddling, use of radiant warmer, or amount of brown fat in cold-stressed neonate (results in higher value).</p> <p>Advantage: Avoids intrusive procedure and eliminates risk of rectal perforation.</p>	
<b>Ear Based (Aural)</b>	
<p>Insert small infrared probe deeply into canal to allow sensor to obtain measurement.</p> <p>Size of probe (most are 8 mm) may influence accuracy of result. In young children, this may be a problem because of small diameter of canal.</p> <p>Proper placement of ear is controversial related to whether the pinna should be pulled in manner similar to that used during otoscopy.</p>	
<b>Rectal</b>	
<p>Place well-lubricated tip at maximum 2.5 cm (1 inch) into rectum for children and 1.5 cm (0.6 inch) for infants; securely hold thermometer close to anus.</p> <p>Child may be placed in side-lying, supine, or prone position (i.e., supine with knees flexed toward abdomen); cover penis because procedure may</p>	