

FACTSHEET: FEVER MANAGEMENT

The following guidance is for management of pyrexia and its associated symptoms in patients with life-limiting illnesses, depending on stage of illness

INITIAL MANAGEMENT – ALL PATIENTS

1st line: NON-PHARMACOLOGICAL MANAGEMENT

- Reduce room temperature and wear loose cotton clothing
- Consider the use of a fan (if infection control policy allows)
- Cool the face by using a cool flannel or cloth
- Drink cool drinks and ensure adequate fluid intake (if alert and no swallowing impairment)
- Offer ice cream or frozen lollipops (if alert and no swallowing impairment)
- Avoid alcohol and caffeine

EARLY PHARMACOLOGICAL MANAGEMENT

STEP 1: ADDRESS CAUSE: Assess and treat reversible causes (e.g. infection) if appropriate

STEP 2: ANTIPYRETIC

- **1st line: PARACETAMOL.** Standard dose is 1g PRN QDS, PO or PR. Available as tablets, effervescent tablets, oral solution, rectal suppository. Offer reduced dose (500mg QDS) if bodyweight <50kg or in end stage renal failure
- **2nd line: NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs).** If pyrexia not settling with above, consider risks and benefits for addition of an NSAID or COX2 PRN (e.g. Ibuprofen 200-400mg TDS PO) for those who are able to manage oral medications. Available as tablets, capsules or suspension

PHARMACOLOGICAL MANAGEMENT AT THE END OF LIFE

In the last days of life, the potential benefits of NSAIDs to manage fever symptoms may outweigh the risk. Paracetamol may still be administered rectally if appropriate, but other options include:

- **DICLOFENAC SODIUM** 50mg suppository PRN TDS
- **KETOROLAC** 15-30mg TDS (30mg/ml ampoules) via subcutaneous injection. Max 90mg/24hrs

FOR FURTHER ADVICE

Please contact The Kirkwood 24 hour advice line on 01484 557910