Chapter 7
Placement Of Temperature Probes

The patient's core temperature should be monitored by placement of an esophageal or deep pharyngeal thermistor temperature probe, and if possible a rectal probe as well.

YSI Type 401 Flexible Vinyl Probe

Figure 7-1: Thermistor Probe.

Typical Telethermometer

Figure 7-2: Thermistor thermometer.
Placement of Pharyngeal Probe

A YSI 401 flexible vinyl thermistor probe should be positioned pharyngeally, using the following approach:

1) Connect the probe to the temperature monitor by inserting the male phone jack connection on the probe into the female connector on the meter.
2) Check the "adjust red line" calibration of the meter by turning the selector switch to the "Adj. Red Line" setting. If the meter needle does not line up with the red line on the scale, use the adjustment screw labeled Adj to bring it into line. If the needle will not adjust to the red line, install a fresh battery and attempt to readjust the needle to the red line.

3) Uncoil the probe and switch the meter selection switch to Probe. Look at the reading on the meter and see if it appears to be displaying a reading which is reasonably close to that of the ambient temperature. Further check the probe/connection by momentarily holding the probe between thumb and forefinger and observing the meter for an indication of temperature increase.

4) Insert the probe through one of the nostrils to a depth of 4 in. to 6 in. (10 cm. to 15 cm.). If the EGTA is in place, the probe may be threaded down the gastric tube (obdurator) of the EGTA.

5) Secure the probe with plastic or adhesive tape by taping it to the nostril through which it was threaded and then looping it up and taping it to the forehead.

6) Read and record the patient's temperature and the time it was taken on the Transport Data Collection Sheet. Temperature readings should be taken no less frequently than every 30 minutes, more often if possible, especially as blood washout begins.

Placement of Rectal Probe

A rectal probe may be placed by following steps 1 thru 3 above, then:

4) Lubricating the tip of the probe with Surgi-Lube or other lubricating jelly. This may be done most effectively by squeezing the lubricant onto a paper towel and dipping the probe in it.

5) Using gloved hands, inserting the probe into the rectum to a depth of at least 3 in. (7.5 cm). If necessary, the index finger may be inserted into the rectum to dilate it and/or act as a guide for the probe tip.

6) Securing the probe cable to the patient's thigh with adhesive or plastic tape.

7) Reading and recording the patient's temperature and the time it was taken on the Transport Data Collection Sheet (Chapter 2). Temperature readings should be taken no less frequently than every 30 minutes, more often if possible.

Probes should be checked frequently to insure that they have not become dislodged during transport or as a consequence of the addition of ice to the PIB or shifting ice packs. Any unusual plateau or pause in temperature descent, or any sudden acceleration in temperature descent, should prompt a recheck of probe position.