CAREGIVER® FREQUENTLY ASKED QUESTIONS

http://www.thermomedics.com

Q. What is the "gold standard" for temperature-taking; how do you resolve discrepancies?

True core temperature is generally considered to be 1) Pulmonary Artery or 2) Esophageal or 3) Bladder temperature but these are obviously invasive. A calibrated mercury-in-glass thermometer used orally or rectally may be employed if properly left in place for about 3 minutes as a "referee device" for resolving temperature comparisons.

Alternatively, a properly placed electronic predictive thermometer used orally or rectally and set to the "monitor" mode may be employed. It's important to ensure that all comparisons are made in the proper "equivalence" mode on the thermometer being tested e.g. oral, rectal, axillary, etc. Temperatures taken at different sites will most often not be identical, but in sufficient agreement for routine clinical purposes.

Q. How does the single-point forehead temperature improve accuracy, repeatability, and consistency of readings?

By using only the center of the forehead, this technique avoids variation often encountered when the Right or Left areas of the oral cavity, ears, or temporal-swipe R-L action are employed. Unless the same spot is repeatedly used, temperature-trending becomes less dependable.

Q. How do we interpret a touchfree forehead temp reading?

As noted in the IFU and training video, the Caregiver® temp is equivalent to an Oral reading in nearly all situations. With children up to about 2-3 years of age, the forehead reading is essentially equivalent to a properly taken Axillary temp.

Q. Can the Caregiver be used on infants?

Yes, the device has been cleared by the FDA for use on infants.

See the clinical "white paper" on the thermomedics.com website for details. The forehead temperature in these cases has been deemed equivalent to a routine *Axillary Temperature*. In toddlers and older children, the readings are approximately equivalent to *Oral Temperature*, just as they are for adults of any age.

Q. Does the Caregiver emit any radiation or light during its operation?

No. The device reads only naturally emitted infrared signals from the skin and underlying blood supply; no light or other focusing effort is necessary. Therefore, there is no risk of the illumination awakening a sleeping patient.

Q. How do you manage to take even a 1-second touchfree temperature accurately on a squirming child?

As with other thermometers, especially IR tympanic units, it's advisable to gently stabilize the child's head with one hand while taking the nearly instant forehead reading with the other. This presents essentially no problem.

Q. Does skin color affect readings?

No. Infrared emissivity from dark-skinned to light-skinned patients remains essentially constant (i.e. 98%) and does not affect readings.

Q. Where is the Caregiver especially useful?

Caregiver provides strong routine temperature-taking in most medical settings; it can be particularly useful for :

- Hospitals, Physician's Offices, Clinics, Outpatient Centers, Visiting Nurses, School Nurses, LongTerm Care, etc.
- Intubated patients where oral temps are contraindicated and rectal readings are too difficult. Faster than tympanic with no probe cover concerns
- Elderly and disoriented non-compliant patients
- Sleeping infants and children (as long as forehead is exposed to the ambient air temperature)
- Post-surgical recovery rooms where patients are often emerging from anesthesia and unable to comply or aid in placement of oral, tympanic, or other temps

thermomedics® Ease of Use...Peace of Mind

Q. Why is the "adjustment" period necessary in some cases?

As with many IR thermometers, it is important to have the Caregiver® and the patient at a "comfortable" ambient temperature for up to 20 minutes after a patient has been in an unusually cold or hot environment. It is not routinely a challenge if the unit has been kept in a uniformly maintained thermal environment (e.g. exam room, patient room, etc.). Operators should exercise common sense in heavily air-conditioned rooms or when patients may be directly located under cooling vents or heat lamps. Consult the IFU manual for further details.

Q. What are the major benefits of not needing probe covers?

All of the following elements contribute to the benefits of Caregivers's no-probe cover protocol:

- Cost-reduction due to elimination of entire pc expenditure
- Increased storage space within or outside department; releases precious space in exam room drawers, Pyxis cabinets, warehouse, etc.
- Improved workflow potential due to elimination of search for pc's during examinations
- Reduction of waste materials produced by facility
- Elimination of problems associated with"non-use" or "re-use" of probe covers for Oral, Rectal, or Tympanic devices

Q. What other cost-savings are possible with the Caregiver?

Compared to devices that use covers, the savings are obvious. Less evident are the savings to be realized because replacement probes (Oral and Rectal, approx. $85.00 each) are not purchased several times annually as is routine with SureTemp® and other similar thermometers.

Q. What is the Warranty coverage for Caregiver?

The Caregiver is covered by a 2-year limited manufacturer's warranty. Optional Limited Lifetime Warranty is also available.

Q. Can the Caregiver be used, as well, on patients in higher acuity situations?

In any routine patient-care situation where an IR tympanic, Oral/Rectal Electronic, or Temporal Artery-swipe thermometer can be employed, the Caregiver should perform well. In very-high acuity settings (such as NICU, ICU, CCU) the patients are almost always constantly monitored and the readings continuously reported and recorded by hardwire or wireless to the nurse's station and other EHR collection locations. For "spot" temp checking, the Caregiver can certainly provide information in these or any routine medical setting.

Q. What are possible "pitfalls" to be recognized with any thermometry technique, depending on the measurement site?

Most temperatures taken in medical settings are subject to wide variations depending upon the following elements:

- Expertise of the operator: proper placement, dwell time, technique, use of clean/new probe covers each time
- Temperature of the thermometer itself should be stable; ambient adjustment circuitry
- Ambient and Patient conditions: A/C vents, heaters, air movement against skin, evaporative cooling in mucous membranes, mouth-breathing, recent ingestion of food or drink, presence of breathing tubes, nasal tubes, presence of fecal material in rectum, ear-wax buildup, etc.

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1-800-208-3009 Ext. 200

