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CORRESPONDENCE

Effect of Tepid Sponging Versus Warm Sponging on Body Temperature and Comfort among Under-Five Children with Pyrexia

Josna Jose[1] · Mony K[1] · Sheela Shenai N. A.[2] · Jomcy P. Jose[1] · Geethu Baby[1]

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To the Editor: Childhood is a highly vulnerable and sensitive age in which any variations in the normal process of life may derange a child's health. In India, more than 50% of the children admitted to the hospital are with complaints of fever, body ache, and loss of appetite [1]. A high temperature can be alarming indication of the presence of a serious illness. The primary goal of treating a febrile child should be to improve the child's comfort and reduce temperature [2].

The research design was two-group—pre-test–post-test—quasi-experimental design, and the sample size was 78 were 39 in each group. As a result, there was significant reduction ($p < 0.001$) in body temperature during both procedures, but no statistically significant difference ($p = 0.25$) was observed between tepid sponging and warm sponging in reducing body temperature. The mean of comfort level during warm sponging (69.97) is higher than tepid sponging (37.05). The obtained t value (- 42.94) is statistically significant ($p < 0.001$), which shows that warm sponging is effective in promoting comfort among children with pyrexia than tepid sponging.

A study reported huge contrast in internal heat level previously, than after the wiping, which likewise shows there is no distinction between lukewarm wiping and warm wiping in diminishing internal heat level [3]. There is measurably critical contrast ($p < 0.001$) in solace level between both methodologies, which shows that warm wiping is viable in advancing solace among youngsters [3]. Tepid sponging and paracetamol together is the best modality for early management of fever as compared to individual therapy in addition to minimal discomfort [4].

Declarations

Conflict of Interest None.

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✉ Josna Jose
josnajose165@gmail.com

[1] Department of Child Health Nursing, MOSC College of Nursing, Kolenchery, Kerala 682311, India

[2] Department of Community Health Nursing, MOSC College of Nursing, Kolenchery, Kerala, India