

---

## Mothers' Management of Their Children with Fever at Primary Health Care Centers in Port Said City

*Amal Ahmed Khalil<sup>1</sup>, Hanaa Mohamed Nassar<sup>2</sup>, Amira Hassan Abdo Atta<sup>3</sup>*

<sup>1</sup>Professor of Pediatric Nursing, Faculty of Nursing, Port Said University.

<sup>2</sup>Lecturer of Pediatric Nursing, Faculty of Nursing, Port Said University.

<sup>3</sup>Bachelor of Nursing, Faculty of Nursing, Cairo University.

---

### ABSTRACT

**Background:** Children frequently complain of fever when they see doctors. Parents worry about fever and believe it is a disease rather than an illness symptom. Mothers treat fever differs according their background and expertise. Meanwhile, nursing research indicates that care of feverish children is not supported by the most scientific data. **Aimed to:** Assess mothers' management of their children with fever at primary health care centers in Port Said City. **Subjects and method: Design:** descriptive research. **Setting:** The primary healthcare facilities in Port Said City, Egypt, were the site of current investigation. **Subjects:**320 women who manage their children's fever in the aforementioned environment made up the convenience sample, which was recruited over a 4-month period. **Tools:** two tools were utilized. First tool included two parts that concerned with gathering information on the sociodemographic features of the mothers, an evaluation of the mothers' knowledge of fever and its management, second tool illustrated an evaluation of the mothers' reported practices for fever management by using observational checklists. **The Results:** The study showed that majority (65% &75.6 %) of women who were evaluated had inadequate knowledge and practices respectively, while 22.5% of them had good practices for managing fever. **Conclusion:** Majority of mothers' knowledge and practices regarding the management of fevers were inadequate and unsatisfactory, and most of them overused fever medications. **Recommendation:** All mothers visiting pediatric health facilities should be given dependable, evidence-based information regarding managing fever and proper antipyretic usage, also awareness campaigns and creation of illustrated posters and pamphlets.

**Key words:** Care of feverish Children, Fever Management, Health care center

## **INTRODUCTION**

In the pediatric age, fever is one of the most frequent presenting complaints, accounting for around 70% of doctor visits (Dong, Jin, Lu, Jiang & Shan, 2019). It is a common response to a variety of circumstances, mostly the illness, and its incidence rises between the ages of 2 months and 3 years of a child's life. Seizures and dehydration are two potentially significant effects that call for medical attention. (Athamneh, El-Mughrabi, Athamneh, & Essien, 2019). Due to the considerable variation in body temperature in reaction to many causes, the definition of fever continues to be a contentious issue with differing definitions from different writers. The American College of Critical Care Medicine (ACCCM) and the Infectious Diseases Society of America (IDSA) defined fever as a body temperature of 38.3oC (101oF) or higher. However, most authors define fever as a condition in which core temperature is increased above the normal limit due to an increase in the body's temperature set-point (Kluger& Matthew, 2019).

Both infectious and non-infectious conditions can be classed as the main causes of fever in kids. Children's morbidity and death are primarily brought on by gastroenteritis and respiratory illnesses (Chung, 2020). Dehydration, malignancy, accidents, and adverse effects of some drugs, such as antibiotics like minocycline and sulfonamides, are among the non-infectious causes of fever. Except for people who are ill or at risk for developing new issues, fever does not always need to be treated with medication (Cinar, Altun, Altinkaynak, & Walsh, 2020) Instead of lowering the temperature, the primary goal should be the treatment of the underlying cause. Therefore, the best approach to make a feverish child comfortable is to give them acetaminophen or ibuprofen; however, aspirin should not be given to children to treat fever in order to prevent Reye's Syndrome (Chapman & Arnold, 2021).

Practices relating to fever management, which may include touching the child's forehead to check body temperature, giving boiled herbs, giving ice-cold water baths or sponge baths, and applying vinegar, lemon, or alcohol to the child's body. Home remedies are also frequently used, but they may or may not have medicinal properties that treat or cure the illness (Giddens, 2019). In addition, one of the most pervasive public health problems faced by parents of feverish children continues to be a lack of awareness regarding fever management. It could lead to mother's annoyance, perplexity, and unhappiness with care, as well as false beliefs about a child's fever. Because of this, it's critical to understand when and why moms really seek medical care for their sick children, what self-control techniques they use, and what information gaps they encounter (Saxena, Hammond, Taylor& Young, 2020).

Several national health organizations and medical societies have distributed brochures for mothers with crucial instructions on how to handle fever symptoms, as well as tips for healthcare professionals (National Institute for Health and Care Excellence, 2019). These procedures cover how to take a temperature, what constitutes a fever, and when to start taking antipyretic medications. Most moms have a tendency to handle a child's body temperature increase aggressively, giving them medications they don't need and risking problems like hepatotoxicity. (Becky, 2020). The main causes of fever in kids can be divided into the following categories: Additionally, the majority of medical professionals are aware that fever on its own does not pose a health risk; however, they still need to do more to convey this information to mothers, especially since reducing the gap between recommendations and actual practices (by mothers) could improve the standard of care for children (Anokye et al 2018). Therefore, the purpose of this study was to evaluate how mothers handled their feverish infants at primary health care facilities in Port Said City.

### **Significance of the study**

Children's fever is regarded as a diagnostic challenge for healthcare providers because it is frequently challenging to determine the reason and a large number of children, despite meticulous screening, have no clear cause of fever. Healthcare professionals and the parents of these kids with fevers that have no obvious cause are especially worried about them since it could result in major health issues (Green et al., 2021). As a result, there is a perceived need to enhance the identification, evaluation, and prompt treatment of feverish illnesses in children. Additionally, the researcher intended to carry out this study to confirm mothers' knowledge and practices in case of feverish children and thereby heighten their perception of the situation (Hussain et al., 2020).

### **AIM OF THE STUDY**

The aim of the study was to assess mothers' management of their children with fever at primary health care centers in Port Said City.

### **Research question**

What is the mothers' management of their children with fever at primary health care centers in Port Said City?

### **SUBJECT AND METHOD**

#### **Design:**

In this study, a descriptive research design was used.

**Setting:**

The current investigation was conducted in primary healthcare facilities in Port Said City, Egypt.

**Subjects:**

320 mothers who manage their children's fevers in the aforementioned environment and agreed to participate for 4 months, starting on September 1 and ending on December 31, 2021, comprised the convenience sample.

**Tools:**

Two tools were utilized to gather data.

**Tool 1: A structured interview questionnaire sheet for mothers**

After examining the pertinent literature, the researcher created it in plain Arabic. It is made up of multiple-choice questions that the researcher gathered through an interview with moms to gauge their knowledge and routines about the management of feverish infants. It was divided into three sections, which included:

**Part (1):** Concerned with the sociodemographic traits of the study mothers, including age, education level, marital status, mother work, and traits of their offspring, including age, gender, and order of birth. Additionally, information on the family and house, such as the size of the family, ventilation, and water supply.

**Part (2):** Concerned with evaluating moms' knowledge of fever and how to treat it through 27 multiple-choice questions the researcher created in straightforward Arabic after examining pertinent literature.

**Tool 2: Observational checklists for mothers**

After reading the pertinent literature, it concerned with evaluating the mother's practices for managing fevers by using the checklists of procedures that, including ones for taking body temperatures in the axilla and mouth using a glass or digital thermometer, using a tepid bath, and taking antipyretic medication.

**Scoring system**

- ☒ According to Waly and Bakry (2020), the scores for mothers' knowledge were calculated using a three-point Likert scale with a range of 0 to 2 as follows:

- Unknown or incorrect answers equal 0;
- Incomplete right answers equal 1.
- Complete and accurate answers equal two.

☒ As a result, the overall score of mothers' knowledge in fever control was divided into the following categories:

- If the percentage result was less than 50%, the knowledge was poor.
- Acceptable or fair knowledge if the percentage range was 50–75.0%.
- If the percentage was 75%, the knowledge was good.

☒ According to Waly and Bakry (2020), the scores for mothers' reported practices were calculated using a three-point Likert scale with a range of 0 to 2 as follows:

- Not performed or incorrectly performed = 0
- somewhat performed = 1
- correctly performed = 2.

☒ As a result, the total score of mothers' stated practices for managing fevers was divided into the following categories:

- Inadequate practice , if the percentage score is less than 50%
- Adequate mothers' practice, if the achieved score is equal to or higher than 50% which was classified to
- Good practice if the score is between 50% and 75%,
- Competent practice , if it is equal to or higher than 75%

## II –Method

- The general director of primary health care facilities received official letters from the nursing faculty at Port-Said University. After explaining the study's goal to mothers of children who had fever, they gave their verbal approval for the study to be conducted.

### **Validity:**

A panel of five pediatric nursing and medical experts from Port Said University evaluated and corrected the study instruments' content validity for their clarity, content, order of items, and relevance or irrelevance of content.

### **Reliability:**

A statistician used the Cronbach's alpha coefficient test to determine the internal consistency of the generated tools and the reliability of the tools for the entire questionnaire. Mothers'

reported practices tool had a reliability of  $r = 0.788$  and Mothers' knowledge tool had a reliability of  $r = 0.729$ .

***Pilot study:***

Following the tools' completion, a pilot research was conducted with 32 mothers, or 10% of the total number of subjects, to show the tools' viability and applicability. The participants in the pilot research were not included in the overall sample.

***Field work:***

- Data collection started and continued for a period of four months from the first of September 2021, to the end of December 2021.
- The researcher introduced herself to the mothers and gave them a quick overview of the purpose and methodology of the study before getting to work.
- Each mother underwent a one-on-one interview to gather information about them personally.
- Evaluation of mothers' knowledge of fever and its management using tool(I) part (2)
- Evaluation of mothers' stated practices related fever and its management by using observational checklist by using tool(II)
- The start time of each interview was 9 a.m. for morning shifts and 1:30 p.m. for afternoon shifts.
- 1–7 mothers who frequented the aforementioned location were interrogated every day. The researcher used questions, conversation, allowed for brainstorming, and emphasized the study's goal throughout the interview.
- During the morning and afternoon shifts, the researcher observed mothers' activities regarding fever, its care, and the use of thermometers by utilizing tool II.
- The researcher kept each interview concise, clear, and uncomplicated, and at the conclusion of each.

**Ethical considerations**

The researcher adhered to the following ethical research standards:

The research and ethical committee at the Port Said University Faculty of Nursing gave its approval to the study protocol. Before the study began, each participant (mother) was asked for their verbal consent after being informed of its aim. While moms were advised of their ability to withdraw at any moment without providing a reason or to refuse to participate. The study does

not hurt moms, the researcher underlined. Throughout all study phases, the privacy and confidentiality of the data collected were guaranteed, and participants had the freedom to leave the study whenever they wanted without incurring any costs.

### STATISTICAL DESIGN:

Collected data were coded, computed, and statistically analyzed using SPSS (statistical package of social sciences), version 22. Data was presented as frequency and percentages (qualitative variables) and mean  $\pm$  SD (quantitative continuous variables). Chi-square ( $\chi^2$ ) was used for comparison of categorical variables, and was replaced by Fisher exact test (FET) if the expected value of any cell was less than 5. The difference was considered significant at  $P \leq 0.05$ .

### RESULT

**Table (1):** showed that, 36.9 % of the studied mothers were in the age group from 20 to less than 30 years of age with mean age  $28.70 \pm 6$ . As regards mothers' education, 55.9 % of them had a technical degree. Additionally, the higher percentage of the studied mothers (73.1 %) were housewives as well as the majority of them (89.1 %) were married.

**Table (2):** demonstrated the characteristics of the sick feverish kids. It was discovered that 78.1% of the feverish kids were between the ages of 6 and 13 years old. More over half of them (58.8%) were men, according to their gender. Regarding the birth order of feverish children, it was shown that 39.4% of them were listed as the first child.

**Figure (1):** showed that 65% of the women in the study had poor awareness about fever and how to treat it, compared to 32.5% who had good knowledge and the great majority (2.5) who had acceptable or fair knowledge..

**Table (3):** illustrated that a large minority of the moms (1.9 %) had competent practices regarding fever and its management, compared to 22.5% who had good practices and 75.6% of the mothers who had been studied had inadequate practices.

**Table (4):** found that, with the exception of knowledge related to mothers' age in years, there was a statistically significant positive relationship between the studied mothers' educational level, occupation, and overall knowledge of fever and its management, with a statistically significant difference at  $p < 0.001$ . Moms who worked and had greater levels of education were also much more knowledgeable than other women, and mothers who were 20 to 30 years old or younger had specific information about fever and how to treat it.

**Table (5):** showed a correlation between moms' knowledge, practice, age, education, and job, It was demonstrated that there was a very statistically significant difference at  $p=0.001$  between mothers' knowledge, practice with education, and practices with jobs.

**Table (6):** demonstrated that there was a substantial beneficial correlation between mothers' knowledge and practice of fever and its care, with a highly statistically significant difference at  $p=0.012$ .

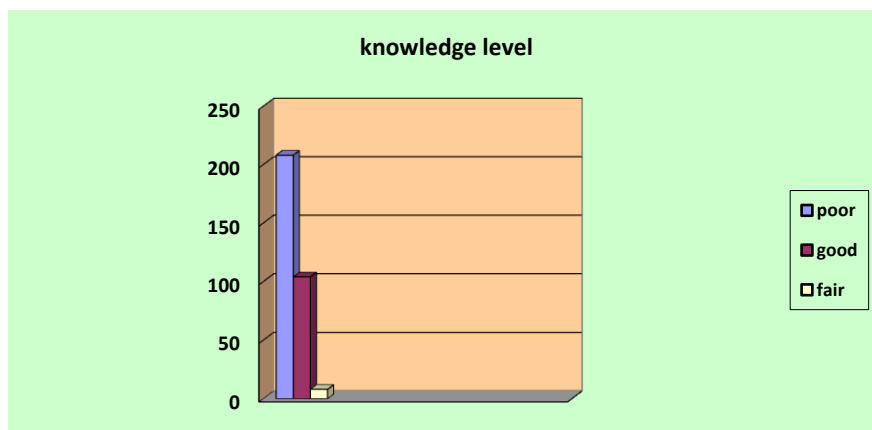
**Table (1):** Socio-demographic characteristics of the studied mothers according to their age, educational level, Job & marital status( $n=320$ )

Mothers' characteristics		No.	%	
Mother's age (years)	< 20y	80	25	
	20<30y	118	36.9	
	30<40	97	30.3	
	40<50	25	7.8	
	<b>Mean <math>\pm</math> SD= 28.70 <math>\pm</math>6</b>			
Level of education	Illiterate	30	9.4	
	Read & Write	66	22.2	
	Technical	179	55.9	
	Baccalaureate	45	12.5	
Marital status	Married	285	89.1	
	Divorced	26	8.1	
	Widow	9	2.8	
Mothers' job	Working (86)	Employee	57	17.8
		Worker	9	2.8
		Nurse	20	6.3
	Housewives	234	73.1	



**Table (2):**Socio-demographic characteristics of the feverish children

Characteristics	N=320	
	No.	(%)
<b>child's age</b>		
1<6 years	70	21.9
6years and more	250	78.1
(Mean $\pm$ SD)2.54 $\pm$ 1.75		
<b>Gender</b>		
Males	188	58.8
Females	132	41.2
<b>Child's birth order</b>		
First	126	39.4
Second	124	38.7
Third	46	14.4
Fourth	24	7.5

**Figure (1):** Total mothers' knowledge about fever and it's management (n=320)**Table (3):** Total mothers' reported practices regarding fever management for their children (n=320).

Mothers' practice		No.	(%)
In adequate (<50.0%)		242	75.6
Adequate	Good(50.0 - <75.0%)	72	22.5
	Competent (> 75%)	6	1.9

**Table (4):** Relationship between socio-demographic characteristics of the studied mothers and their total knowledge score (N= 320)

Characteristics	Items	Knowledge Level						Significance test	
		Good knowledge(104 )		Fair knowledge(8)		poor (208)		X2	P
		N0	%	No	%	No	%		
<b>Mother's age (years)</b>	- < 20	30	28.8	2	25	48	23.1	0.218	0.897
	- 20 < 30	46	44.2	3	37.5	69	33.2		
	- 30 < 40	22	21.2	1	12.5	74	35.6		
	- 40<50	7	6.7	2	25	17	8.2		
<b>Mother's education</b>	- Illiterate	0	0.0	2	25	28	13.5	39.150	<0.001*
	- Read & Write	20	19.2	1	12.5	5	2.4		
	- technical	37	35.6	3	37.5	139	66.8		
	- baccalaureate	31	29.8	2	25	7	3.4		
	- others	16	15.4	0	0.0	29	13.9		
<b>Marital status</b>	- Married	87	83.6	6	75	13	6.25	4.365,	0.112
	- Divorced	12	11.5	1	12.5	192	92.3		
	- Widow	5	4.8	1	12.5	3	1.4		
<b>Mothers' job</b>	- Working	78	75	3	37.5	5	2.4	12.884,	<0.001*
	- Housewives	26	25	5	62.5	203	97.6		
<b>Family number</b>	3- 5	73	70.2	5	62.5	82	39.4	9.088	0.002*
	6- 8	31	29.8	3	37.5	126	60.6		

(\*) statistically significant at  $P>0.05$ **Table (5):** Correlation between mothers' knowledge, practice and age , education as well as job(N= 320)

Variables	r - P values	R	P
Age with knowledge		0.028	0.783
Age with practice		0.005	0.871
Mothers' education with knowledge		0.370	<0.001*
Mothers' education with practice		0.296	<0.008*
Mothers' job with knowledge		0.167	0.128
Mothers' job with practice		0.383	<0.001*

(\*) Statistically significant at  $P < 0.005$

**Table (6):** Association between mothers' knowledge and practice (N= 320).

Variables	knowledge	
	R	P
practice	0.261	0.012*

## DISCUSSION

Pediatric nurses deal with fever management on a daily basis, thus they may play a significant role in advancing clinical research in this field and in parents' clinical practice (Moawad, Abdallah & Ali, 2020). The health of children is crucially dependent on mothers. In order to improve mothers' quality of care in the management of childhood fever, evidence-based educational interventions for mothers must be designed and assessed. This is because inadequate understanding of mothers regarding this condition could impair their performance (Komeagac & Bektas, 2018).

As regards mothers' education, it was showed that, more than half of them had a technical degree and the higher percentage of the studied mothers were housewives. The present finding of incomplete educational level to university education might be due to the increase of family numbers that reduce the chance for getting the high level of education. The results of this study were not in agreement with those of Hussain et al., (2020) who found that nearly 50% of them were educated more than college level and the high frequency of them being employed in the government sector.

Regarding, characteristics of the children with fever, it was demonstrated that, the majority of children were males. This finding was supported by Giddens (2019) who found the most of the studied children with fever were boys.

In terms of mothers' overall level of knowledge about fever and how to treat it in children, the study revealed that approximately two thirds of the mothers investigated had poor knowledge about fever and how to treat it, while only one third of them had good knowledge in this area. These findings could be the result of a lack of training and educational opportunities for mothers to fill in knowledge gaps for managing their feverish children effectively, as well as cultural views and personal experiences with the use of antipyretics to treat fever. This result was consistent with that of Abdullah, Gaafar and Elshater (2019), who report that more than half of moms lacked adequate knowledge of fever..

More than 75% of the women who participated in the study had inadequate practices for managing fever in their children, according to the data on their stated practices. This may be due to a number of factors, including the high percentage of housewives among mothers, which limits their exposure to the outside world and their ability to learn necessary skills; the fact that nurses didn't have enough time to teach mothers how to care for their feverish children; and the dearth of materials like posters and booklets about fever management. The results of this study were in agreement with those of Talebi, Shahrabadi, Sabzevar, Talebi, and Siyavoshi (2019), who found that the majority of mothers used subpar traditional methods to treat their feverish infants.

The study demonstrated a statistically significant positive relationship between the examined mothers' educational attainment and occupation and their overall familiarity with fever and its treatment. This is to be expected as many moms possess a bachelor's degree and/or a technical education, making them more knowledgeable. This finding was supported by Arica, et al (2019), who discovered a significantly significant link between mothers' education and their knowledge of fever.

It was evident from the results that there was a substantial positive correlation between mothers' knowledge, practice, and education and mothers' work, since parents' literacy is a key component contributing to kids' overall health. These results were coordinated with those of Teuten, Paul, & Heaton (2018), who discovered a favorable correlation between education, practice, and knowledge.

Moreover there was a significant positive association between mothers' knowledge and practice. This finding suggests that mothers' knowledge has a crucial, autonomous, and connected role in implementing fever treatment practices. This finding was supported by Park & Kwon (2019) **who** exhibited a positive correlation between mothers' knowledge about preschool childhood fever and the proper management practices towards fever.

## **CONCLUSION**

It was concluded that that the majority of mothers' knowledge and practices regarding the management of fevers were inadequate and unsatisfactory, and that most of them overused over-the-counter fever medications.

## RECOMMENDATION

The study recommended that, all mothers visiting pediatric health facilities should be given dependable, evidence-based information regarding managing fever and the essentials of proper antipyretic usage, as well as awareness campaigns and the creation of illustrated posters and pamphlets on these topics.

## REFERENCE

Abdullah, H., Gaafar, Y., &Elshater. M. (2019). Mothers' knowledge and traditional practices for management of their feverish children.. *IOSR Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 8, Issue 6 Ser. V. (Nov - Dec .2019)*, PP 29-41

Arica, Z., Arica, V., Onur, H., Gulbayzar, S., Dag, H., &Obut, O. (2019). Knowledge, attitude and response of mothers about fever in their children. *Emerg Med J, 15(3)*, 12-29.

Athamneh, L., El-Mughrabi, M., Athamneh, M., Essien, J. (2019). Parents' Knowledge, Attitudes and Beliefs of Childhood Fever Management in Jordan: a Cross Sectional Study. *Journal of Applied Research on Children: Informing Policy for Children at Risk, 5(11)*, 1-8.

Anokye, R., Amihere, R., Abbiaw, P., Acheampong, E., &Gyamfi, N.(2018). Childhood fever knowledge and management: A case of mothers with children under five years. *Int J Pediatr, Res, 4(2)*, 44.

Becky, J. (2020). Improving every day pediatric nursing practice. *Research and Evidence Based Practice, 27(3)*, 280–82.

Chapman, J & Arnold, J. (2021). Reye's syndrome; Symptoms and causes.

Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK526101/>.

Chung, S. (2020). Febrile Seizures. *Korean J Pediatr, 57(9)*, 384-95.

Cinar, N.D., Altun, İ., Altinkaynak, S., Walsh, A. (2020). Turkish parents' management of childhood fever: a cross-sectional survey using the PFMS-TR. *Australas Emerg Nurs J,17:3-10*.

Dong, L., Jin, J., Lu, Y., Jiang, L., & Shan, X. (2019). Fever phobia: A comparison survey between caregivers in the inpatient ward and caregivers at the outpatient department in a children's hospital in China. *BMC pediatrics, 15(1)*, 1-9.

Giddens, J. F. (2019). Concepts for Nursing Practice E-Book. *Elsevier, p .p 84-86*.

Green, R., Webb, D., Jeena, P. M., Wells, M., Butt, N., Hangoma, J. M., & Mustafa, F. (2021). Management of acute fever in children: Consensus recommendations for community and primary healthcare providers in sub-Saharan Africa. *African Journal of Emergency Medicine*, 11(2), 283-296.

Hussain, A., Al-Wutayd, O., Aldosary, A., Al-Nafeesah, A., AlE'ed, A., Alyahya, M., Alfeneekh, A., AlKadi, S., Alghasham, G., et al. (2020). Knowledge, attitude, and practice in management of childhood fever among Saudi parents. *Global Pediatric Health Volume 7*: 1–9.

Kluger, M., & Matthew, J. (2019). Fever: Its biology, evolution, and function. *Princeton University Press*. P. 57.

Komeagac, A., & Bektas, M. (2018). Effect of the evidence-based pediatric fever management training given to nursing students. *International Journal of Caring Sciences*, 11(2), 860-867.

Moawad, E., Abdallah, E., Ali, Y. (2020). Perceptions, practices, and traditional beliefs related to neonatal jaundice among Egyptian mothers: A cross-sectional descriptive study. *Medicine* 2020, 95, e4804.

National Institute for Health and Care Excellence. (2019) . Fever in under 5s: Assessment and initial management guideline.

Retrieved from :  
<https://www.nice.org.uk/guidance/ng143/chapter/recommendations#imported-infections>.  
Accessed at 30/9/2021.

Park, H.R., & Kwon, I.S. (2019). “Knowledge and practice of fever management by mothers of preschool children at home”, child health nursing research. *Korean Acad. Child Health Nurs*, 23, 127–136.

Saxena, M., Hammond, N., Taylor, C., & Young, P. (2020). Survey of fever management for febrile intensive care patients without neurological injury. *Critical Care and Resuscitation*, 13(4), 238-40.

Talebi, SH., Shahrabadi, H., Sabzevar, A.V., Talebi, S., Siyavoshi, M. (2019). Mothers' management of fever of children in Sabzevar. *Journal of Nursing and Midwifery Science*, 3(2), 32-9.

Teuten, P., Paul,S. P., Heaton, P. A. (2018). Management of acute childhood fevers. *J Fam Health ;25(4):26-9.*

Waly, A.M.,&Bakry,H.E. (2020). Management of childhood fever by parents: literature review. *Journal of Advanced Nursing*. 2020; 54(2):217–27. [PubMed: 16553708]

## رعاية الأمهات لأطفالهن المصابين بالحمي بمراكز الرعاية الصحية الأولية في مدينة بورسعيد

<sup>1</sup> أمل أحمد خليل، <sup>2</sup>هناء محمد نصار، <sup>3</sup>أميرة حسن عبدة عطا.

<sup>1</sup> أستاذ تمريض الأطفال، كلية التمريض، جامعة بورسعيد.

<sup>2</sup> مدرس تمريض الأطفال، كلية التمريض، جامعة بورسعيد.

<sup>3</sup> بكالوريوس تمريض، كلية التمريض، جامعة القاهرة.

### الخلاصة

الحمي من أهم وأشهر الأعراض المصاحبة للأطفال أثناء زيارتهم للطبيب. غالبا ما يقلق الأباء قلقا شديدا عند إصابة أطفالهم بالحمي لأنها مرض وليس عرض. تختلف الطريقة التي تعالج بها الأمهات اطفالها وفقا لخبراتهم. وفي الوقت نفسه تشير الأبحاث التمريضية إلي أن رعاية الأطفال المصابين بالحمي غير مدعومة بأحدث الأبحاث العلمية. الهدف:تقييم رعاية الأمهات لأطفالهن المصابين بالحمي في مراكز الرعاية الصحية الأولية في مدينة بورسعيد.التصميم : يتم استخدام بحث وصفي. مكان الدراسة: أجريت الدراسة في مراكز الرعاية الصحية الأولية في مدينة بورسعيد. عينة البحث: هي عينة متاحة تتكون من 320 أم يتم اختيارهم من المراكز الصحية المذكورة أعلاه. الأدوات: عبارة عن اثنين إستمارة بحثية،الإستمارة الأولى تحتوي علي جزئين، الجزء الأول هو الخصائص الديموجرافية للأمهات، الجزء الثاني تقييم معلومات الأمهات عن الحمي. الأداة الثانية وضحت تقييم ممارسات الأمهات لأطفالهن المصابين بالحمي عن طريق قوائم الرصد والملاحظة. النتائج: أظهرت الدراسة البحثية الحالية أن غالبية الأمهات(65%-75,6%) اللواتي تم تقييمهم لم يكن لديهن المعلومات والممارسات الكافية. في حين 22.5% فقط منهن لديهم معلومات وممارسات كافية لرعاية أطفالهن المصابين بالحمي. الخلاصة : معظم معلومات وممارسات الأمهات المرتبطة بالتعامل مع الحمي غير كافية وغير مرضية ومعظمهن يفرطن في إستخدام أدوية الحمي التي لا تستلزم وصفة طبية. التوصيات : ينبغي إعطاء جميع الأمهات اللواتي يزرن المرافق الصحية للأطفال معلومات موثوقة فيم يتعلق بالتعامل مع الحمي وأساسيات الإستخدام السليمة لخافض الحرارة فضلا عن حملات التوعية وإنشاء ملصقات وكتيب مصور عن كيفية التعامل مع الحمي.

**الكلمات المرشدة:** رعاية الأطفال المصابين بالحرارة ، معالجة الحرارة ، مراكز الرعاية الصحية.