

only speculate about the credibility of temperature sensing by touch technique and its superiority over other indices for recognizing hypothermia in peripheral settings.

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REFERENCES

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Reply

Our study has conclusively demonstrated that *even* minor grades of hypothermia can be identified by touching the skin of abdomen and extremities of the babies. All the four babies with skin temperature of less than 36.5°C were correctly picked up by one pediatrician while three out of four babies were correctly identified by the other two pediatricians. All three observers correctly diagnosed the sole baby with skin temperature of less than 36°C.

It is obvious that an experienced observer can identify *even* minor grades of hypothermia. It is unwise to wait for development of sluggishness, inactivity and refusal of feeds which are likely to occur late

due to severe hypothermia or cold injury. Early identification of cold extremities is not irrelevant because they provide earliest evidence of cold stress. Such babies must be identified by the mother or health worker before the trunk or core temperature falls below 36°C so that effective covering and provision of warmth is provided to prevent development of life threatening hypothermia.

We would like to inform that none of the pediatricians had made any special efforts to train themselves or assessed their ability to perceive skin temperature by touch before participating in the study. The ability to correctly perceive skin temperature is a function of sensitivity of the palm and finger tips and is not related to the education or experience of an individual in other skills. It is conceivable that with training and special efforts it should be possible to enhance the touch sensitivity of the health professionals irrespective of their educational status or formal training. However, as rightly pointed out and emphasized by us in the article, there is certainly a need to validate these observations in the field setting after imparting proper orientation and training to the basic health workers. The main objective of the training should be to enable the health workers to identify babies having cold and pale/blue extremities (palms and soles) rather than the identification of babies who have actually developed hypothermia which may be too late for their salvage.

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