

Does Prewarming Patients Preoperatively Decrease Hypothermia in The Post Anesthesia Care Unit?

Background: Normothermia is important for patients throughout their perioperative stages. Normothermia is considered a core temperature of 36 degrees Celsius or higher, where hypothermia is a core temperature less than 36 degrees Celsius. Perioperative stages include preoperative, intraoperative, and postoperative.

Local Problem: If patients are not normothermic then clinical concerns start to arise such as wound infections and myocardial infarctions. In addition, hypothermia causes patients to be in the postoperative care unit for a longer period.

Methods: A retrospective study design using quantitative data with descriptive statistics that includes patient's core temperature to determine whether they are hypothermic or normothermic. Data will be collected from February 14-March 14. This type of data describes a retrospective study because data will be collected from existing records. Initial data will begin in the preoperative stage, then intraoperative, and lastly postoperative. The second analysis will compare patients who were not prewarmed and whether they maintained normothermia. The literature shows that patients who are prewarmed preoperatively end postoperatively with a normothermic temperature. Data will be collected over two months. At the end the results should show that there are benefits to actively prewarming all patients preoperatively with a Bair Hugger.

Interventions: The intervention to prevent hypothermia is to prewarm patients preoperatively before they go to the operating room.

Results: Results are pending during data collection period.

Conclusions/Implications: The current practice at this Level I trauma center is to actively prewarm patients with a Bair Hugger who have received an epidural, had a regional block, or state they are cold. There are 19 preoperative spaces, 36 operating rooms, and 26 spaces in the post anesthesia care unit. If this project produces results that shows that all patients, disregarding the current criteria are actively prewarmed preoperatively, then perioperative services will need to change practices for staff. In addition, this would also show that the number of patients who come to the postoperative care unit hypothermic will decrease.