
**Public Comment Draft
10-30-06**

**Proposed Recommended Practices for the Prevention of Unplanned
Perioperative Hypothermia**

These recommended practices are intended as achievable recommendations representing what is believed to be an optimal level of practice.

Purpose

These recommended practices are intended to guide perioperative registered nurses in optimizing patient care practices to prevent unplanned hypothermia. Hypothermia, defined as a core body temperature less than 36°C (96.8°F), presents a constant challenge for perioperative registered nurses because many surgical patients are at risk for unplanned hypothermia during surgery.

Recommended Practice: Section V

Interventions should be implemented to prevent unplanned hypothermia.

2. Patients should be kept normothermic intraoperatively. **Patients who remain normothermic intraoperatively experience fewer adverse outcomes.** Insulating blankets (e.g., cotton, reflective) reduce heat loss by 30%, but this is usually insufficient to prevent hypothermia in anesthetized patients. Circulating fluid mattresses under the patient are nearly ineffective at minimizing the risk of hypothermia. The patient's body weight, in combination with the heat of the fluid mattress, increases the risk of pressure ulcer or necrosis.

6. **Increasing the room temperature should be considered when active skin warming is not feasible, or in addition to active skin warming in cases where active skin warming alone is insufficient.** When a large surface area must be exposed for the surgical procedure, forced-air warming may not be sufficient. **For these patients, the severity of hypothermia may be reduced by raising the room temperature to more than 23°C (73.4° F). In orthopedic procedures, normothermia was successfully maintained without forced-air warming when the room temperature remained above 26°C (78.8°F).**

9. **Additional precautions should be taken to prevent unplanned hypothermia in infants and neonates.**

- **The room should be pre-warmed and maintained higher than 26°C (78.8°F). In a study of anesthetized neonates and infants, operating room temperatures less than 23°C (73.4°F) increased the risk of hypothermia by 1.96 times.**

10. **Additional precautions should be taken to prevent unplanned hypothermia in patients with severe trauma.**

Patients with severe trauma are at risk of hypothermia. In this patient population, hypothermia is associated with increased risk of death. The patient may be hypothermic upon arrival in the perioperative area. Forced-air warming may not be appropriate because of the amount of tissue exposed for the surgical procedure. Extra measures are required to minimize heat loss if forced-air warming is contraindicated, and may be necessary in addition to forced-air warming.

- **The room temperature should be pre-warmed higher than 29.4°C (85°F).**
- **The room temperature should be maintained higher than 29.4°C (85°F) until active warming devices achieve normothermia.**

(Complete 24-page recommendation document is available upon request)