


Guideline Implementation: Preventing Hypothermia

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Purpose/Goal

To provide the learner with knowledge specific to implementing the AORN “Guideline for prevention of unplanned patient hypothermia.”

Objectives

1. Identify complications that may result from hypothermia.
2. Discuss factors that increase the patient’s risk for unplanned intraoperative hypothermia.
3. Discuss methods for monitoring the patient’s temperature.
4. Discuss considerations for choosing warming interventions.
5. Describe interventions that can be used to help prevent hypothermia.

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Marie A. Bashaw, DNP, RN, NEA-BC, has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

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ABSTRACT

The updated AORN “Guideline for prevention of unplanned patient hypothermia” provides guidance for identifying factors associated with intraoperative hypothermia, preventing hypothermia, educating perioperative personnel on this topic, and developing relevant policies and procedures. This article focuses on key points of the guideline, which addresses performing a preoperative assessment for factors that may contribute to hypothermia, measuring and monitoring the patient’s temperature in all phases of perioperative care, and implementing interventions to prevent hypothermia. Perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures. *AORN J* 103 (March 2016) 305-310. © AORN, Inc, 2016. <http://dx.doi.org/10.1016/j.aorn.2016.01.009>

Key words: *hypothermia, core temperature, temperature monitoring, warming interventions.*

Unplanned hypothermia can be a serious adverse event for perioperative patients. In addition to causing discomfort for the patient, hypothermia may contribute to complications, including myocardial events, incision-site infection, and slower healing time, among others, and may result in a longer hospital stay.¹⁻¹⁸ The body’s natural ability to warm itself is disrupted by anesthetic agents. General anesthesia causes tonic vasoconstriction of the peripheral vasculature, which causes vasodilation; thus, the patient’s core temperature can decrease during the surgical procedure.¹⁹ Factors such as the patient’s age, weight, and health conditions can contribute to unplanned hypothermia.^{1,5-8,20-25} In addition, environmental factors specific to the OR, including low room temperatures, lack of clothing on the patient, administration of room-temperature IV and irrigation fluids, evaporation of skin preparation solutions, and air movement, can contribute to heat loss and a decrease in core body temperature.^{19,20} Maintaining normothermia throughout the surgical encounter optimizes the patient’s chances of avoiding postoperative complications.²⁶

The updated AORN “Guideline for prevention of unplanned patient hypothermia”²⁷ was published in November 2015.

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AORN guideline documents provide guidance based on an evaluation of the strength and quality of the available evidence for a specific subject. The guidelines apply to inpatient and ambulatory settings and are adaptable to all areas where surgical and other invasive procedures may be performed.

Topics addressed in the hypothermia guideline include identifying factors associated with unplanned intraoperative hypothermia, preventing hypothermia, educating perioperative personnel on this topic, and developing relevant policies and procedures. This article elaborates on key takeaways from the guideline document; however, perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures.

Key takeaways from the AORN “Guideline for prevention of unplanned patient hypothermia” include the following:

- The perioperative RN should perform a preoperative nursing assessment to determine the presence of contributing factors for unplanned hypothermia.

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