Improved patient comfort and satisfaction are our goals in the preoperative setting. Patients associate peripheral intravenous (IV) access with increased anxiety and discomfort. Ambulatory Surgery’s patient satisfaction scores from Press Ganey reflected low ratings in the area of “Skills of the Nurse Starting IV”.

Baseline information was collected in June and July 2010 to begin the project. Data collected included age, gender, type of surgery, ASA score, and number of attempts for each patient IV access. Baseline data showed first attempts to successfully start an IV was 82.8% and the patient satisfaction score ranking was the 21st percentile with a mean score of 91%, which clearly showed improvement was needed.

Warm and Wonderful was an interventional study to determine if warming patient’s upper extremities would improve both the skill of the RN starting the IV and patient satisfaction scores.

The study was conducted in two phases to compare different warming techniques to heat upper extremities for about 5 minutes. In the first phase 199 patients were warmed through a pre-set temperature-controlled air flow patient gown, while in the second phase 137 patients were warmed with terry towels heated to 130 degrees before applying. Data was collected post-intervention using the same baseline criteria. Patient’s expressed many positive comments regarding their comfort during the warming techniques.

The study findings show both techniques successfully enhance first attempt IV starts: gown technique improved to 83.9% and towel technique improved to 86.1%. Warming techniques were most effective on males. Other criteria factors did not impact study findings. Patient satisfaction score ranking improved to the 98th percentile with a mean score of 96.3% during study period.

Warming techniques improve the success of intravenous access on the first attempt and the patient’s perception of the skill of the nurse was clearly demonstrated in higher patient satisfaction scores. The practice of warming the patient extremity prior to starting an IV has become our department’s standard of care. As a team we are extending our research and finding to other nursing care areas and assisting their implementation of this practice.