

A COLLABORATIVE PROJECT TO DECREASE HYPOTHERMIA IN THE PERI-ANESTHESIA SETTING

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Background Information:

Hypothermia (temperature below 96.80F) may lead to negative sequelae in the post-operative patient. These include increased infections, longer recovery time, and increased cardiac events. The national benchmark is 1% hypothermia rate for post-operative temperatures taken within 30 minutes post anesthesia. The post-anesthesia care unit's (PACU) goal was that initial temperatures would meet that criterion. Data collected for 3 months on inpatients undergoing gastrointestinal surgery showed a decrease in post-anesthesia hypothermia from 14% to 12%. The committee decided to widen the project to all surgical inpatients.

Objective:

To decrease the post-operative hypothermia rate to the national benchmark of 1% or less.

Process of Implementation:

Pre-operative suite, operating room (OR), and PACU staff collaborated to educate staff on goals, interventions including new equipment, and outcomes. Patients were educated on hypothermia and the Bair Paws warming gowns. Temperatures were taken in the pre-operative suite, in the OR at the beginning and end of surgery, and upon arrival in PACU. Data were recorded and analyzed. The team met monthly to evaluate progress and re-visit interventions.

Successful Practice Change:

This nurse-driven collaborative project changed practice throughout the perioperative setting. The rate of hypothermia in PACU met the national benchmark of 1% in July and August. For September the rate was 2%. Maintenance education is ongoing.

Implications for advancing the practice of perianesthesia nursing:

Keeping abreast of the evidence, engaging stakeholders, and clearly identifying process steps are viable strategies for implementing changes associated with important initiatives.