

“WE’RE HAVING A HEAT WAVE”:

IMPROVING PATIENT OUTCOMES THRU PERIOPERATIVE WARMING

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BACKGROUND INFORMATION:

- Forced air warming products were introduced and utilized at Nebraska Methodist Hospital in the mid-2000’s. This process was revisited in early 2014 after observation of inconsistent practice in regards to maintaining patient normothermia. A process needed to be implemented to effectively utilize best practice in preventing hypothermia in the operating room and improving patient outcomes.

OBJECTIVES OF PROJECT:

- Develop a standard process for perioperative forced air warming
- Improve patient normothermia by preventing redistribution hypothermia in the operating room

PROCESS OF IMPLEMENTATION:

- Preoperative, operating room, and recovery room staff were educated on redistribution hypothermia and the importance of perioperative warming.
- Working with product representatives, a new process was developed which incorporated pre-warming the cart, linen, and gown prior to the patient arriving in the preoperative area. This practice resulted in the patient maintaining their body temperature versus losing it to their environment through conduction and radiation. When the patient arrived in the operating room they experienced less redistribution hypothermia, decreasing their risk for temperature-related complications. After transfer to the recovery room, patient temperatures were maintained by continuing forced air warming. During transfer to patient care floors, the reflective technology of the forced air warming blankets continued to provide temperature control for patients.
- Surgical service staff team work and increased patient outcomes were noted through this process development.

STATEMENT OF SUCCESSFUL PRACTICE:

- A new practice model has been developed to prevent redistribution hypothermia.

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

- Pre-implementation education is instrumental for staff engagement when employing a process to enhance patient outcomes. We followed a prescribed model to observe current practice, re-educate staff on best practice, and implement a new process for patient warming and evaluation of patient outcomes. We were able to effectively measure improvement in patient outcome.