Celebrate Successful Practice 2010

Title
• “Nice & Warm from Start to Finish!”

Members of Project Team
• Kathy Dureault, MSN, RN, CPAN (St. Joseph Hospital, Orange, Ca)
• JoAnn Ladrindo, BSN, RN, CAPA (St. Joseph Hospital, Orange, Ca)
• Beth Villasenor, BSN, RN, CPAN, CAPA (St. Joseph Hospital, Orange, Ca)

Background Information
• Perioperative hypothermia prevention is recommended standard practice for surgical patients.
• A core temperature of 36°C is the minimum acceptable value of normothermia according to ASPAN Clinical Practice Guideline for the Prevention of Unplanned Perioperative Hypothermia.
• Nursing staff observed increasing numbers of hypothermic patients admitted to PACU and wanted to improve outcomes.
• Preventing perioperative hypothermia can prevent serious postoperative complications including wound infection, cardiac events, impaired platelet/coagulation function, shivering, and pressure ulcers.

Objectives of Project
• Reduce incidence of perioperative hypothermia
• Implement warming measures as needed for hypothermia prevention throughout the perioperative setting
• Increase patient comfort and satisfaction

Process of Implementation
• Collected and presented sample data to Anesthesia for feedback
• Presented ASPAN practice guidelines and SCIP measures
• Gathered multidisciplinary team: PACU, Main Preop, anesthesia, SCIP team, Surgical Services Safety Committee
• Initiated hypothermia prevention measures in preop and maintained through discharge

Statement of Successful Practice
• Surgical patients are normothermic within 15 minutes of anesthesia end time

Implications for Advancing the Practice of Perianesthesia Nursing
• The perianesthesia nurse intervenes to prevent perioperative hypothermia through creative strategies and collaboration with the entire perioperative team from admission into pre-op to discharge from PACU