

## **Feel the Warmth, Embrace the Comfort: Prevention of Inadvertent Hypothermia by Active Warming in PeriAnesthesia**

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**Abstract Background Information:** Perianesthesia hypothermia remains a clinical challenge, associated with increased morbidity and mortality. In 2023, the Salinas Valley Health Perioperative Department didn't have a pathway for inadvertent hypothermia prevention. A Perioperative Clinical Practice Council (PCPC) referral in April 2023 revealed that current practice was for corrective measures when the patient is hypothermic ( below 36°C).

**Objectives of Project:** To implement a standardized process to prevent inadvertent hypothermia in perianesthesia patients.

**Process of Implementation:** A literature search identified six systematic reviews, three clinical practice guidelines, six randomized control trials, and three other studies evaluating the effectiveness of active warming in preventing perianesthesia hypothermia and analyzed for outcomes: temperature maintenance, infection, bleeding, and length of stay. These indicated strong evidence to implement a warming protocol. Active warming methods are more effective than passive methods (Su, 2018). Forced-air warming and circulating-water devices are the most effective methods. (Su, 2018). The recommendation is to use multiple passive insulation methods. (Sari, et al. 2021; ASPAN, 2023; AORN, 2019; NICE, 2016). It's also indicated to warm the patient with one or more active warming methods during all phases of perianesthesia(ASPAN, 2023; AORN, 2019; NICE, 2016). Sources recommend active warming for 30 minutes pre-operatively. (Madrid,et al., 2016).

The protocol proposed in June 2023 : Standardized definition of hypothermia: < 36°C; Pre-warm patient for at least 30 minutes preoperatively; If patient is in the OR for ≥ 60 minutes, initiate active warming; Actively warm PACU patients. The exclusions were: patient refusal, hyperthermia, clinical contraindications. After education, information dissemination and adding pre-op EMR documentation, the protocol went live October 2023 and was a standard of care by 2024.

**Statement of Successful Practice:** Literature review showed active warming is effective for preventing perioperative hypothermia which can lower infection rates, decrease blood loss, and potentially shorten hospital stays. Active warming can improve comfort and reduce postanesthetic shivering risk. Forced air warming was increasingly used in the PACU by 2024. Pre-op and intraoperative warming was the standard care for non-excluded patients.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Active warming should be standard care in perianesthesia to prevent hypothermia and associated complications. By proactively maintaining normothermia, healthcare providers can improve patient outcomes and reduce the overall burden of perianesthesia care.