Initial data indicated a greater volume of hypothermia, previously undetected with less reliable, inconsistently used measures.

- Heightened awareness among staff has increased active warming measures in the PACU prior to discharge
- Prolonged length of stay in PACU has been observed due to increased hypothermia treatment requirements, to meet phase I criteria for discharge
- Highest rate of hypothermia detected in general anesthesia patients undergoing urologic, robotic and general surgical procedures
- Compliance with NCTM in PACU remains inconsistent due to high volume of patients and increased pressure of improving throughput times

Early identification and intervention for hypothermia is imperative for improved surgical patient outcomes.

- The literature lacks recommendations for a standard length of time for temperature monitoring
- Further research is needed regarding thermoregulation after anesthesia and the reoccurrence of hypothermia after active warming measures have ceased
- Pre-warming has been identified as an evidence-based practice to reduce postoperative hypothermia, which has sparked a practice change in the preoperative environment