
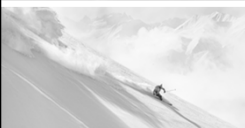



Hypothermia in the Perianesthesia Setting

Cristina Brooks, MSN, RN, CPAN

2022 ASPAN Conference
Session #608

1

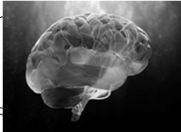
Hypothermia...Defined

Core body temperature less than 36° C (96.8° F)

- Core body temperature
Deep thoracic, abdominal, and central nervous system tissues.
- Peripheral temperature:
Arms, legs, skin and peripheral tissues


2

Thermoregulatory system



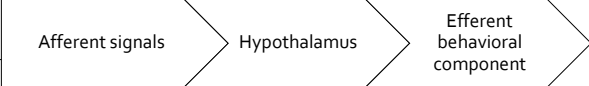
- Core temperature regulation
 - Hypothalamus → links the endocrine system to the nervous system
 - Hypothalamus functions as a thermostat for the body
 - Cold conditions trigger heat producing mechanisms

3




Why do I feel chilly?

- Peripheral and central thermoreceptors
- Temperature receptors on body
- Afferent and efferent neurons
- Behavioral vs Physiologic response



4

Heat Loss




- Radiation
- Convection
- Conduction
- Evaporation

**Room temperature is the single most critical factor influencing heat loss

5

Temperature Measurement




CORE	PERIPHERAL
• Pulmonary Artery	• Oral
• Cutaneous (zero-heat-flux thermometry)	• Bladder
• Esophageal	• Axilla
• Nasopharynx	• Rectum
• Tympanic (probe with contact thermistor or thermocouple mechanisms)	• Tympanic (infrared sensor)
	• Cutaneous (liquid crystal strip)
	• Temporal artery

6

Consistency

- Consistent temperature measurement is imperative for monitoring trends and detecting hypothermia

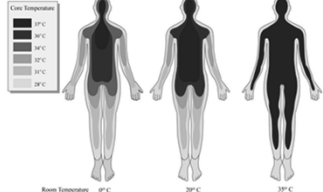


7

Effects of Anesthesia on Thermoregulation

General Anesthesia

- Vasodilation
- Rapid core temp decrease of 0.5-1.5° C
- Redistribution hypothermia
- Decrease shivering and vasoconstriction

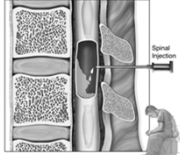


8

Effects of Anesthesia on Thermoregulation

Spinal Anesthesia

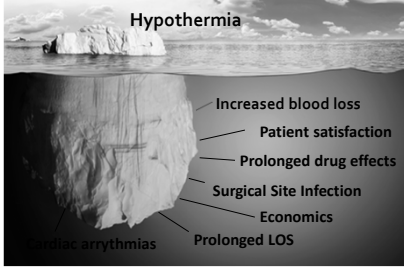
- Vasodilation
- Blocked afferent signals
- False sense of warmth



9

It's not just a little chill...


Hypothermia



10


Complications...why do they happen?

- Cardiac effects
- Increased bleeding
- Prolonged drug effects
- Surgical site infection



11

Cardiac Effects

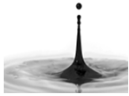


- Myocardia Ischemia
- Increased myocardial demand
- Hypothermia elevates BP, HR, plasma catecholamine concentrations (primarily norepinephrine)
- Causes left shift of the oxyhemoglobin dissociation curve- reduces available oxygen for tissues

12

Bleeding

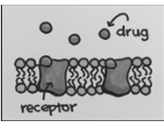
- Hypothermia induced coagulopathy
- Impaired platelet function and clotting activity
- Increased risk for requiring blood transfusion



13

Prolongation of Drug Effects


- Alters pharmacokinetics of drugs
- Impairs enzyme activity
- Decreased metabolism and excretion
- Prolonged effect of anesthetics and various drugs
- Overall delayed emergence from anesthesia



14

SSI


- Vasoconstriction
- Decreased PaO₂
 - Oxyhemoglobin dissociation curve
- Impaired immunity- neutrophil function



15


Prolonged Length of Stay

- Prolonged PACU LOS
- Increased length of hospital stay
- Increased cost
- Linked to pressure ulcer development



16


Risk Factors



<ul style="list-style-type: none"> • Age >60-70 • SBP <140 • Female gender • Higher level of spinal block • BMI below normal • Procedural duration • Body surface/wound area covered • Anesthesia duration • Hx DM with autonomic dysfunction 	<p>Other</p> <ul style="list-style-type: none"> • Ambient room temp • Neonates • Trauma/burn • Pt with fluid shifts • Pt with PVD, endocrine d/o, pregnancy, open wounds
--	--

17

Warming Techniques




<p>Passive Insulation Methods</p> <ul style="list-style-type: none"> • Cotton blankets • Reflective composite fabric (space blankets) • Surgical drapes • Thermal clothing • Head covering 	<p>Active Warming</p> <ul style="list-style-type: none"> • Forced warm air (blanket or gown) • Circulating water mattress or garment • Electric blanket • Warmed IV fluids and irrigation fluids • Radiant warming • Warmed anesthesia gasses
--	--

18


Assessment

- Passive versus active warming
- Active warming: temp measurement Q15 min
- Consistent measurement technique



19

Prevention is Key!




- Prewarming!
 - Studies show an average prewarming time of 30 minutes to be effective.
 - Minimal prewarming of 10 minutes as sufficient to significantly reduce the rate of hypothermia.
- Hypothermia identified before surgery should be addressed and treated
- Don't wait until hypothermia has set in

20

Fun facts

Treating hypothermia, also...

- Results in less opioid use
- Greater patient satisfaction, improved thermal comfort
- Less shivering



21



Questions?

cbrooks@wellspring.org

22