


<b>Name of Policy:</b> <u>Thermal Management of the Peri-Operative Patient</u> <b>Policy Number:</b> 3364-125-28 <b>Department:</b> Nursing Service <b>Approving Officer:</b> Chief Nursing Officer <b>Responsible Agent:</b> Nursing Director, Endoscopy and Surgical Support Services <b>Scope:</b> POH/PACU	 <b>Effective Date:</b> 6/1/2023 Initial Effective Date: 12/10/2009
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

The perioperative clinicians will maintain normothermia for the surgical patient in the pre-op, intra-op, and post operative setting. (American Society of Perianesthesia Nurses, 2020).

**(B) Purpose of Policy**

To standardize the thermal care of the surgical patient throughout the perioperative process.

**(C) Procedure**

1. ASSESSMENT: Will be identical for each phase of the perioperative process, the minimum assessment requirements are;
  - Measure patient’s temperature on admission to all phases of care, and prior to discharge from PACU.
  - Identify patient risk factors for hypothermia; i.e., *general or neuraxial anesthesia, elderly.*
  - Determine patients thermal comfort level *(ask the patient if he/she is cold? If yes, even with a normal temperature (over or = to 36.0C) the clinician will follow the hypothermic pathway.*
  - Observe for signs/symptoms of hypothermia (shivering, piloerection, and or cold extremities). If yes, the clinician will follow the hypothermic pathway.
2. INTERVENTION:
  - Refer to addendum; “Promotion of Perioperative Normothermia” Algorithm. Follow the appropriate pathway for each phase of the surgical process.
  - Passive warming measures: warm blankets, socks, head covering and limited skin exposure.
  - Active warming measure: forced air warming system (Bair Hugger), warm fluids, increased room temperature.
  - Monitor temperature every 15 minutes until normothermia is achieved.
3. OUTCOMES:
  - The patient’s core temperature will be maintained at or above 36.0 C (96.8 F) for all peri-operative phases. *Refer to the addendum for phase specific expected outcomes in addition to the above listed.*

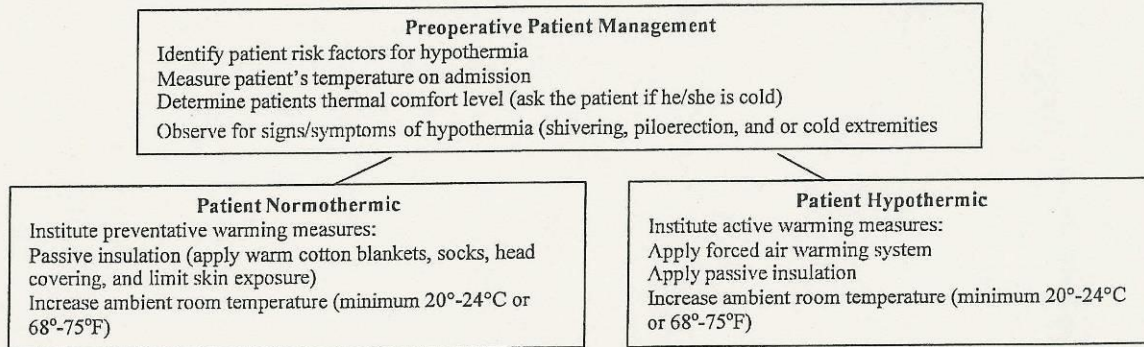
Reference: American Society of PeriAnesthesia Nurses. *Standards of Perianesthesia Nursing Practice 2019-2020*. Cherry Hill, NJ: ASPAN; 2019

<p><b>Approved by:</b></p>  <p>/s/ _____ Date _____</p> <p>Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p><i>Review Policy &amp; Standard Committee, 2/2015, 5/2017, 7/2020, 6/2023</i></p> <p><i>Review/Revision Completed by Michelle Mallett, MSN, RN, CNOR, Director of Surgical Services</i></p>	<p><b>Review/Revision Date:</b></p> <p>8/27/2012 2/17/2015 5/1/2017 7/1/2020 6/1/2023</p>
<p><b>Policies Superseded by This Policy:</b></p>	<p><b>Next Review Date:</b> 6/1/2026</p>

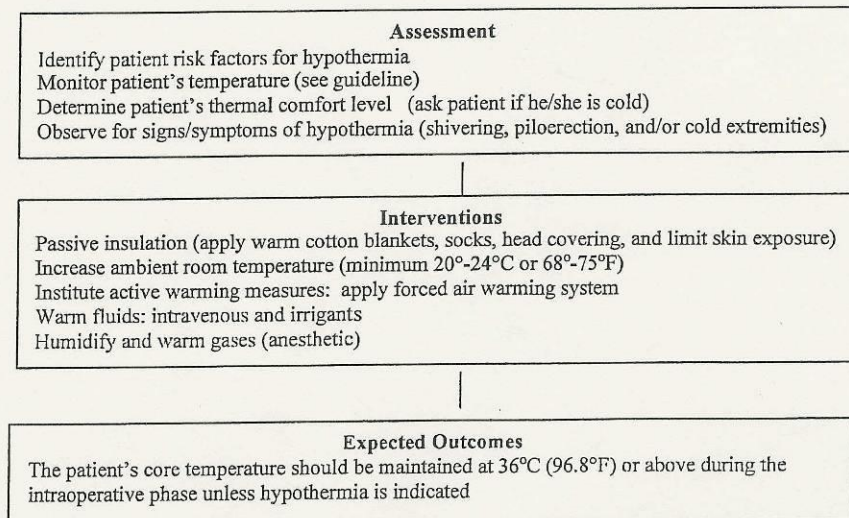
*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*

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### THERMAL MANAGEMENT FLOW CHART

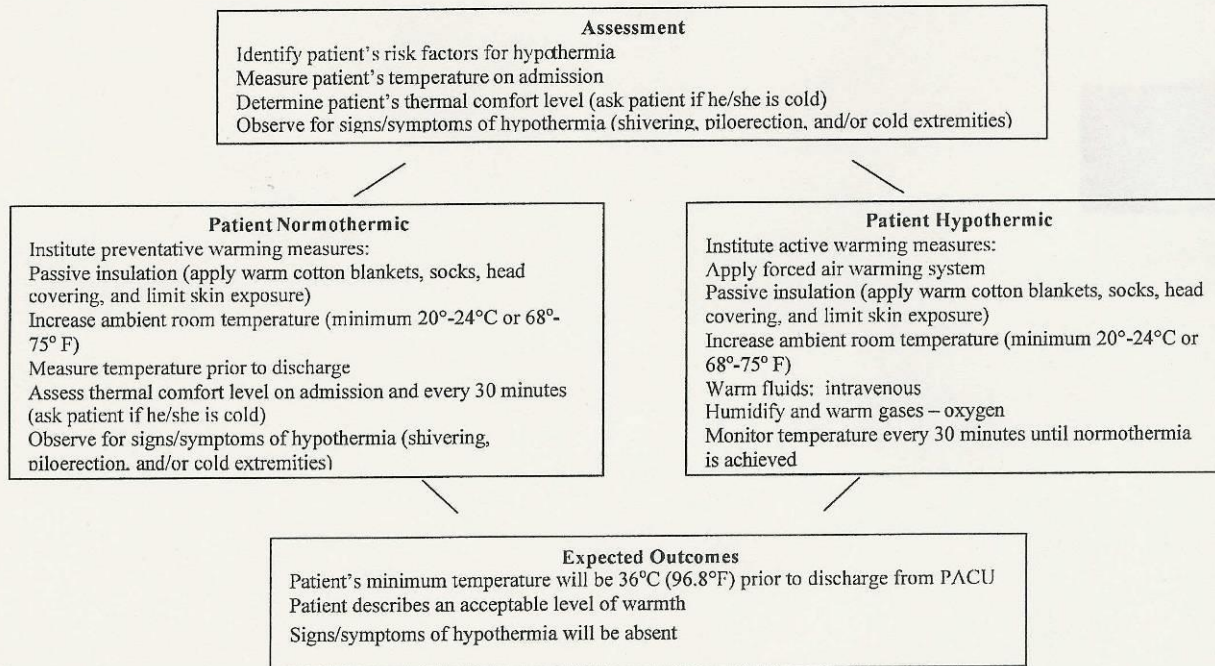


### Intraoperative Patient Management

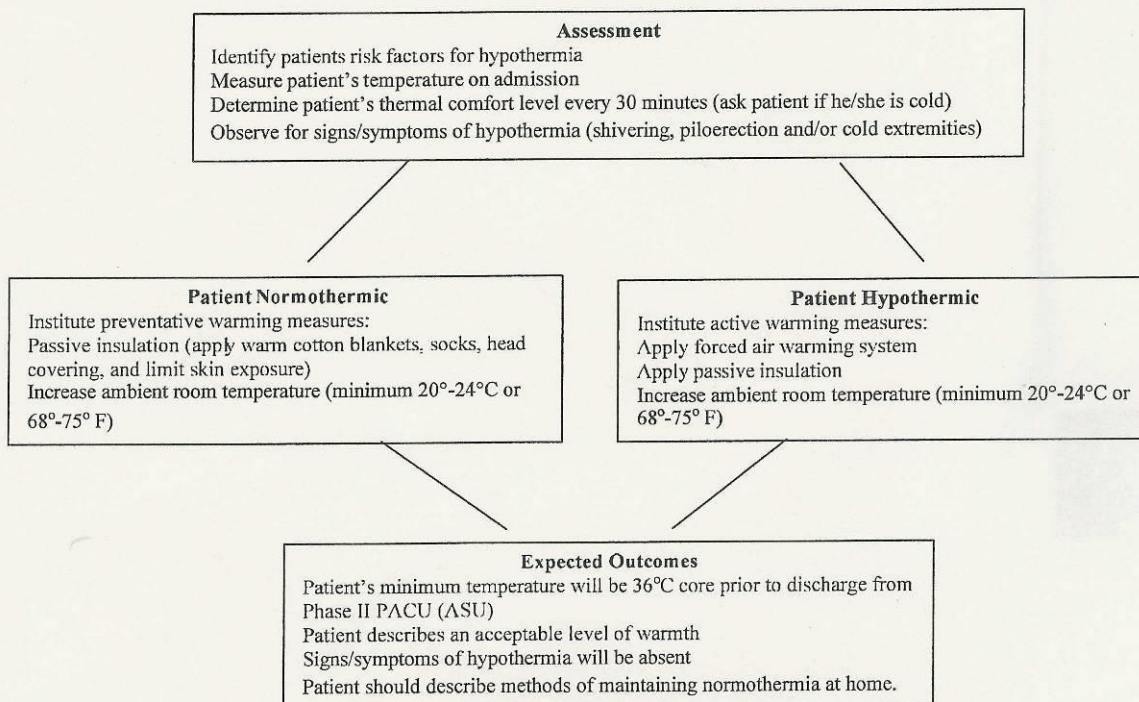


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### Postoperative Patient Management: Phase I PACU



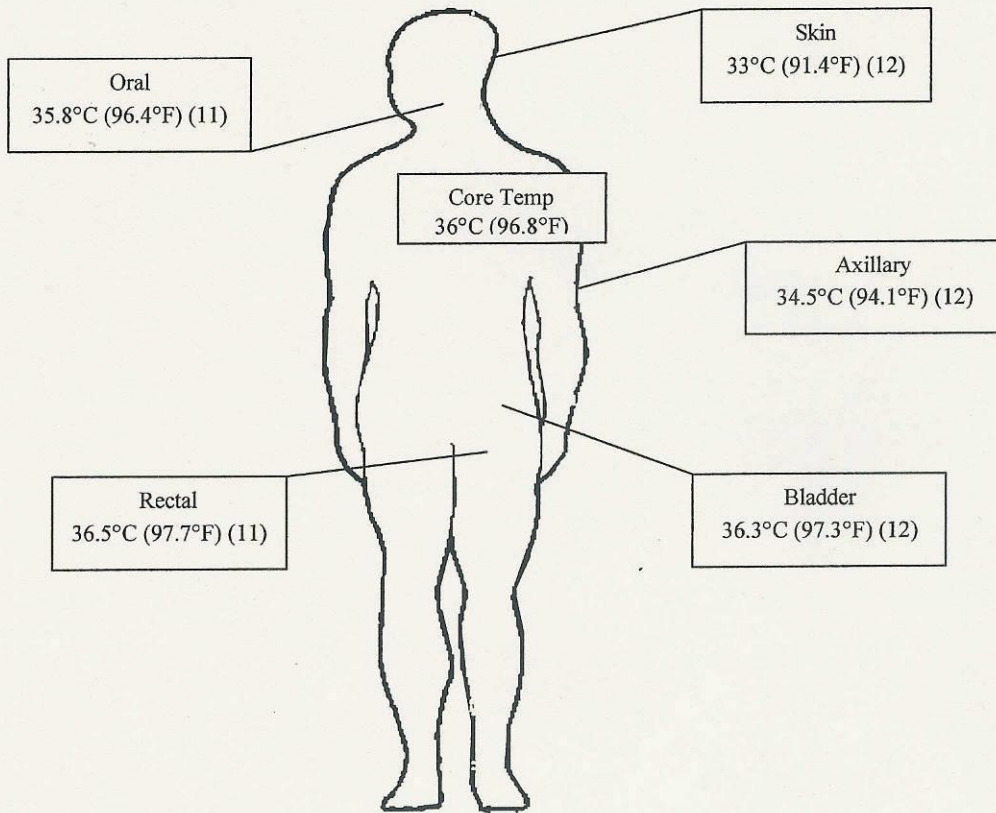
### Postoperative Patient Management: Phase II PACU (ASU)





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### TEMPERATURE EQUIVALENCY CHART



#### Conversion Formulas

$$F = C \times 9/5 + 32$$
$$C = F - 32 \times 5/9$$

**Core Temperature Measurement Sites** – Pulmonary artery, Tympanic membrane\*, Nasopharynx, and Esophagus.

**Sites that Estimate Core Temperature** – Oral, axillary, skin, bladder and rectum\*.

\*Rectal temperatures are equal to core temperature when the patient is normothermic. Rectal temperatures become unreliable measurement when temperature flux is anticipated. (29)

\*Accuracy of tympanic temperatures can vary depending on the instrument, operator, and the patient.