Section: Divisio Approval:		n of Nursing	PROTOCOL	Index: Page: Issue Date: Review Date:	7030.027b 1 of 2 October 11, 2007
HACKETTSTOWN REGIONAL MEDICAL CENTER					
Originator: T. Fitzgerald, RN, BSN <u>PACU</u> (Scope)					
TITLE: MANAGING THE HYPOTHERMIC PATIENT IN PACU					
PURPOSE:		To outline the assessment, intervention, and outcome for the perioperative patient who is hypothermic			
SUPPORTIVE DATA:		Perioperative hypothermia is associated with post-op complications such as cardiac problems, increased bleeding, and increased post-op infections.			
ASSESSMENT:		Upon arrival to PACU:			
		<ol> <li>Measure tem</li> <li>Ask patient if</li> </ol>		nities, shivering, p	biloerection)
INTERVENTION		If patient is normothermic, continue preventative measures:			
		<ol> <li>Room temper</li> <li>Ask patient up temperature.</li> </ol>	covered (warm blankets, socks, head rature should be minimum 20 - 24° C pon admission and every 30 minutes, bserve for signs or symptoms of hypo	(68 - 75° F) , minimally, if com	
		If patient is hypothermic:			
		a. Begin a circulat too wa b. Decrea un	ase air temperature when normothern stable	or those who can	not tell you they are
		4. Humidify and	v fluids if necessary as per anesthes warm gas – oxygen as per anesthesi erature each 30 minutes and/or until p	ologist.	e/he is comfortable
OUTCOME	Patient will:				
		2. Describe she	m temperature of 36° C (96.8° F) pric /he has an acceptable level of warmtl gns or symptoms of hypothermia		ırge

## DOCUMENTATION: Record on PACU record:

- Any physical findings, including signs and symptoms of hypothermia
   PACU arrival and discharge temperatures; any temperatures taken during Bair Hugger usage
- Patient response to any interventions done for hypothermia
   Documentation of Bair Hugger use in appropriate check-off box

REFERENCE: Journal of PeriAnesthesia Nursing. June 2006. Vol. 21. No. 3. Pg 177-185.