Normothermia in Colo-Rectal Surgical Patients
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**Problem:** Hypothermia is a consequence of surgery and anesthesia, with unplanned hypothermia ranking among the most common complications of surgery. Patients with mild perioperative hypothermia have three times as many culture-positive surgical wound infections as normothermic patients. Baseline data in our PACU revealed that of 25 open colo-rectal surgery patients, 10 (40%) were hypothermic (temp<96.8F) on arrival to PACU.

**Evidence:** A review of literature confirmed that preventing hypothermia by using warming techniques reduces post-operative complications. Patients can also experience a greater level of comfort, have shorter length of stay, and reduce hospital costs.

**Strategy:** For this nurse driven quality improvement project and Surgical Care Improvement Project (SCIP) initiative, a team comprised of nurses, surgeons, and anesthesiologists was formed to identify causes of hypothermia and practice changes that would reduce hypothermia in open-rectal surgical patients.

**Practice:** Education on the negative consequences of hypothermia and the use of warming techniques was conducted. Incidental findings of variation in technique used to obtain temperatures resulted in re-education and in-service instruction by product vendor. Through education and support a change in attitude from resistance to enthusiasm occurred.

**Evaluation:** After intra-operative warming devices were initiated, hypothermia was reduced from 40% to 16%. Although this was a significant improvement, further literature review of warming techniques was conducted. As a result, pre-operative warming interventions were implemented.

**Results:** Outcome data - with the use of both pre-operative and intra-operative warming interventions 100% of patients were normothermic on arrival to the PACU. Surgeons now include pre-operative warming applications in their order sets. Warming techniques are currently being implemented with all surgical patients.

**Recommendations:** Prior to instituting a practice change, use current evidence to educate and re-educate personnel on its importance to quality patient care.

**Lessons Learned:** The importance of looking beyond current practice to implement changes that will improve patient outcomes; sharing information and celebrating results for more buy-in; being creative and consistent in encouraging and motivating team members.