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The effect of perioperative body temperature management on unplanned hypothermia

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Statement of the Problem: Surgical Site Infections (SSI) are significantly associated with longer inpatient length of stay, higher medical expense and poor life quality. It is estimated that 40~60% of SSI is preventable. Unplanned hypothermia could predispose to SSI and might occur in 50% of patients undergoing anesthesia in the operation room. World Health Organization (WHO) have suggested that maintaining peri- operative normothermia above 36° C is effective in reducing SSI. The purpose of this study is to describe the experience of team work from surgical ward, operation room and anesthesia department to improve body temperature management for inpatients undergoing surgery.

Methodology & Theoretical Orientation: An inter-departmental improvement program was initiated to use warming equipment, establish hypothermia guideline and hand-over system. The guideline kept peri- operative body temperatures with various warming equipment according to body temperature.

Findings: Peri-operative body temperature monitoring and complete hand-over reached 100%. Unplanned hypothermia decreased from 38.2% (335/884) to 29.2% (121/418) during transfer from ward to operation room and decreased from 27% to 1.5% during transfer from operation room to the post-anesthesia care unit.

Conclusion & Significance: An inter-departmental body temperature management protocol reduced peri- operative hypothermia. A team work between surgery ward, operation room and anesthesia department provided continuous body temperature monitoring and suitable warming guideline thus ensured the peri- operative care quality.



Biography

Head nurse Hsiao-Wen Tasi has her expertise in adult nursing and passion in improving the surgical care quality. She has clinical experience in emergency department, intensive care unit and surgical ward. She has 16 years of experience in nursing care, patient safety, teaching and administration in Kaohsiung Municipal Hsiao-Kang Hospital.

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