Managing OR Temperature

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The Joint Commission is focusing on patient normothermia issues for patient safety and new SCIP measures require that upon release to the PACU body temperature be maintained at 36 C or higher.

One of the easiest ways to help unintended hypothermia in patients is to **warm the temperature of the OR**. It has been documented that while active forced air warming of patients helps prevent unintended hypothermia, warming devices such as warming blankets alone **may not be sufficient** to prevent unintended hypothermia in many surgical procedures. AORN Guidelines recommend that “room temperature be warmed to a minimum of 23C (73.4F) where active warming is not feasible or not sufficient to maintain normothermia. In orthopedic procedures, normothermia was successfully maintained, **with out forced air warming,** by raising room temperatures to 26C.”

When the OR is warmed to temperatures between 23C-26C surgeons become overheated, which causes sweating during procedures. Personal body cooling products like cooling vests should be made available to the surgeon to help prevent sweating during surgery.

Patients with severe trauma have an increased risk of hypothermia, and may be hypothermic upon arrival. This factor increases risk of death in these patients. Because of the amount of damaged tissue in these patients, forced air warming

may not be as effective, or feasible. Additional precautions should be taken to minimize heat loss. Room temperature should be raised and maintained at 29.4C (85F) according to AORN Guidelines. Again, personal cooling units should be considered for surgeon comfort and sweat prevention.

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