

	Policies and Procedures Title: HYPOTHERMIA (MILD) TREATMENT - USE OF WARMING DEVICE I.D. Number: 1084
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DEFINITION

Mild hypothermia is defined by the National Association of Peri-Anesthesia Nurses as a temperature range of 34° to 35.9°C.

1. PURPOSE

- 1.1 To prevent further heat loss and stabilize core body temperature by external warming.
- 1.2 To re-warm the patient to a temperature of greater than or equal to 36°C. Normothermia range is defined as 36° to 38°C.
- 1.3 To assist the patient in maintaining a minimum core body temperature of 36°C. Core temperature is defined as the temperature of blood and internal organs.

2. POLICY

- 2.1 Patients who have mild hypothermia will be monitored and assessed every 15 min until the patient's temperature is greater than or equal to 36°C including blood pressure, pulse, oxygen saturation and respirations.
- 2.2 Pediatric patients who have mild hypothermia should be continuously monitored as per physician orders.
- 2.3 It is strongly recommended that all patients requiring the use of a warming device for treatment of mild hypothermia be cared for in an area that can meet the monitoring requirements. Some disease processes and/or conditions can lead to chronic hypothermia.

Note: *When patient's temperature is 34°C it is recommended that the patient be placed on a cardiac monitor due to resulting dysrhythmias and electrolyte imbalances as per physician orders.*

- 2.4 While rewarming, the patient's temperature must be assessed every 15 minutes until the

patient's temperature is greater than or equal to 36°C.

2.3.1 Once the rewarming device is discontinued the patient's temperature must be assessed q15minutes x 2 to assess if patient can maintain normothermia.

2.3.2 Oral, axilla, rectal or temporal artery (TA) thermometer will be used to check the client's near core temperature.. If unable to obtain a reading then a more accurate evaluation of the body's core temperature may be used such as esophageal, pulmonary artery or urinary bladder.

Note: *A core temperature is the best evaluation of body temperature and is less likely to be influenced by environmental and other factors.*

Note: *On average a rectal temperature is 0.5°C higher than oral and an axilla temperature is 0.5°C lower than oral.*

2.5 Patients should be warmed at a rate of 0.5 - 1.0°C / hour or as per physician orders.

2.6 A physician should be consulted when temperature drops below 34°C.

3. PROCEDURE

3.1 Ensure all clothing, linen, dressings are dry to minimize further heat loss and for patient comfort. The patient's wounds should be covered during treatment.

Note: *If patient has a transdermal medication patch, increased drug delivery may occur during rewarming.*

3.2 Apply rewarming device – see manufacturer's instructions. Warmed air should never be blown directly onto the patient's skin as burns may occur (i.e. Do not place warming device hose directly under patient's blankets, hook up to warming device blanket.

3.3 Monitor the patient's temperature and vital signs every 15 minutes including blood pressure, pulse, respirations, oxygen saturation and temperature. Pediatric clients should be continuously monitored as per physician orders.

3.3.1 Determining the route to measure temperature depends on accessibility of the site, client comfort, and correct use of the device by the health care provider. Measurement methods include oral, axilla, tympanic, rectal, and temporal artery.

3.3.2 The same site and method must be used when taking repeated temperatures to monitor the temperature trend and any changes.

3.3.3 If vital sign instability occurs such as respiratory depression, vasodilation, depletion of blood volume (cardiac instability), circulatory insufficiency and/or altered mental status notify physician immediately.

3.3.4 If there are concerns regarding poor perfusion, monitor the patient more frequently (vital signs and skin condition) to decrease incidence of thermal injury.

3.3.5 Rewarming may be discontinued at the discretion of the healthcare provider such as RN, or physician, or when the patient's temperature has reached 36 to 36.5°C.

3.4 When temperature reaches 36° to 36.5°C, or as ordered, turn off warming device and leave blankets in place in case client temperature drops below 36°C and the warming device is required. Continue to monitor temperature every 15 minutes x 2 to maintain temperature greater than or equal to 36°C.

Note: *This is to monitor for overshoot which is when the thermoregulatory mechanism rebounds (core temperature drops because body is redistributing heat to colder periphery) or overcompensates (temperature continues to rise).*

3.5 Documentation:

3.5.1 Client and family education.

3.5.2 Patient's temperature and site of temperature assessment (i.e. oral, TA, rectal) on vital sign record or progress record.

3.5.3 Vital signs, cardiac rhythm, and hemodynamic status.

3.5.4 Physical assessment findings.

3.5.5 Neurological findings.

3.5.6 Skin assessment.

3.5.7 Type of warming device and settings.

3.5.8 Time warming device is initiated and discontinued.

4. REFERENCES

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