Saskatoon Health Region	Policies & Procedures Title: **HYPOTHERMIA (MILD) TREATMENT - USE OF WARMING SYSTEM** I.D. Number: **1084**
Authorization [x] SHR Nursing Practice Committee	Source: Nursing Date Revised: May 2011 Date Effective: May 1996 Scope: **Saskatoon City Hospital** **Royal University Hospital** **St. Paul's Hospital**

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 36°C.

1.3 To assist the patient to maintain a body temperature of 36.0°.

2. POLICY

2.1 Mild hypothermia is defined as a temperature greater than 34°C but less than 36°C.

2.2 It is recommended that all patients requiring the use of a warming system for treatment of mild hypothermia be cared for in an area that can meet the monitoring requirements. Some disease process / conditions lead to chronic hypothermia

Note: *When patient's temperature is approaching 34°C, it is recommended that arrangements be made to implement cardiac monitoring.*

2.3 Is it recommended that all patients with moderate and severe hypothermia (temperature less than 34°C) be managed in critical care areas with resuscitation equipment readily available.

2.3.1 Patients with temperatures less than 34°C should have cardiac monitoring for detection of re-warming dysrhythmias.

2.4 Patient temperature should be assessed every 15 minutes until patient's temperature is 36°C x 2 following discontinuation of re-warming efforts.

2.4.1 Use temperature method that will most accurately represent the average core temperature. That can be obtained by using an oral or temporal artery thermometer

initially. If unable to obtain a reading then core (rectal, esophageal, pulmonary artery or urinary bladder) can be used.

2.5 Patients should be warmed at a rate or 0.5 – 1.0° C / hour.

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 with rewarming*

3.2 Apply rewarming system – See manufacturer's instructions

3.3 Monitor the patient's temperature and vital signs every 15 minutes.

3.3.1 Rewarming may be discontinued at the discretion of the clinician, comfort level of the patient when the patient's temperature has reached 36°C or if vital sign instability occurs. Notify physician of vital sign instability immediately

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

3.3.3 Pediatrics should be constantly monitored

3.4 When temperature reaches 36°C, or as ordered, continue to monitor every 15 minutes for further 2 readings

3.4.1 Turn off the warming unit but leave blankets in place.

Note: *This is to monitor for after drop where the temperature drops off or overshoot where temperature continues to rise*.

3.5 Continue to monitor temperature and vital every 15 minutes for further 2 readings to ensure the temperature has stabilized

Note: *This is to monitor for after drop where the temperature drops off or overshoot where temperature continues to rise*.

3.6 Documentation

3.6.1 Temperature readings and source on appropriate record

3.6.2 Patient comfort

3.6.3 Skin condition

3.6.4 Complications and interventions

4. REFERENCES

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