

3M Perioperative Normothermia Protocol

An evidence-based protocol, based on global guidelines: ERAS, WHO, CDC, ACORN (Australia), ACS, AORN, ASA (US), DGAI (Germany), NICE (UK), ORNAC (Canada), SEDAR (Spain), SFAR (France), and SIAARTI (Italy).

Prewarm, Monitor, Maintain

PreOp



Prewarm

with forced-air warming for at least 10 minutes on highest setting.¹



Monitor

patient's core body temperature.



Prewarming prior to the induction of anesthesia helps to maintain normothermia and mitigate the effects of heat redistribution caused by anesthesia.

IntraOp



Warm

with forced-air warming prior to anesthesia administration and continue to warm throughout the procedure. The gap from prewarming to IntraOp warming should be less than 10 minutes.²



Monitor

patient's core body temperature continuously during surgery.³



Maintain

patient's core body temperature near 36.5°C (36.6 + or - 0.5°C).⁴

Every minute in delay of active warming increases odds of hypothermia by 5%.²

Fluid warming should be used if more than 1L of IV fluid will be administered.⁵

PostOp



Warm

with forced-air warming until patient is thermally comfortable and not shivering.⁶



Monitor

patient's temperature on admission to recovery room and then every 15 minutes until 36.0 degrees C or above.



Maintain

patient's core body temperature near 36.5°C (36.6 + or - 0.5°C).⁴

By maintaining a patient's core body temperature near 36.5°C (36.6 + or - 0.5°C), patient length of stay has been shown to be reduced by 2.6 days.⁴

Degrees make a difference

The difference between a positive patient outcome and a complicated recovery can be a matter of degrees.

Maintaining normothermia can help protect your patients from:



Morbid cardiac events.^{7,8}



Delayed recovery time, longer stay.⁴



Surgical site infection.^{9, 10}



Thermal discomfort.^{11,12}



Blood transfusions.¹²

The purpose of this document is to provide health care facilities with an example protocol that can aid in assisting in the design and implementation of a normothermia maintenance protocol. It is up to each facility to develop their own protocol, customized to their policies, practices and applicable laws and regulations. This document serves only as an example and is not intended to provide prescriptive medical guidance.

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