

Ten Great Reasons To Warm Every Surgical Patient

1 RTD

Patients Undergoing General Anesthesia are Susceptible to Inadvertent Perioperative Hypothermia (IPH).

All surgical patients—regardless of age, weight or other factors—undergoing general anesthesia are susceptible to Redistribution Temperature Drop (RTD). Research shows that core body temperature drops up to 1.6°C in the first hour following the induction of general anesthesia,¹ increasing the risk for inadvertent perioperative hypothermia and its associated complications, which include higher mortality rates,² longer hospital stays³ and an increased rate of wound infection.⁴

2

Prevent!

Inadvertent Perioperative Hypothermia and Its Complications Can Be Easily Prevented.

Stop inadvertent perioperative hypothermia before it begins by prewarming your patients prior to surgery. Just 15 minutes of actively prewarming with forced-air warming can add to the body's total heat content and combat RTD. By preventing inadvertent hypothermia, you could help your patients avoid the complications associated with it, including an increased rate of wound infection.⁴ For additional information, visit www.preventhypothermia.org.

3

Quality Improvement

National Quality Improvement Initiatives Recommend Normothermia Maintenance to Reduce SSIs.

Institute for Healthcare Improvement and Surgical Care Improvement Project initiatives note the importance of maintaining normothermia to help reduce the incidence of surgical site infections in surgical patients. These initiatives also recommend the use of forced-air warming as an active warming measure to maintain normothermia. For more information, visit www.ihl.org or www.qualitynet.org.

4

SCIP 10 Measure

Normothermia for Improving Surgical Care.

An anesthesia quality measure adopted by the Centers for Medicare and Medicaid Services calls for normothermia to be achieved for a broad range of surgical patients. All patients undergoing general or neuraxial anesthesia for procedures 60 minutes or longer are to reach a target temperature of 36°C as measured in the operating room or PACU. If for some reason normothermia is not achieved, the measure also can be met by showing that proven active warming measures were used.

5

Shivers!

Patients Remember Being Cold.

Patients probably won't remember the antibiotics administered to help prevent SSIs, but they will remember feeling cold before and after surgery. Using forced-air warming throughout the perioperative period can increase patient satisfaction, decrease patient anxiety and contribute to SSI reduction efforts.

6 Outcomes

The Benefits of Maintaining Normothermia.

In general types of surgeries, studies suggest that maintaining normothermia decreases the following: wound infection, myocardial infarction, ICU time, length of stay, mortality rates, the use of blood products, likelihood of mechanical ventilation and the probability of needing a transfusion.⁵

7 Proven

Forced-Air Warming: Over 25 Years of Safe, Effective Use.

Since we introduced forced-air warming over 25 years ago, it has been used to safely and effectively maintain patient normothermia in more than 165 million patients worldwide. This technology has been studied extensively, with more than 100 published papers documenting the clinical benefits of forced-air warming and maintaining normothermia.

8 Easy

Warming Patients is Easy.

Forced-air warming is used in more than 85% of U.S. hospitals and its presence is growing worldwide. Chances are you and your colleagues are familiar with how forced-air warming works and already have the equipment you need to warm all your surgical patients.

9 Cost-effective

Warming Patients is Cost-effective.

Your patients can enjoy the benefits of maintaining normothermia with the cost-effective care offered by a FAW warming blanket. When comparing the cost of forced-air warming with the estimated \$2,500-\$7,000 per patient cost⁵ of treating complications of hypothermia, warming just makes sense.

10 25 Styles

So Many Ways to Warm.

With 25 FAW warming blanket styles, including six underbody series blankets, we offer warming options for any surgical procedure.

References:

1. Sessler DI. Current concepts: mild perioperative hypothermia. *New England Journal of Medicine*. 1997; 336: 1730-1737.
2. Barie PS. Surgical Site Infections: Epidemiology and Prevention. *Surgical Infections*. 2002; Vol. 3, S-9 – S-21.
3. Jeran L. American Society of PeriAnesthesia Nurses Development Panel. Clinical Guideline for the Prevention of Unplanned Perioperative Hypothermia. *Journal of PeriAnesthesia Nursing*. Oct. 2001; Vol. 16(5): pp 305-314.
4. Tryba M, Leban J, et al. Does active warming of severely injured trauma patients influence perioperative morbidity? *Anesthesiology*. 1996; 85: A283.
5. Mahoney CB, Odom J. Maintaining intraoperative normothermia: A meta-analysis of outcomes with costs. *AANA Journal*. 1999; 67: 155-163.