



Post-anaesthetic care

The postoperative phase of recovery is the 24-hour period following the patient's entry into a post-anaesthetic care unit or recovery area (NICE 2016).

Hypothermia can increase the length of stay in the post-anaesthetic care unit (PACU) and is identified as one of the most frequent adverse outcomes in the immediate postoperative period (AfPP 2016).

2.15.27 The patient's temperature should be measured and documented on admission to the recovery area and this should be repeated at 15-minute intervals (Hooper et al 2010, NICE 2016).

Maintaining perioperative normothermia in post-anaesthetic care

The following recommendations for local policy in post-anaesthetic care are taken from Section 2 (page 145) of **Standards and Recommendations for Safe Perioperative Practice (Fifth Edition)**, published by The Association for Perioperative Practice.

2.15.28 Patients should be transferred to pre-warmed beds where possible. Perioperative warming is cost effective and reduces patient discomfort by reducing the incidence of wound infections, length of stay in hospital and postoperative shivering (AfPP 2016).

2.15.29 If the patient's temperature is 36°C or below, then active warming with the use of a forced air warming system should be instigated until the patient is comfortably warm and reaches 36°C or above before discharge to the ward from the recovery room (PACU) (NICE 2016).

2.15.30 Hypothermia is the most common cause of postoperative shivering (Hooper et al 2010). Shivering can increase oxygen demands and can also cause strain on the cardiovascular system.

2.15.31 Shivering can also cause distress to the patient. When this occurs the patient should be reassured with sensitive communication, explaining clearly the care to be administered to reduce and prevent the shivering (AfPP 2016).

2.15.32 The use of all warmed air devices should be documented on the local care plan or in the patient's notes.

2.15.33 The same method of temperature measurement should be used throughout each stage of the perioperative period to ensure accuracy and consistency in measurements (Hooper et al 2010).

References and further reading

Association for Perioperative Practice 2016 **Standards and recommendations for safe perioperative practice** Harrogate, AfPP

Hooper VD, Chard R, Clifford T et al 2010 ASPAN'S evidence-based clinical practice guideline for the promotion of perioperative normothermia **Journal of PeriAnesthesia Nursing** 25 (6) 346-365

National Institute for Health and Care Excellence 2016 Hypothermia: prevention and management in adults having surgery (CG65) [online] Available from: <https://www.nice.org.uk/guidance/cg65> [Accessed April 2021]

Tanner J, Kay J, Chambers K 2016 Avoiding inadvertent peri-operative hypothermia **Nursing Times** 112 (35/36) 10-12 [online] Available from: <https://www.nursingtimes.net/clinical-archive/perioperative-nursing/avoiding-inadvertent-peri-operative-hypothermia-12-09-2016/> [Accessed April 2021]


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