

PRACTICE GUIDELINE

Effective Date: **5-20-05**

Manual Reference: **Deaconess Trauma Services**

TITLE: PREVENTION OF HYPOTHERMIA
[Reference to Hypothermic Coma Protocol]

PURPOSE: To define methodologies to prevent hypothermia in the trauma patient.

DEFINITIONS:

1. Hypothermia: A body temperature below normal in any victim of trauma.
2. "Clinical" hypothermia: A core temperature below 35° C in any victim of trauma and is classified as follows:
 - a. Mild hypothermia: 32° to 35° C.
 - b. Moderate hypothermia: 30° to 32° C.
 - c. Severe hypothermia: < 30° C.
3. Patients at risk for hypothermia:
 - a. History of prolonged, cold environmental exposure.
 - b. Massive blood and fluid loss with large fluid requirements.
 - c. Severe head injury.
 - d. Infants and children.
 - e. Burns.
 - f. Drowning victims.

GUIDELINES:

1. All victims of major trauma are considered "at risk" for hypothermia.
2. All trauma patients should have an initial temperature measured via the oral, rectal or bladder route within 15 minutes of arrival.
3. All trauma patients should be managed using principles of passive rewarming, i.e. removal of wet clothing/linen, coverage with warm blankets, and maintenance of adequate ambient room temperature (82° F). Additional protection for infants/children can include booties and a cap.
4. Care should be taken to minimize exposure during diagnostic and therapeutic procedures.
5. The trauma room temperature should always be maintained at greater than 82° F.
6. The operating room should be warmed for any emergent and/or lengthy trauma cases with goal of room temp of 85° F.
7. All fluids and blood products should be warmed, either with a standard fluid warmer or via the rapid infuser that will always be kept in the trauma room. There are rapid infusers located in the ED, trauma ICU, OR, and a spare in SSP.
8. Patients with a core temperature < 96.8° F (36° C) should have additional active external rewarming with a convective air blanket (Bair Hugger).

9. Trauma patients with a core temperature < 95.5° F (35.5° C) should have consideration of additional active core rewarming:
 - a. Notify the trauma attending immediately.
 - b. Consider the use of the Normothermia Protocol (Nursing Policy in Mosbys)
 - Use Normothermia for Hypothermia Patients Order Set in Epic
 - Consider use of Warming Wraps for active external rewarming
 - c. Begin aggressive passive re-warming measures as above.
 - d. Consider heated oxygen circuits & warmed gastric lavage.
10. Trauma patients that are intubated and hypothermic should have warmed humidified oxygen.

REFERENCES:

- Advanced Trauma Life Support, American College of Surgeons.

REVIEWED DATE	REVISED DATE
Older dates removed for space purposes	Older dates removed for space purposes
JAN 18	Aug 14
JAN 19	Jan 16
MAY 20	Jan 17
MAY 21	Sept 2019
SEPT 20	
AUG 21	