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**PURPOSE:**

Hypothermia is frequently seen in the injured patient. While the causes of hypothermia may be multifactorial, the end results may include dysrhythmias, coagulopathy, and even a decrease in overall survival. The purpose of this policy is to provide a mechanism to prevent or treat hypothermia in the trauma patient.

**POLICY STATEMENT:**

Efforts should be in place to prevent the development of hypothermia in all patients receiving Trauma System Activation. When hypothermia is identified, the following treatment plan may be used to correct the patient’s temperature promptly.

**ENTITIES AFFECTED BY THIS POLICY (SCOPE):**

This policy applies to WakeMed General Surgery Raleigh and Cary, the Raleigh Emergency Services, and Cary Emergency Services.

**WHO SHOULD READ THIS POLICY:**

This policy shall be read by Emergency Services and Trauma Services staff, supervisors, managers, directors, and administrators.

**PROCEDURES:**

**Trauma Resuscitation Area (TRA)/Radiology Travel**

- I. Room Set-Up
  - a. The designated TRA should have:
    - i. Fluid warmer/Rapid infuser
    - ii. Warm blankets in the warmer
    - iii. Warm IV fluids (100° – 104° F)
- II. Monitoring
  - a. All trauma patients should have their temperature taken and recorded within thirty minutes of arrival to the TRA.
  - b. All patients noted to be hypothermic ( $T \leq 96.8^{\circ}$  F.), or at risk for subsequent development of hypothermia, should, at a minimum, have temperature monitored and recorded every hour.
- III. Intervention
  - a. All trauma patients who receive trauma system activation should have:
    - i. Warmed IV fluids hung
    - ii. Warm blankets placed after the secondary survey
  - b. All patients with a recorded temperature  $\leq 96.8^{\circ}$  F should also have:
    - i. Bair Hugger placed for active external warming
    - ii. Warm humidified O<sub>2</sub>

**Origination date:** 09/30/2004


**Prepared by:** MGR, TRAUMA PROGRAM

**Approved by:** MED DIR, TRAUMA, PHYSICIAN, SURGEON

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## **Operating Room (OR)**

- I. Room Set-Up
  - a. The designated trauma operating room should have:
    - i. Fluid warmer/Rapid Infuser – may receive equipment transfer from ED/ICU
    - ii. Warm blankets
    - iii. Warm IV fluids (100° – 104° F)
  - b. Monitoring
    - i. All patients should have their temperature monitored and recorded every hour minimum.
  - c. Intervention
    - i. All trauma patients who receive trauma system activation should have in the OR:
      1. Warmed IV fluids
      2. Warmed blanket placed
    - ii. All patients with a recorded temperature  $\leq 96.8^{\circ}$  F should also have:
      1. Bair Hugger placed for active external warming
      2. Warm humidified O<sub>2</sub>

## **Intensive Care Unit**

- I. Room Set-Up
  - a. The designated Intensive Care Unit room should have:
    - i. Fluid warmer/Rapid Infuser – may receive equipment transfer from ED/OR
- II. Warm blankets Monitoring
  - a. All trauma patients should have their temperature taken and recorded within thirty minutes of arrival to the intensive care unit.
  - b. All patients noted to be hypothermic (T  $\leq 96.8^{\circ}$ F), or at risk for subsequent development of hypothermia, should have temperature monitored and recorded every hour minimum.
- III. Intervention
  - a. All patients with a recorded temperature  $\leq 96.8^{\circ}$  F should also have:
    - i. Warm blankets placed after the tertiary survey
    - ii. Bair Hugger placed for active external warming
    - iii. Warmed IV fluids hung
    - iv. Warm humidified O<sub>2</sub>

### **I. ADDITIONAL RESOURCES**

- a. Advanced Trauma Life Support ATLS: Student Course Manual. (2018). 10th ed.

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Chicago: American College of Surgeons.

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