

## Department of Anesthesia

**Title:****Intraoperative Warming****Issued:**

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**Attachment:****POLICY:**

Every patient receiving anesthesia shall have temperature monitored when clinically significant changes in body temperature are intended, anticipated or suspected. During the conduct of an anesthetic, attempts will be made to keep the patient's body temperature above 36 C, unless there are clinical or technical reasons why that cannot be accomplished.

**PROCEDURE:**

With endotracheal intubation, esophageal temperature monitoring is usually the most appropriate. In the absence of endotracheal intubation, the temperature may be monitored from the nasopharynx, axilla, or rectum, if necessary

Operating room temperature will normally be maintained at 68° C and with a relative humidity of 50%. The operating room may be warmed in the case of pediatric patients.

Forced air warming ("Bair Hugger") is the technique of choice, using the disposable upper or lower body blankets and whole body blankets in the case of infants. Forced air warming units are not to be used without the appropriate disposable blanket. The practice of "hosing" (using forced air under woolen hospital blankets) is not allowed. In addition, warming lights may be used to warm infants. The lights will be kept at appropriate distances from the infant.

When using circulating fluid blankets (e.g. K-Thermia Unit), warming fluid temperature should take into account tissue perfusion status, so as to prevent burns in underperfused/avascular tissue.

Fluid/Blood warmers purchased by the Department of Anesthesia are to be used when and wherever practical. IV fluids and Blood products are NEVER to be warmed in fluid baths ("hot water").

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