

The Effects of Active versus Passive Prewarming of Pediatric Surgical Patients during the Pre-operative Period

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Objectives

To establish a prevalence of greatest to least in terms of loss of temperature, gain of temperature or no change in temperature as related to warming measures. To identify e

Research Support

Hypothesis

Patients whose temperatures have been maintained at normal levels during the intra-operative period experience fewer adverse outcomes [4]. Does utilization of forced-air warming devices pre-operatively have an effect on core body temperature post-operatively? Other research questions for consideration:

Is the difference in adverse outcomes between normothermic and hypothermic patient groups significant across studies?

Do passive or environmental warming measures provide the same clinical benefits as forced-air warming? In other words, is there a significant difference that exists in effectiveness of modality for maintaining intra-operative normothermia? [4].

Are results consistent across completed studies?

Studies on perioperative temperature regulation were retrieved electronically by searching CINAHL and MEDLINE databases, limiting consideration to full-text articles in journals published between 1995 and 2011.

Implementation plan

The innovation will be employed in the perioperative department of a metropolitan pediatric hospital. Prior to the implementation of the innovation, education will be provided for the anesthesiologists and perioperative staff. Patients aged newborn to 19 years who have been assigned an American Society of Anesthesiologists (ASA) Physical Status score of I-III, and who are having elective procedures, will be eligible. The

