The Use Of An Intraoperative Forced Air Warming Device Alone Versus Warmed Intravenous Fluid Infusion And Forced Air Warming Versus Warmed Intravenous Fluid Infusion Alone In Patients Undergoing Open Intra-Abdominal Surgery

Abstract
Patients undergoing open abdominal surgery with general anesthesia are at increased risk for adverse outcomes associated with disturbances in thermoregulation during the intraoperative phase of the surgical experience. The purpose of this quantitative capstone project was to examine and compare the differences between the use of an intraoperative forced air-warming device and a forced air warming device plus warmed intravenous fluid (IVF) in the management of postoperative hypothermia, as measured by the postoperative temperatures of patients undergoing open abdominal surgery. A comparative retrospective chart review was performed using two groups to assess the effectiveness of preventing postoperative hypothermia in this patient population. Data were analyzed descriptively and inferentially using the T-test and Chi square methods. The results showed no significant differences between the pre, intra, and postoperative temperatures of the subjects from both groups. Since nurse anesthesia providers are likely to be assessing patients for perioperative hypothermia, implementing specific types of warming methods and addressing potential postoperative hypothermia, it is essential for anesthesia providers as well as the entire surgical team to become knowledgeable regarding management of postoperative hypothermia.