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IMPROVEMENT IN QUALITY OF CARE AND PATIENT SAFETY THROUGH IMPLEMENTATION OF A PERIOPERATIVE HYPOTHERMIA PREVENTION PROTOCOL

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- GOALS:** To avoid perioperative hypothermia and standardize perioperative body temperature monitoring methods by establishing an algorithm to facilitate protocol implementation and spreading knowledge on the topic. Ultimately, the objective is to improve patient safety and quality of care provided.
- MATERIALS AND METHODS:** Our materials include various types of thermometers, bed sheets, heating blankets, thermal pads and fluid warmers. The methods included taking axillary or tympanic temperature readings previous to surgery, every 30 minutes or continually during surgery, and every 30 minutes after surgery. Use of warming devices was subject to core and peripheral body temperatures (maintained $>36^{\circ}\text{C}$ and $>35.5^{\circ}\text{C}$ respectively). Intraoperatively, fluid warmers are recommended for transfusions and when $>500\text{mL}$ of intravenous fluids are administered.
- RESULTS AND CONCLUSIONS:** General and regional anesthesia interfere with body heat production and dissipation, which entail higher surgical morbimortality rates. As rates of postoperative hypothermia have an estimated incidence of 56.29%, a hypothermia prevention protocol was devised to improve quality of care and patient safety.