

27TH SURGICAL NURSING & NURSE EDUCATION CONFERENCE

OCTOBER 16-17, 2017 DUBAI, UAE

Perioperative patient warming: Using a small audit to help bring about big changes in a New Zealand hospital

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Whether it occurs pre-operatively, intra-operatively or post-operatively, hypothermia has been shown to greatly increase the incidence of surgical complications in perioperative patients in all stages of their surgical journey. These complications can include wound infections, coagulopathy and increased length of stays in hospital. The effective maintenance of normothermia throughout the perioperative phase is essential if these hypothermia-related complications are to be minimized. In 2016, an audit of policy compliance and full review was due of the Thermal Management of the Perioperative Patient policy. An audit of policy compliance and review would enable us to analyze current practices and update the policy where needed. This would also enable the identification of problem areas where improvements may be needed throughout the hospital at particular stages of the patient's journey through surgery. The audit was undertaken using the old policy criteria (last updated 2013) to enable the identification of any audit problem areas. 32 completed audits were returned. The audits were completed on a one-per-patient-case basis and covered multiple specialties such as general surgery, orthopedics, vascular, pediatrics, acute surgery and urology. Compliance to each section 1-6 was determined by dividing the total number of compliant by the number of completed audits; omitting those who did not meet the criteria. Total compliance to the policy was 85%. This result is positive in all sections. However, the wording of some questions in the audit sections may have yielded inaccurate results, leaving a perhaps lower than expected overall compliance e.g., section 6. The rate of transferring warming devices through to PACU was also lower than expected. It was then identified that some questions needed to be added, removed or modified to reflect both current and best practice. A new policy was then able to be written and distributed, one that better reflected current practice and included up-to-date references. New equipment and improved practices alongside education on perioperative hypothermia has been implemented with hopes that the next audit will yield even higher compliance results.

Biography

Rosie Moller has gained her passion for perioperative nursing through working in multiple specialties including general surgery, vascular and orthopedics for over 5 years of practice in Wellington, New Zealand.

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