

EVIDENCE TO PRACTICE: INSTITUTING A FORCED HOT AIR CONVECTION WARMING DEVICE USING THE JOHNS HOPKINS EVIDENCE BASED PRACTICE MODEL FOR KNOWLEDGE TRANSLATION

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Problem/Overview:

Perioperative hypothermia is associated with adverse patient outcomes including increased surgical infections, adverse myocardial effects, prolonged anesthetic drug effects, and increased hospital stays.

EB Question/Purpose:

The objective was to institute the American Society of PeriAnesthesia Nurses' (ASPAN) Evidence-Based Clinical Practice Guideline for the Promotion of Perioperative Normothermia recommendation for the use of a forced hot air warming device to maintain normothermia throughout the perioperative period in the adult population undergoing surgeries extending over one hour.

Method/Evidence:

Information used to develop the ASPAN clinical practice guidelines corresponds with level I in the Johns Hopkins hierarchy of evidence. Clinical practice guidelines rank level IV establishing validity to the institution of forced hot air warming into practice. The developmental team gained approval from the appropriate department heads to initiate the project. The Johns Hopkins Evidence Based Practice (JHEBP) model was used to assist in the knowledge translation portion of the project to support the acceptance of the end-user to achieve successful assimilation of the evidence into practice. Education included a lecture on perioperative hypothermia and instruction on the use of the Bair Paws® forced hot air warming device. A protocol and procedure delineating proper use was developed and approved by the department heads. Clinical support was provided from the manufacturer and the unit nurse educator and coordinator. An audit tool was developed to measure nursing compliance with the protocol and correct use of the device.

Significance of Findings/Outcomes:

The forced hot air warming device protocol has been in practice for four months with forthcoming plans to assess compliance with implementation and use in all the perianesthesia areas.

Implications for Perianesthesia Nurses and Future Research:

Evidence-based practice changes were implemented with the institution of a forced hot air warming device in the perioperative areas using the JHEBP model. Education and continued clinical support was paramount in ascertaining compliance and correct use. A follow-up audit is planned to evaluate the changes.