



Abstract Title:	Perioperative Hypothermia Prevention in Burn Patients
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Objective:	Upon completion of the lecture, attendees should be better prepared to: <ul style="list-style-type: none">▪ Review the dangers associated with peri-operative hypothermia▪ Identify the various methods of preventing perioperative hypothermia▪ Discuss treatment modalities appropriate for treating burn -injured suffering from peri-operative hypothermia
Abstract:	<p>Introduction: Intra-operative hypothermia is associated with serious morbidity including blood loss, surgical wound infections, and death. Maintaining eutheria in the burn patient is especially challenging due to the need for significant and prolonged skin exposure to facilitate debridement and skin grafting. Thermoregulation in the perioperative setting can be accomplished through environmental warming (adjusting the room temperature), cutaneous warming (blankets, forced-air and warm-water circulating devices), and internal warming (intravascular catheters and esophageal warming catheters). The development of evidence-based guidelines must include: a thorough review of the literature, understanding of the pathophysiology of acute burns, knowledge of available resources, and the risks and benefits of each treatment modality.</p> <p>Methods: A review of literature was undertaken to assess the deleterious impact of perioperative hypothermia. Methods for approaching perioperative thermoregulation were detailed, taking into consideration the unique requirements of the burn-injured population were considered. A variety of available interventions were researched, noting their potential risks and benefits. Finally, recommendations were made according to the level of evidence.</p> <p>Results/Conclusions: There are many options for the prevention and treatment of perioperative hypothermia. A critical review of the literature did not reveal any Level One evidence specific to the burn-injured population. A substantial body of knowledge exists describing the potential for significant morbidity directly related to perioperative hypothermia. Therefore, it is reasonable to incorporate modalities with a good safety profile and proven history of success into the management of burn-injured patients.</p> <p>References and Resources:</p> <p>1. Bindu B, Bindra A, Rath G. Temperature management under general anesthesia: Compulsion or option. <i>Journal of Anaesthesiology Clinical Pharmacology</i> 2017; 33(3):306-316.</p>

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Disclosure:

Susan Smith – No Relevant Financial Relationships to Disclose