Persistent hypothermia after CPB should be avoided in the early postoperative period.

<table>
<thead>
<tr>
<th>Class (Strength) of Recommendation</th>
<th>Class I (Strong)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level (Quality) of Evidence</td>
<td>Level B-NR (Non-randomized)</td>
</tr>
</tbody>
</table>

Main Points

- Unless active measures are undertaken to maintain patient normothermia during chest closure and transport, the patient’s temperature may dip below 35°C prior to arrival in the ICU.

- Even mild hypothermia is associated with multiple physiologic derangements including coagulopathy, increased incidence of wound infection, prolonged hospital stay and death.

- Large registry observational studies suggest that if hypothermia is treated, outcomes can be improved.

- Hypothermia can be reduced by using forced-air warming blankets, and by warming irrigation and IV fluids.

Key References


