Guideline for patient temperature management.

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Association of periOperative Registered Nurses (AORN)

Wright R. Guideline for patient temperature management. In: 2025 guidelines for perioperative practice. Denver (CO): Association of periOperative Registered Nurses (AORN); 2024 Dec 19. pp. 677-706. [251 references]

View Original Guideline

Overview

Guideline Objective

To provide guidance to the perioperative team for patient assessment and monitoring, development of a patient temperature management plan, strategies to prevent and manage inadvertent perioperative hypothermia, management of patients with malignant hyperthermia (MH) susceptibility, education, and quality assurance and performance improvement activities

Patient Population

Any patient undergoing operative or other invasive procedures

Recommendations

Recommendation Statements

Note: Guidance is provided for one recommendation statement under each topic. Refer to the original guideline for additional recommendations.

Patient Temperature Management Plan

1.1. Convene an interdisciplinary team with the responsibility and authority to develop and implement a perioperative patient temperature management plan. (**Recommendation**)

Patient Assessment and Monitoring

2.1. Perform a preoperative assessment to identify patients at risk for inadvertent perioperative hypothermia. (**Recommendation**)

Hypothermia Prevention and Management

3.1. Using the individualized approach described in the patient temperature management plan, select and use active warming and passive insulation methods based on the patient's individual needs, with respect to identified risk, surgical procedure factors, and the anesthetic plan. (**Recommendation**)

Active Warming Methods

4.1. Forced-air warming systems (e.g., over- and under-body blankets, warm-air gowns) may be used. (**Conditional Recommendation**)

Passive Insulation Methods

5.1. Passive insulation methods may be used during all phases of perioperative care. (**Conditional Recommendation**)

Malignant Hyperthermia (MH): Prevention and Management

6.1. Convene an interdisciplinary team with the responsibility and authority to develop a comprehensive plan for the identification, care, and management of patients with MH susceptibility. (**Recommendation**)

Education

7.1. Provide education to and verify competency of perioperative team members on the following topics related to perioperative hypothermia:

- The causes and mechanisms, signs, and adverse effects of inadvertent perioperative hypothermia;
- Processes for patient assessment (e.g., risk identification, signs of hypothermia or injury, contraindications);
- Procedures for temperature measurement, monitoring, and documentation;
- Measures to prevent hypothermia (e.g., active warming, passive insulation);
- Perioperative team members' roles in the patient temperature management plan, including preventing hypothermia and the importance of adhering to established policies and procedures; and
- The safe use of temperature measurement and warming devices, including contraindications for use.

(**Recommendation**)

Quality

8.1. Participate in quality assurance and performance improvement activities that are consistent with the health care organization's perioperative patient temperature management plan. (**Recommendation**)

Evidence Rating Scheme

AORN Hierarchy of Evidence

Research	I	• Systematic review — all studies randomized controlled trials (RCTs) • RCT
	II	• Systematic review — all studies quasi-experimental or a combination of RCTs and quasi-experimental

		• Quasi-experimental
	III	• Systematic review — all studies non-experimental or a combination of RCTs, quasi-experimental or a combination of RCTs and quasi-experimental and non-experimental; any or all studies qualitative • Non-experimental • Qualitative
Non-research	IV	• Clinical practice guideline • Consensus or position statement
	V	• Literature review • Case reports • Expert opinion • Organizational experience

AORN Evidence Rating Model

	High	**Moderate**	**Low**
Evidence Rating	IA or IB IIA or IIB	IIIA or IIIB	IC, IIC, or IIIC VA, VB, or VC
	• Wide range of studies with no major limitations	• Few studies and some have limitations but not major flaws	• Studies have major flaws or there are no rigorous studies

	• Little variation between studies	• Some variation between studies	• Important variation between studies

Recommendation Rating Scheme

Recommendation Rating

Recommendation

- Benefits clearly exceed harms
- Supported by high- to moderate-quality evidence
- May be based on low-quality evidence or expert opinion when
    - High-quality evidence is impossible to obtain
    - Supported by a guideline, position statement, or consensus statement

Conditional Recommendation

- Benefits are likely to exceed harms
- May be supported by any level of evidence when
    - Indicated for a specific patient population or clinical situation
    - Impact of the intervention is difficult to separate from other simultaneously implemented interventions (e.g., "bundled" practices)
    - Benefit-harm assessment may change with further research or not be consistent
    - Benefit is most likely if used as a supplemental measure

No Recommendation

- There is both a lack of evidence and an unclear balance between benefits and harms.

Implementation

Regulatory Requirement

- Perioperative team members "must" implement the recommendation in accordance with regulatory requirements.

Recommendation

- Perioperative team members "should" implement the recommendation, unless a clear and compelling rationale for an alternative approach is present.

Conditional Recommendation

- Perioperative team members "may" implement the recommendation.
- The degree of implementation may vary depending on the benefit-harm assessment for the specific setting.

No Recommendation

- Perioperative team members will need to evaluate whether or not to implement the practice issue.

Related Content

Supporting Documents

- AORN Guideline for Patient Temperature Management Evidence Table; 2024.
- Guideline for Patient Temperature Management Evidence Review and PRISMA 2020; 2024 Dec 23.

- AORN Evidence Rating Model; 2019.
- AORN Hierarchy of Evidence; 2015.
- AORN Non-research Evidence Appraisal Tool; 2015.
- AORN Research Evidence Appraisal Tool — Study; 2015.
- AORN Research Evidence Appraisal Tool — Summary; 2015.
- AORN Evidence Appraisal Companion Guide and Definitions.

Implementation Tools

- Infographic: How an AORN Guideline is Created.
- Guideline Essentials.
- Clinical Resources.

Patient Education

No patient education materials available.

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TRUST Scorecard

Composition of Guideline Development Group (GDG)

Multidisciplinary GDG Members	**Yes**
Methodologist Involvement	**Yes**
Incorporation of Patient and Public Perspective	

Systematic Review of Evidence

Literature Search	
Study Selection	
Evidence Synthesis	

Foundations for Recommendations

Strength of Evidence Grade	
Description of Benefits and Harms of Recommendations	
Summary of Evidence Supporting Recommendations	
Strength of Recommendations Rating	
Clear Articulation of Recommendations	

Funding Source

Yes

Disclosure and Management of Financial Conflicts of Interests



External Review



Updating



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