SCIP-Inf-10 Normothermia

Quick Reference Guide

SCIP-Inf-10 measures the proportion of surgical patients, regardless of age, for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature equal to or greater than 96.8°F (36.0°C) recorded within the 30 minutes immediately prior to or the 15 minutes immediately after anesthesia end time.
CMS Normothermia Measure (SCIP-Inf-10)
What is required to meet the measure?
Active warming used intraoperatively, or…

What does that mean? According to the measure, active warming includes only a few warming modalities. Forced-air warming is among those—and has been since the measure was created.1 In order to comply with the measure through the use of active warming, patients must receive active warming intraoperatively.2

Why is this important? Bair Hugger® forced-air warming has been included in more than 167 scientific papers (67 randomized controlled trials). The benefits of Bair Hugger forced-air warming and the prevention of hypothermia are well known. While the active warming definition includes other warming modalities, forced-air warming is considered to be the most effective means to maintain normal intraoperative patient temperatures3 and is the only warming modality with published clinical outcome data supporting effectiveness in reducing SSIs. (Note: “SSI” is an abbreviation for “surgical site infection.”)

To whom does the measure apply?

All surgical patients, regardless of age…

What does that mean? With all surgical patients now included in the CMS measure, hospitals will need access to effective warming strategies for procedures that may have previously gone unwarmed.

Why is this important? Complex surgical procedures, such as spinal, cardiac, pelvic and pediatric surgeries have proven difficult to warm due to patient positioning and clinician access requirements. Successfully warming these specialty and complex surgical procedures is crucial to meeting the performance measure criteria.

Arizant can help. Bair Hugger forced-air warming has been found to be the most effective warming system, not all forced-air warming systems are the same. Scientifically engineered to deliver consistent, even patient warming, the designs of Bair Hugger therapy and Bair Paws system optimize airflow through air channels and perforation patterns in the warming inserts.

…at least one temperature 36°C or higher within 30 minutes before or 15 minutes immediately after anesthesia end time.

What does that mean? Hypothermia has been defined as a temperature lower than 36°C.4,5 Hypothermia can lead to adverse patient outcomes and significant additional healthcare costs.6

Why is this important? Even mild intraoperative hypothermia can prolong postoperative recovery, produce marked postoperative thermal discomfort and more than triple the rate of surgical wound infection.7 A meta-analysis found that the aggregate costs associated with hypothermia-related complications added up to an additional $2,500 - $7,000 per hypothermic patient.8

Arizant can help. With 25 models of Bair Hugger® forced-air warming blankets, three models of Bair Paws® warming gowns and Ranger® fluid warming systems, we can warm virtually any surgical patient.

Selecting a warming system that can cover your entire range of needs while effectively serving your most difficult-to-warm patients can help your facility successfully meet the normothermia performance criteria. Arizant’s expansive portfolio of products is cost-effective and elegantly designed to optimize clinical performance and ease of use.

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…undergoing general or neuraxial anesthesia…

What does that mean? In procedures involving anesthesia, maintaining core body temperature is crucial. However, even the healthiest surgical patient can’t do it alone. The physiological effects of anesthesia disrupt the body’s ability to regulate temperature and increase the risk for unintended hypothermia.9

Why is this important? In the first 60 minutes of anesthesia, unwarmed surgical patients can lose up to 1.6°C.1 The drop in core body temperature, known as redistribution temperature drop (RTD), increases the risk for unintended hypothermia and its associated complications. Prewarming patients before surgery adds to the heat content of the periphery and can significantly reduce the initial temperature drop.10

Arizant can help. The Bair Paws system warns patients about the risk of hypothermia, during and after surgery. The new Bair Paws FlexTM gown features built in upper- and lower-body forced-air blankets to meet most intraoperative warming needs, providing a cost-effective method to comfort patients, clinically warm and meet the normothermia measure.

…for 60 minutes or longer.

What does that mean? RTD happens too quickly for active warming to compensate during the first hour following anesthesia induction. It is particularly difficult to restore normal body temperature before anesthesia end time for shorter duration surgeries.11

Why is this important? In shorter-duration surgeries, you may not have enough time to actively re-warm a patient to normothermia through intraoperative warming only, so patients undergoing short procedures may enter recovery hypothermia.12

Arizant can help. The Bar Paws system may represent the most efficient method for prewarming given the ease of use and application of therapy with no additional effort – key criteria to gain acceptance and compliance. A patient arriving in the OR wearing the Bar Paws gown gives the surgical team immediate access to a simple, ready-to-use warming option.

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