

## PROCEDURAL THERMAL BUNDLE

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Maintaining temperature between 36.5-37.5 on admission and thereafter between 36.8-37.2C is important in reducing mortality and morbidity in neonates particularly those born prematurely . Temperature may fall rapidly during procedures and minimising heat loss maintains metabolic efficiency, reduces oxygen requirement and reduces calorie usage.

This guideline aims to promote thermal stability in infants during procedures which may disrupt the thermoneutral environment, specifically in those infants at greatest risk of thermal stress eg <1500g or <30 weeks.

Procedures: any procedure which might, through a significant reduction in the environmental temperature or reduction in humidity, result in cold stress (36.0-36.5C) or hypothermia (<36C).

### **Prior to procedure**

- Ensure nurse caring for baby knows of procedure and the requirement for temperature monitoring
- Optimise ambient temperature and incubator humidity prior to beginning procedure
- Reduce draughts by closing room doors and consider placing screens around cot
- Place central and peripheral temperature probe
- Place hat if appropriate and consider placing baby in or under plastic bag tucked in around body
- Ideally start procedure only when central temperature is within normal limits unless an emergency

### **During procedure**

- Aim for a maximum of two doors open or one side down
- Adjust temperature of incubator particularly if humidity is dropping to maintain thermoneutral environment
- The nurse will feedback information about the baby's temperature and manoeuvres undertaken to maintain stability, to the person undertaking the procedure
- If there is inability to maintain temperature within the normal range consider abandoning the procedure or modify interventions to improve temperature

### **After procedure**

- Document baby temperature and any associated procedural hypothermia that has resulted in the Badger record.