

Temperature regulation in emergency, surgical and critical care

To the Editor: Recently it was brought to the attention the Trauma Society of South Africa (SA) and the Emergency Medicine Society of SA that a certain unnamed medical scheme has produced a document that limits the use of patient warming devices in the care of people covered by that particular funder (Table 1).

We, as senior representatives of a number of relevant professional societies, are concerned that the recommendations of this funder will be adopted by other funders and that this will place patients at risk of increased morbidity and even potential mortality, since it is well known from recent literature that maintenance of a core temperature of around 36.5°C is associated with improved outcomes.

More importantly, we have noted that temperature regulation is inadequately addressed in the National Core Standards and therefore with these two issues at hand we decided to undertake a literature review and propose a best-practice guideline to enable clinically relevant indications for the use of temperature regulation practices and devices. The resultant review article^[1] is published in this issue of the *SAMJ* so as to effectively disseminate the important information about this issue to South African healthcare practitioners.

Timothy Hardcastle

President of the Trauma Society of South Africa; and Division of Trauma, Department of Surgery, University of KwaZulu-Natal, Durban, South Africa
hardcastle@ukzn.ac.za

Melanie Stander

President of the Emergency Medicine Society of SA; and Division of Emergency Medicine, Stellenbosch and Cape Town universities, Cape Town, South Africa

Eric Hodgson

Chief Anaesthesiologist, Inkosi Albert Luthuli Central Hospital, Durban, South Africa; and Department of Anaesthesia and Critical Care, University of KwaZulu-Natal, Durban, South Africa

Dean Gopalan

SA Society of Anaesthesia; and Department of Anaesthesia and Critical Care, University of KwaZulu-Natal, Durban, South Africa

Nicola Kalafatis

KwaZulu-Natal Chairperson of the Critical Care Society of SA; and Department of Anaesthesia and Critical Care, University of KwaZulu-Natal, Durban, South Africa

1. Hardcastle TC, Stander M, Kalafatis N, Hodgson RE, Gopalan D. External patient temperature control in emergency centres, trauma centres, intensive care units and operating theatres: A multi-society literature review. *S Afr Med J* 2013;103(9):609-611. [<http://dx.doi.org/10.7196/SAMJ.7327>]

S Afr Med J 2013;103(9):598. DOI:10.7196/SAMJ.7326

Table 1. Policy for patient warming devices from unnamed medical scheme

Blankets: Warm air – disposable

100% chargeable when patient complies with the following criteria:

Infant or paediatric cases (<14 years old)

- with a **theatre time** ≥60 min and/or
- **neurosurgery**, i.e. brain surgery and spinal surgery, with a theatre time ≥60 min and/or
- **orthopaedic surgery** to major hip joints (hip, knee, shoulder, ankle and elbow), with a theatre time ≥60 min and/or
- **cardiothoracic and cardiovascular surgery**, with a theatre time ≥60 min and/or
- **major abdominal surgery** for splenectomy and correction of congenital abnormalities, with a theatre time ≥60 min and/or
- **post-traumatic hypothermia** for cases treated in the emergency room, if required, proof of hypothermia to be supplied to medical aid.

Adult cases

- patients ≥65 years old and with a theatre time ≥90 min and/or
- **neurosurgery**, i.e. brain surgery and spinal surgery, with a theatre time ≥90 min and/or
- **orthopaedic surgery** to major hip joints (hip, knee, shoulder, ankle and elbow), with a theatre time ≥90 min and/or
- **cardiothoracic and cardiovascular surgery**, with a theatre time ≥90 min and **irrespective of age**
- **major abdominal surgery**, i.e. abdominal aortic aneurysm repair, colectomy, Whipple procedure, splenectomy with a theatre time ≥90 min and/or
- **post-traumatic hypothermia** for cases treated in the emergency room, if required, proof of hypothermia to be supplied to medical aid.