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**Presenter Biography**

Judy Munday is a senior research fellow and clinical nurse researcher focused on keeping patients safe through surgery and preventing perioperative complications. Judy is known for her research on hypothermia—a harmful and preventable complication of surgery. Judy was recently awarded $1.1million by the Australian National Health and Medical Research Council (NHMRC) to lead a national trial focused on supporting health services to implement temperature management guidelines, to ultimately improve patient outcomes during and after surgery. Judy also works with the University of Agder, Norway.

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**Abstract Title:** PERIOPERATIVE TEMPERATURE MONITORING FOR PATIENT SAFETY: A PERIOD PREVALENCE STUDY OF FIVE HOSPITALS.

**Abstract Text (250 words)**

**Background:** Monitoring body temperature is essential for safe operating room care: without monitoring during surgery, alterations in core body temperature will not be treated.

**Problem:** There has been limited evaluation of temperature monitoring practices during surgery as the primary endpoint.

**Goal:** To investigate temperature monitoring practices during operating room care. We examined what patient characteristics are associated with rates of temperature monitoring, along with clinical variables such as warming intervention or exposure to hypothermia.

**Methodology:** An observational period-prevalence study over seven days across five Australian hospitals. Patient characteristics, temperature data, warming and hypothermia exposure were retrospectively collected from charts of all adult patients (*N* = 1,690) undergoing any surgical procedure or mode of anaesthesia during the study period. Frequencies and distribution of temperature data at each stage are described, including adherence to clinical guidelines. To examine associations with clinical variables, we also modelled the rate of temperature monitoring.

**Results:** There were low levels of temperature monitoring, with most data clustered around admission to postanaesthetic care. Over half of patients (51.8%) had two or less temperatures recorded during perioperative care. One-third (32.7%) had no temperature data at all prior to postanaesthetic care admission. Of all patients that received active warming during surgery, over two-thirds (68.5%) had no temperature monitoring recorded. In our adjusted model, associations between clinical variables and the rate of temperature monitoring often did not reflect clinical risk or need.

**Conclusions:** Systems-level change is needed to enable proactive temperature monitoring over all phases of perioperative care to enhance patient safety.

**Keywords:** monitoring, physiologic; perioperative care; prevalence; temperature; vital signs