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Persistent hypothermia after CPB should be avoided in the early postoperative period.

Class (Strength) of Recommendation	Class I (Strong)
Level (Quality) of Evidence	Level B-NR (Non-randomized)

Main Points

- Unless active measures are undertaken to maintain patient normothermia during chest closure and transport, the patient's temperature may dip below 35°C prior to arrival in the ICU.

- Even mild hypothermia is associated with multiple physiologic derangements including coagulopathy, increased incidence of wound infection, prolonged hospital stay and death.

- Large registry observational studies suggest that if hypothermia is treated, outcomes can be improved.

- Hypothermia can be reduced by using forced-air warming blankets, and by warming irrigation and IV fluids.

Key References

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