Introduction
A body core temperature lower than 36°C is defined as perioperative hypothermia which can prolong recovery status, coagulopathy, impaired wound healing and surgical site infection. In our existing practice in theatre, apply the force-air warming device after starting the surgery. However, general anaesthetics depress the thermoregulatory center with a usual temperature drop of 1°C to 3°C. Also, opioids and muscle relaxants depress voluntary shivering as a mechanism for the generation of heat. As a result from Oct 2015, we still had 13.4% of hypothermia patient after the surgery. Hence, it should be prevent of perioperative hypothermia before received the anaesthesia for enhance patient outcome.

Objectives
For prevention of perioperative hypothermia to achieve optimal patient care in our practice, it should be provide the active warming intervention when patient enter the theatre before received the anaesthesia.

Methodology
To enhance the patient thermal comfort level and kept warmth, the interventions of prevention of hypothermia maintain the actual OR theatre temperature at 22°C, apply of force-air warming device as soon as the patient on the OT table before received the anaesthesia and monitor the patient’s body temperature.

Action:
- Maintain the actual OR theatre temperature at 22°C:
  - Establish the routine in night shift about setting the OR theatre temperature at 22°C;
  - Reassure the Maintenance Department to monitor the OR theatre temperature within 22°C;
  - Reinforce the room nurse in-charge in compliance the OR theatre temperature setting at 22°C and setting not below than 20°C;
  - Reinforce the proper application of force-air warming device in theatre
- To provide the force-air warming device as soon as the patient is on the OT table
Monitor the patient's body temperature
□ Provide the temperature probe
□ Purchase the tympanic thermometers for each OR theatre.

**Result**
Application of force-air warming device as soon as the patient is on the OT table before received the anaesthesia was established on Nov 2015. Also, the evaluation will be performed periodically to check the compliance rate of the interventions. After the results within 8 months from Nov 2015 to May 2016, the compliance rate is increasing.

The compliance rate of hypothermia patient after the surgery had decreased from 13.4% (Oct 2015) to 3.2% (May 2016) with around 750 patient per month. After the interventions, the normothermia patients after the surgery had increased from 86.6% (Oct 2015) to 96.8% (May 2016) with around 750 patient per month.