INTRODUCTION

- Thermoregulation in neonates during the first hour of life (known as the golden hour) is essential for survival.¹
- Due to a decrease or absence in the competence of the epidermal barrier, an increase in body surface area, limited subcutaneous fat stores, and an inability to shiver, all neonates, especially preterm and low birth weight babies, are at risk of hypothermia.²
- Hypothermia is associated with morbidities such as intraventricular hemorrhage, an increased risk of infection, delayed fetal-to-newborn circulatory adjustment, respiratory distress syndrome and increased mortality.³
- Maintaining temperatures in a therapeutic range early in the neonate’s life significantly decreases morbidity and mortality.³

METHODS

- NICU nursing knowledge was increased from pre-test scores to post-test scores; however, the mean scores remain below 70%. Continued education is needed and will be provided in the nursing staff’s weekly newsletter.
- The incidence of hypothermia has decreased both on admission and one hour after admission.
- The impact of the Golden Hour Thermoregulation Protocol on morbidity and mortality is unknown due to the limitations of the project timeline.

EVALUATION

- NICU nursing knowledge was increased from pre-test scores to post-test scores; however, the mean scores remain below 70%. Continued education is needed and will be provided in the nursing staff’s weekly newsletter.
- The incidence of hypothermia has decreased both on admission and one hour after admission.
- The impact of the Golden Hour Thermoregulation Protocol on morbidity and mortality is unknown due to the limitations of the project timeline.

Challenges to the project:

- There was a knowledge deficit identified among the Labor and Delivery and Operating Room staff and providers on the increased delivery room temperatures. Nursing has been following the protocol with the exception of monitoring and increasing delivery room temperatures. Continued follow-up is being done with the Labor and Delivery and Operating Room staff to increase compliance with this intervention of the protocol.

REFERENCES


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