Setting Up an Infant Warmer

The PCCU nurse will assume responsibility for the warmer once the infant is delivered. The CCTC nurse will be responsible for turning it on as soon as a delivery is anticipated. Familiarize yourself with the setup of the heater before you need to use it!

Cold stress is an important risk to the neonate and thermoregulation is an essential component of neonatal care. Review the information below regarding the Servo mode for your own education.

As an added note to CCTC staff:

If a neonate is very premature, the baby will be placed into a plastic zip lock bag at birth (included in the emergency box), without drying the baby off. The neonates face will be positioned over the opening, and ECG leads and temperature sensors pulled through holes in the bag. This “bagging” technique has been shown to facilitate warming more effectively.

See Instructions below for the Ohmeda and the Airshields Warmers:
Ohmeda Warmer

- Plug the warmer in
- Turn the warmer on – the switch is on the back near the top where the power cord attaches
- Remove the temperature probe (it will eventually be attached to the infant) from the warmer (but keep it handy)
- Push the “mode” button to set the warmer to “manual” for pre-warming
- The warmer will alarm until you press the ↑ button
- Continue to press the ↑ button until you see the warmer is set to 25% power (pre-heat zone). This will be indicated by lights in the % power column.
- To preheat the warmer quicker, you can increase the % power by using the ↑ button

Placement of Infant on Warmer:

***Once the infant is on the warmer, the warmer must be in “Servo” or “skin” mode.

In “servo” mode, the warmer will provide heat in order to maintain the infant’s skin temperature at the “set” temperature. The amount of heat that is provided depends on the infant’s temperature and the infant’s ability to maintain temperature. Fluctuations in the amount (%) of heat being put out indicate temperature instability which is a sign of sepsis in infants. This can quickly result in a stressed infant (especially if the infant is cold) resulting in decreased blood sugar, increased respiratory distress, and overall, difficulty in resuscitating the infant.

In “manual” mode, the amount of heat being put out is not dependent on the infant (there is no feedback system) so the warmer will just continue to put out heat which can result in an overheated infant.

- Once the infant is placed on the warmer, the temperature probe needs to be reconnected and the probe attached to the infant’s abdomen (centre, not over the baby’s liver).
- A silver dot (there are some in bag attached to neonatal monitor is placed over the end of the probe, white side toward the baby, to secure the probe in place. The foil side faces up, and deflects heat away from the probe to prevent false warming of the electrode.
- An alarm will sound and can be resolved by pushing the ↑ button
- The “set control” temperature will be displayed and will default to 36.5
- The arrows can be used to adjust the “set” temperature up or down (the range should be 36.3- 36.5)
- The infant’s temperature will be displayed
- Silence button is on the front panel
Air Shields Warmer

- Plug the warmer in
- Turn the warmer on using the black button at the top front of the warmer
- Remove the temperature probe (but keep it handy)
- Place the warmer in “manual” mode using the black switch under “control mode” on the front blue panel
- The “heater” lights will indicate that pre-warming is occurring. Each square of light indicates 25% heat output to a maximum of 100%

Placement of Infant on Warmer:

***Once the infant is on the warmer, the warmer must be in “Servo” or “skin” mode.

In “servo” mode, the warmer will provide heat in order to maintain the infant’s skin temperature at the “set” temperature. The amount of heat that is provided depends on the infant’s temperature and the infant’s ability to maintain temperature. Fluctuations in the amount (%) of heat being put out indicate temperature instability which is a sign of sepsis in infants. This can quickly result in a stressed infant (especially if the infant is cold) resulting in decreased blood sugar, increased respiratory distress, and overall, difficulty in resuscitating the infant.

In “manual” mode, the amount of heat being put out is not dependent on the infant (there is no feedback system) so the warmer will just continue to put out heat which can result in an overheated infant.

- Once the infant is placed on the warmer, push the black switch to “skin”
- Plug the temperature probe back into the warmer and place the probe on the centre of the infant’s abdomen, away from the liver, cover the end of the probe with a silver dot
- Set the temperature dial to 36.5 (range 36.3-36.5)
- The infant’s temperature will be displayed in red numbers
- Silence button is on the front blue panel