

Sleep Hygiene

Shannell Richardson, RN

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Abstract

There has been an increase in the amount of staff sitting, 1:1, with patients to ensure safety due to acute onset of delirium and/or confusion. The telemetry unit has researched sleep hygiene methods to implement with patients. This includes involving the patient and the family in establishing individualized methods.

The goal is to decrease the amount of acute onset delirium in the older adult hospitalized patient by increasing the quality and quantity of sleep during the hospital stay. This can be achieved by assessing the history of sleep, home methods used to sleep, and assessing for changes in health that affect sleep.

Research has suggested that lack of sleep or poor quality of sleep can contribute to increased confusion and a higher risk of acute onset delirium in hospitalized patients. There are several sleep hygiene methods that can help ensure a good nights rest.

Assessment

Assessing for sleep disorders

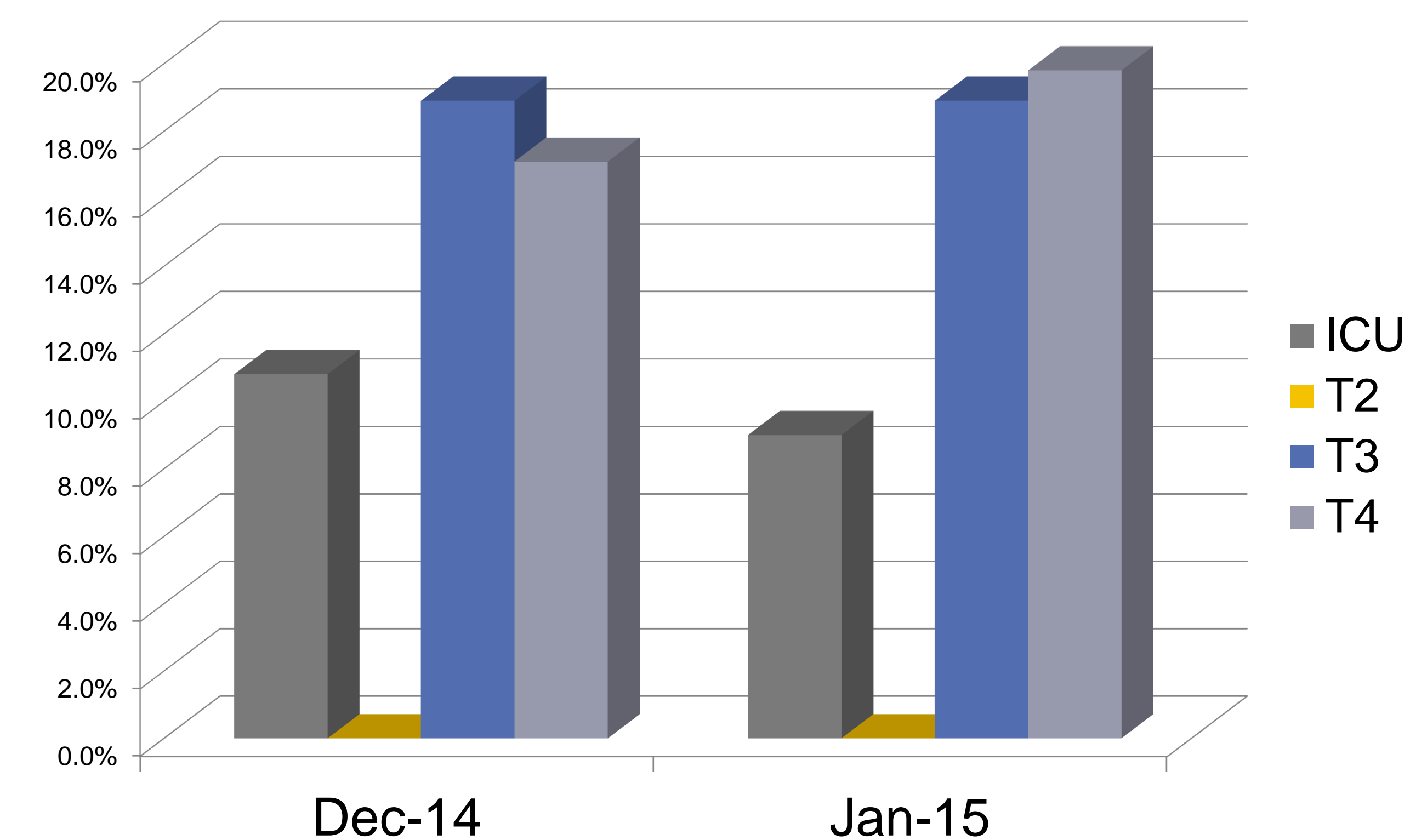
- Using NICHE assessment screening tools
 - The Pittsburgh Sleep Quality Index
 - The Epworth Sleepiness Scale
- History of Sleep
- Assess for health changes inhibiting sleep

Understanding age related sleep changes

- Less time spent in REM sleep
- More shifting of Sleep cycles
- Falling asleep early and waking up early
- Waking up more during sleep hours
- Less quality of sleep while in bed

Sitter Statistics

This chart reflects the amount of patients that require 1:1 staffing to help keep the patient safe during periods of confusion and delirium



Information provided by D. Spade AND, House Supervisor, Wesley Woodlawn Hospital & ER

T2: This unit required less staff sitting with patients as it is a Same Day Surgery Unit and the length of stay is shorter. Patients are either discharged to home or transferred to Telemetry.

T3 and T4: These units include both medical and surgical patients, both units have patients with increased length of stay. These units have a larger percentage of patients requiring 1:1 sitter staffing for patients with confusion and/or delirium.

ICU: This is an 8 bed unit with patients who may be mechanically ventilated, sedated and/or restrained were less staff is used for 1:1 sitter staffing.

Sleep Better Contract

- I will sleep at night to help my body and mind heal.
- I will inform my health team how they can help me sleep more soundly.
- I will tell my guests that night time is for sleep and I will see them during waking hours.
 - I will use my bed for sleeping and not daytime lounging.
- I understand activity will help increase my chances of a better sleep.

Strategy and Implementation

Night Methods to Increase Sleep:

- Decrease lighting in the room
- Encourage no electronics at night
- Assess for need of “white noise” in the room (i.e. fan)
- Keep the room cool to reduce body temperature to encourage a longer REM cycle
- Decrease noise around patient’s room
- Decrease the amount of times to awaken the patient
- Discourage late night meals

Day Methods to Decrease Daytime Drowsiness:

- Increase lighting in the room
- Encourage activity to engage the mind
- Avoid being in the bed
- Assess patient’s normal nap hours
- Bathe during the daytime hours
- Change bedding while patient is out of bed
- Encourage exercise during wake hours
- Evaluate lab values with signs/symptoms of health concerns that may affect sleep (Day and Night)

Conclusion

The goal is to increase patient sleep quality and quantity. This is in order to decrease the amount of acute onset of delirium and confusion. The decrease in delirium and confusion will also help decrease the need for 1:1 sitter staffing. Informing and educating the patient and family will help find method's that work for each patient in getting better sleep. The Sleep Better Contract is a way to help the patient and family know that the health team will do everything to achieve their goal to increase patient quality and quantity of sleep.

References

- Hartford Institute for Geriatric Nursing (2012). Geriatric Nursing Resources for Care of Older Adults :: need help stat. Retrieved from http://consultgerirn.org/topics/sleep/need_help_stat/
- Watson, P., Ceriana, P. & Fanfulla, F. (2012, September 26). Delirium: Is Sleep Important? Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3808245/>