What does the EVIDENCE say?

- Sleep disturbances are associated with negative outcomes such as increased fatigue, negative moods, and periods of misperception and disorientation. These potential side effects ultimately result in slow illness recovery (Lei, et al. 2009).
- Sleep quality restores function, promotes health, and provides a feeling of well-being on the mind and body (Lei, et al. 2009).
- Florence Nightingale believed that good nursing care was demonstrated in avoiding waking the patient at night whether it is intentional or not.
- Flaherty (2008) states that phlebotomy, medication administration, and obtaining vital signs are the most common causes of sleep interruptions.
- Bartick, et al. (2010) identified that patients on a medical-surgical floor reported fewer sleep disturbances and less need for sedatives as a result of interventions designed to protect their ability to sleep such as clustering of care. Prior to interventions, 42% of patients complained that hospital staff was to blame for sleep interruptions. After interventions, this number decreased to 25.7%.
- Clustering care can offer periods of uninterrupted time and improve patient’s chances of sleep (Tamburri, et al. 2004).

CURRENT STATE/POLICY

- The “Quiet Time Initiative” promotes a designated sleep schedule starting at 2100 throughout the entire hospital. Lights are dimmed in the hallways, doors are closed over, and staff are expected to speak in a quieter tone.
- This does not address the tasks that patients require throughout the night like medication administration, vital signs, and phlebotomy.
- In the current policy, if a physician orders telemetry monitoring for a patient, it is not written that vital signs must be obtained q4h.

CHANGE IN PRACTICE

- Educate staff to benefits of clustering care through night time hours to minimize interruptions in patient sleep.
- Implement Standard Work to facilitate provision of care clustering on nursing units.
- Provide education to nurses and technical partners on current policy for telemetry monitoring and vital signs..
- This education may help decreased amount of episodes technical partners and Registered Nurses are in patient rooms and allow for later phlebotomy start times. Ultimately, allowing the patient an extended amount of sleep overnight.

WHAT WE FOUND?

- There is no standard of practice, at this time, which addresses the importance of sleep for healing and minimizes interruptions of sleep.
- LVHN's current telemetry monitoring policy does not require VS to be obtained every 4 hours. However, this is standard practice observed on the nursing units.

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