Shhh…eep: Sleep Health, Healing & Happiness Through Elective Options for Elderly Patients

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Lankenau Medical Center, Trauma Telemetry Unit and NICHE Pilot Unit

**PICOT**

In the older adult population, how does the use of non-pharmacological interventions compared to no interventions impact quality of sleep during the patient’s hospital stay?

**PURPOSE**

The purpose of this project was to offer patients evidence-based non-pharmacological interventions to minimize sleep disturbances and improve healing.

**REVIEW OF LITERATURE**

- The evidence indicates that non-pharmacological interventions have successfully improved patients’ perception of their quality of sleep while in the hospital.
- Forty percent of patients in one study reported that closing the door improved their perception of sleep.
- While in a critical care setting, 22% and 28% of patients identified wearing earplugs and eye masks, respectively, as factors to promote sleep.
- Music therapy has a moderate effect on improving sleep.
- Elderly patients can find discomfort in a cool hospital environment.
- Applying warmed blankets to elderly patients has significantly shown a decrease in discomfort to aid in healing.

**METHODS**

Create Menu ➔ Obtain Materials ➔ Educate Staff ➔ Nursing intervention ➔ Patient’s Sleep Quality ➔ Improved Healing

**RESULTS**

Interventions Chosen by Patients

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<thead>
<tr>
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“Did the Interventions Improve Your Sleep?”

- 12%
- 88%

**NURSING PRACTICE IMPLICATIONS**

- Important to assess elderly patients’ sleep quality
- Offer simple interventions such as earplugs or eye masks
- Suggest modifications to the patient’s environment such as music therapy, guided imagery and darker rooms to help promote better sleep

**BARRIERS**

- Trauma training for nurses occurred simultaneously
- Staffing
- Patient acuity and census
- With project
- With sleep changes in elderly patient
- Increased workload for nurses

**NEXT STEPS**

- Implement the interventions throughout the hospital and system wide
- Continue educating nurses on non-pharmacological sleep options
- Evaluate the effectiveness of each intervention
- Post the board on unit
- Email describing project
- Reminders at unit council
- Discussions at nurse’s station
- Poster board on unit
- Provides an MP3 player for guided imagery

**ACKNOWLEDGEMENTS**

We would like to thank the unit manager, Mary Canan, the patient coordinator, Debbie Andresen, the nurse educator, Joyce Foresman-Capuzzi, the staff nurses who assisted us in preparing for and following through with the completion of this project, and the patients who participated.

**REFERENCES**


**PATIENTS’ SLEEP RATINGS**

- Easily
- With difficulty

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