

Strategies to Support Sleep

Unit Interventions: Choose priorities from each category that would most improve sleep in your facility/unit	
Identify and Address Sleep Disruptions	<input type="checkbox"/> Night time Rounds: what would be a less disruptive way to check on the safety of patients? <input type="checkbox"/> Contenance Care: Identify those who don't like to be wet or are at risk for skin breakdown. Who needs a super absorbent or night time product? What time should it go on? <input type="checkbox"/> Repositioning: Identify patients who move by themselves, even a little. Turn only those who don't move at all ("wedge" don't "flip"!) <input type="checkbox"/> Noise: identify staff-generated noise and strategies to reduce (squeaky carts, night cleaning and stocking routines, staff paperwork and communication). <input type="checkbox"/> Light: identify light sources that may disrupt sleep (TV, street lights, hall or bathroom light, computer) <input type="checkbox"/> Stimulation: identify sources of evening stimulation (light, noise, caffeine) and strategies to reduce <input type="checkbox"/> Medication routines: reschedule medication administration times to avoid waking patients <input type="checkbox"/> Other:
Promote Sleep	<input type="checkbox"/> Increase day time light exposure e.g. during meals (sunny window, full spectrum or blue light) <input type="checkbox"/> Accommodate individual bed time routines <input type="checkbox"/> Toilet patients before sleep <input type="checkbox"/> Decrease night time light exposure: flashlights for safety rounds (red filter), dim hall lighting <input type="checkbox"/> Increase day time activity: e.g. walking minimum 3 times per day, exercise <input type="checkbox"/> Minimize day time naps: no more than 1 hour <input type="checkbox"/> Warm patients before sleep: e.g. bath, warm blanket <input type="checkbox"/> Reduce overheating during sleep: number of blankets, facility temperature if possible <input type="checkbox"/> Re-evaluate need for and timing of labwork and assessments <input type="checkbox"/> Other:
Support Patient Night time Needs	<input type="checkbox"/> Night time cues: e.g. unit is quiet, dimly lit, staff attend to dementia patients in fuzzy housecoats <input type="checkbox"/> Routines for when patients wake up: toilet, offer drink and/or snack, pain relief if required, warm blanket and back to bed, sit with them for a brief time if that comforts them <input type="checkbox"/> Night snacks available <input type="checkbox"/> Safe place to wander or do quiet activity <input type="checkbox"/> Other:
Comments:	

Interventions for Individual Patients: start with 1-2 patients		
<p>Decrease Antipsychotics Used for Sleep, as well as Other Sedatives</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Identify antipsychotics prescribed for sleep; gradually reduce dose/discontinue <input type="checkbox"/> Identify use of other h.s. sedatives; gradually reduce dose/discontinue <input type="checkbox"/> Evaluate need for medications that may interfere with sleep such as: statins, acid blockers, anticholinergics, bisphosphonates, timing of antidepressants & diuretics <input type="checkbox"/> Evaluate need for medications that may reduce melatonin levels such as: calcium channel blockers, SSRIs (fluoxetine), beta blockers, NSAIDs <input type="checkbox"/> Discuss medication needs and proposed changes with prescriber, family/alt decision maker 	
<p>Identify Person-Centred Strategies to Enhance Sleep</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss with family/alternate decision maker: previous sleep patterns (what time they went to bed and got up), lifestyle habits and experiences, what helps patient relax e.g. music <input type="checkbox"/> Identify what may disrupt patient sleep: itchy skin, restless legs, roommate, noise, snoring/sleep apnea, caffeine in the evening, uncomfortable bed, nocturnal cough, hot flashes, nightmares, leg cramps, congestive heart failure, acid reflux <input type="checkbox"/> Modify care plan to maximize sleep: individualized bed time and nap requirements, continence care, need for turning, pain and hs medications, white noise (e.g. fan), night light requirements (e.g. red bulb in nightlight) <input type="checkbox"/> Individualized routine if awake at night: toilet, offer drink and/or snack, pain relief if required, warm blanket and back to bed 	
<p>Collaborate Between All Shifts to Enhance Sleep</p>	<ul style="list-style-type: none"> <input type="checkbox"/> For fluctuating sleep/wake cycles, discuss how they slept at shift change: <ul style="list-style-type: none"> ○ If they slept poorly, they might need to sleep in, or rest in the afternoon. ○ If they slept poorly, evaluate if they napped too long the day before ○ Consider whether the patient requires more rest to support healing or health issues ○ Given how the day went, might the patient be ready to sleep earlier or later than usual? 	
Patients who are priorities for person-centred interventions:		
Comments:		