

Sleep Enhancement Protocol

Purpose

The purpose of this protocol is to offer health care providers an understanding of the importance of promoting sleep in patients who have delirium or are at risk for developing delirium during their hospital admission. The protocol will also provide an approach to caring for patients who have a disturbance in their normal sleeping pattern and are at risk for sleep deprivation.

Emphasis will be placed on non-pharmacological interventions for hospitalized elderly patients

Introduction

Sleep is healing and essential, in order to provide the necessary energy to maintain or regain integrity (Richards & Bairnsfather, 1998). Sleep is defined as a complex, integrated behaviour that is cyclic and reversible (Fontaine, 1989).

While the number of factors that disturb sleep varies among patients, a study by Simpson et al. (1996) described pain, inability to get comfortable, and inability to perform a familiar nighttime routine, as moderately disturbing to most patients across phases of recovery from cardiac surgery. Additionally, talk at the nursing station and in the hallways, in addition to the noise of the paging system, was identified as being disturbing to sleep. Nurses can modify many of the factors that disturb sleep to promote an environment that will facilitate improved rest and recovery.

In a study by Richards(1998) patients who received a six minute back massage had improved quality and quantity of sleep, as compared with patients in the control group. This lends support to findings that back massage increases relaxation and decreases perceptions of pain, as well as relieving muscular and joint discomfort resulting from continuous bed rest.

Patients who have delirium often present with a disturbance to their normal sleep-wake cycle. This can lead to restlessness at night and poor participation in normal activities during the day. Additionally complete reversal of the sleep-wake cycle may occur. A non-pharmacological sleep protocol can be advantageous to these patients.

Definition of associated terms

Altered sleep-wake cycle:

Alteration in the patient's usual sleep-wake cycle ranging from hypersomnolence to insomnia to reversal of the sleep-wake cycle characterized by frequent napping during the day and insomnia at night.

Sleep deprivation:

Sleep deprivation depletes the individual of the necessary energy to maintain or regain integrity and itself becomes a stressor. Fisher and Moxhal (1984) believe this stressor consumes energy which the body would otherwise delegate to healing and this potentially compromises the patient's recovery.

Individuals at risk:

All patients who enter the hospital are at risk for sleep deprivation. This is multifactorial in nature e.g. (environmental noise, numerous distractions, disturbing lights, limitations in ability to maintain a comfortable position for sleep, multiple lines, and unaddressed pain. Patients who present with delirium are particularly at risk for sleep-wake cycle disturbances.

Who would most benefit from the use of this protocol?

All patients who are at risk for sleep deprivation have a disturbance in their sleep-wake cycle

Initial assessment

Family or patient self reports and nursing observations are the most practical ways to assess sleeping patterns

Ask the patient what helps him/her sleep well at home

Assess for presence of pain, dyspnea and/or anxiety and what would help

Sleep Enhancement Interventions

1. assist the patient to complete a familiar nighttime routine
2. assist the patient to find a comfortable position for sleeping
3. decrease environmental noise/restlessness:
 - dim lights
 - reduce staff conversation in room perimeter
 - close doors
 - mute telephones close to patient rooms

- refrain from using intercom except in urgent situations
- 4. at night, promote long blocks of uninterrupted sleep by decreasing the number of times you have to disturb patients
- 5. offer a warm drink before bedtime (e.g. small amounts of warm milk, herbal tea)
- 6. offer a relaxation tape (ocean sounds or favourite music)
- 7. offer a back massage
- 8. use clocks, television and radio appropriately
- 8. when possible position patient near window to help maintain day/night routines and provide relaxation

Evaluation

1. Patient feeling more rested
2. Change in the use of sedative medications for sleeping following the implementation of the above interventions
3. Improved participation in activities during the day
4. Fewer naps during the day (Note: some napping is healthy and acceptable)

References

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