

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"/> Safety Rounds: what would be a less disruptive way to check on the safety of residents? <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 residents 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: identify medication-delivery times that require waking residents in a.m. or p.m. <input type="checkbox"/> Other:
Promote Sleep	<input type="checkbox"/> Increase day time light exposure e.g. during meals (sunny window, full blue spectrum light) <input type="checkbox"/> Accommodate individual bed time routines <input type="checkbox"/> Toilet resident(s) 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, exercise, outdoor activities <input type="checkbox"/> Minimize day time naps (no more than 1 hour) <input type="checkbox"/> Warm residents before sleep (bath, warm blanket) <input type="checkbox"/> Reduce overheating during sleep (number of blankets, facility temperature if possible) <input type="checkbox"/> Group residents and roommates according to night time care needs (e.g. Q2h turning/repositioning) Other:
Support Resident Night time Needs	<input type="checkbox"/> Night time cues: e.g. unit is quiet, dimly lit, staff in fuzzy housecoats <input type="checkbox"/> Routines for when residents 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 Residents: choose 1-2 residents per month to focus on	
<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: assess gradual dose reduction/discontinuation <input type="checkbox"/> Identify use of other h.s. sedatives, consult with pharmacist re reduction/discontinuation <input type="checkbox"/> Evaluate need for medications that may interfere with sleep such as: statins, acid blockers, anticholinergics, 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 resident relax e.g. music <input type="checkbox"/> Identify what may disrupt resident 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: e.g. 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: e.g. 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 at shift change: <ul style="list-style-type: none"> ○ How was the night's sleep – therefore, when might be optimal time to wake for the day on day shift? ○ When/how long might the resident need to nap? ○ Is the resident struggling with any health issues requiring more rest? ○ Given how the day went, might the resident be ready to sleep earlier or later than usual?
Residents who are priorities for person-centred interventions:	
Comments:	