

Sleep Hygiene Optimization

Optimizing sleep/wake cycle in an ICU setting is a continuous struggle. Providing patient care and maintaining a healthy environment for sleep is sometimes very difficult. Please consider the below rules of thumb to optimize sleep and decrease risk of delirium.

- Please dim/turn off lights in patient's room every night by 22:00.
- Limit noise levels at nighttime (i.e. outside patient rooms, at nurses' station).
- Pull curtain/door to minimize outside light and noise.
- Cluster nursing care as much as possible at the beginning and end of the shift leaving the middle of the night for sleep. (If there are multiple medications scheduled in the middle of the night, ask the team if they can be rescheduled at a more opportune time.)
- Avoid unnecessarily turning on and off lights in the middle of the night (i.e. use your penlight to check drains, urine, NGT output)
- Only turn lights on for nursing tasks you must have adequate lighting to do safely (i.e. venipuncture)
- Turn off TV (including screen) at night to avoid unnecessary glare/light.
- Consider turning bed speakers on to 'white noise' type station.
- Avoid bathing between the hours of 22:00 – 04:00.
- Respond to monitor alarms, IV pump alarms, ventilator alarms in timely manner. Silence alarms before interventions that may trigger alarm (i.e. changing IV tubing, suctioning).
- Turn nursing phones on vibrate during hours of sleep.
- Mobilize patient as much as possible during dayshift and beginning of night shift before bed.
- Utilize patient's home assistive devices (i.e. glasses, hearing aid).
- If your patient is still having difficulty sleeping after doing the above tasks, please notify the ICU team.

Delirium risk factors to keep in mind when assessing your patient:

- Age
- Elevated creatinine
- Decreased arterial pH
- History of psychiatric illness or dementia
- Benzodiazepine use prior to admission
- Severity of illness
- Infection

Please adhere strictly to sleep hygiene in the above types of patients, whether or not they are demonstrating symptoms of ICU delirium.

Sleep Hygiene Protocol Exclusions:

- Patients with ongoing active resuscitation (i.e. bleeding liver patient, septic shock)
- Hold sleep protocol during SAT/SBT trials.

Source: Balas, M., Rice, M., Chaperon, C., Smith, H., Dispot, M., Fuchs, B. Management of Delirium in Critically Ill Older Adults. Critical Care Nurse. (Volume 32, No. 4) August 2012.

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