Don’t Wake Grandpa

Thomas Costanzo BSN, RN
Lehigh Valley Health Network, Thomas.Costanzo@lvhn.org

Rachael E. Daly BSN, RN
Lehigh Valley Health Network, Rachael.Daly@lvhn.org

Christina Thompson BSN, RN
Lehigh Valley Health Network, Christina.Thompson@lvhn.org

Published In/Presented At

Costanzo, T. Daly, R. Thompson, C. (2019, November 7). *Don’t Wake Grandpa.* Poster Presented at: VHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

Don’t Wake Grandpa

Thomas Costanzo, BSN, RN (3B), Rachael Daly BSN, RN (PCU), Christina Thompson, BSN, RN (6B)

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND

- Patient complaints of poor night sleep while in the hospital
- Sleep promotes healing
- Lack of sleep can cause an increase in poor patient outcomes such as falls or delirium
- This can lead to longer hospital stays and increased costs

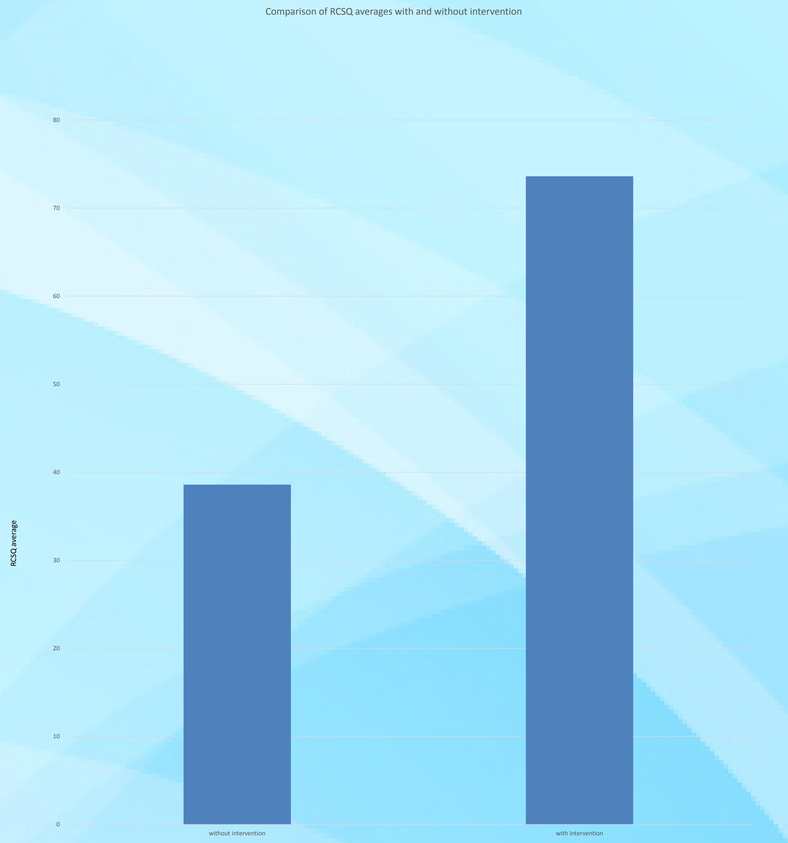
P I C O

- **P :** Inpatient geriatric patients (>65)
- **I :** Non-pharmacological interventions (Bedtime Protocol)
- **C :** No Intervention
- **O :** Patient perception of a restful sleep

EVIDENCE

- Hu et. al. (2015) conducted a review of 30 trials of patients on an ICU floor where earplugs, eye masks, massage and music were used to improve patients’ perception of sleep. They found that patients who used these techniques had on average 2.19 hours more of sleep.
- Dubrose & Hadi (2016) found that when a quiet time protocol which includes sleep masks, ear plugs, and single patient rooms were used patient perception of sleep increased. They also found that turning off lights and minimizing sounds were more effective than sleep masks and ear plugs
- Tamrat et. al. (2013) conducted a Cochrane literature review by searching sleep, insomnia, inpatient, and adult. They found that increasing exposure to light during the day, eye masks, ear plugs, and decreased room temperature at night improved quality of sleep by 7% and decreased pharmacological sleep interventions from 2.2 to 1.6 times.

OUTCOMES



This graph represents the results of the residency project. The Richards Campbell Sleep Questionnaire (RCSQ) was used to assess sleep quality. This graph represents the average RCSQ scores. When the interventions were not used the average RCSQ score was 38.6 . When interventions were used the average RCSQ was 73.6. A higher RCSQ average indicates a more restful night sleep.

IMPLEMENTATON

- With permission from the author, the Richards Campbell Sleep Questionnaire was utilized to assess patient perception of a restful night’s sleep on two consecutive nights (K.C. Richards, personal communication, August 8, 2019).
- The patients were asked the questions on the RCSQ for both nights.
- The first night, no interventions were implemented.
- The second night, interventions were implemented. Interventions included the use of ear plugs, decreased auditory and visual stimuli, and evening hygiene and back rub.

NEXT STEPS

- Will continue to implement interventions to promote a restful night’s sleep among geriatric inpatients in order to promote patient perception of a restful night’s sleep.
- Will share findings with Nurse Practice Council to advocate for house-wide adoption of nursing interventions.

REFERENCES:

Dubrose, J.R., & Hadi, K. (2016). Inpatient environments to support patient sleep. *International Journal for Quality in Health Care*, *28*(5), 540-553.

Hu, R.F., Xiao-Ying, J., Cheng, J., Zeng, Z., Chen, X.Y., Li, Y., Huining, X., Evans, D.W., & Wang, S. (2015). Non-pharmacological interventions for sleep promotion in the intensive care unit. *Cochrane Database of Systematic Review, 10*.

Tamrat, R., Huynh-Le, M.P., Goyal, M (2013). Non-pharmacologic interventions to improve the sleep of hospitalized patients: a systematic review. *Journal of General Internal Medicine, 29*(5), 788-795.

Lehigh Valley Health Network

LVHN.org