

Utilization of the “Do Not Disturb” Order to Improve Sleep Quality in the Medical-Surgical Patient

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BACKGROUND

- Medical-surgical unit patients often report dissatisfaction with their quality of sleep.
- Sleep disturbances in this population:
 - May place geriatric patients at risk for developing delirium
 - Can be associated with elevated stress hormones (cortisol) – may impair wound healing and glucose tolerance, weaken cellular immunity, worsen cognitive functioning, cause hypertension, and increase mortality (Yoder et al., 2013)
- Nurse residents (NR) in an academic Magnet® facility noted the Modified Early Warning Score (MEWS), used to identify clinical deterioration, required Q4 hour vital signs for all medical-surgical patients.
- Prior to MEWS policy inception, “Do not wake patients from sleep” orders were often implemented by geriatric trauma providers.
- A “Do not disturb” order exists in the facility’s electronic medical record (EMR) to allow patients to sleep uninterrupted from 2300-0500 hours; however, NR discovered it was not currently utilized by providers.
- This finding prompted NR to develop an evidence-based practice project (EBPP) to investigate interventions to improve sleep quality in the medical-surgical patient.

PICO QUESTION

In the trauma medical-surgical patient population, will the use of the “Do not disturb” order, compared to the current MEWS policy, allow patients to have more uninterrupted sleep?

P-Trauma medical-surgical patient population

I-Use of the “Do not disturb” order via the EMR

C-Current MEWS policy

O-Allow patients to have more uninterrupted sleep

EVIDENCE

- Vital sign checks have been shown to be the environmental factor most disruptive to patient sleep (Yoder et al., 2013).
- Recommendation to use MEWS score to identify low-risk patients who might forgo overnight vital sign monitoring (Yoder, et al., 2013).
- Patients with a MEWS score of 0-2, indicative for low deterioration rate, may benefit from the “Do not disturb” order to allow for more uninterrupted sleep (Yoder et al., 2013).

METHODS

- **Nurse residents:**
 - Met with the Trauma Performance Improvement and Patient Safety (TPIPS) and Geriatric Trauma councils and the Department of Risk Management to determine criteria for order use
- **Inclusion criteria:**
 - MEWS score less than 2 in the past 24 hours
 - **NO:**
 - Operative procedures with the past 24 hours
 - Falls within the past 24 hours
 - Changes in level of consciousness within the past 24 hours
 - Transfers from intensive care or new inpatient admission within the past 24 hours
 - Positive Confusion Assessment Method (CAM) delirium screen within the past 24 hours
- Pre-data collection of 50 patient charts – reviewed order eligibility based on above criteria
 - 25 adults patients 18-65 years of age
 - 25 geriatric patients > 65 years of age
- Multidisciplinary team members educated on “Do not disturb” order eligibility via electronic learning platform
- Completed 1:1 education and discussed at daily safety huddles
- Collaborated with providers to enter “Do not disturb” order based on patient eligibility (completed Monday–Friday at collaborative rounds)

OUTCOMES

- Pre-data concluded that 85% of the patients audited would meet the criteria for the “Do not disturb” order use.
- 9 patients met the “Do not disturb” criteria and had this order placed during the one-month trial period.

PROJECT BARRIERS/NEXT STEPS

- Barriers to intervention include delay in project approval from providers leading to a shorter trial period.
- Patient acuity and number of surgeries was high during the implementation period – may have led to less “Do not disturb” order use than anticipated.
- **Next steps:**
 - Assemble a workgroup to include key stakeholders from nursing and medicine to continue project implementation on a medical-surgical unit with consideration for MEWS policy revision.
 - Create a tool to evaluate patient satisfaction with sleep quality pre and post-intervention and evaluate outcomes.



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