PURPOSE:
To provide an opportunity for nurses to solicit information and provide support for disruptions in sleep related to normal and pathologic changes in the older adult.

CONSIDERATIONS:
1. Sleep is important; it impacts mood, memory, and cognitive performance as well as endocrine and immune system function.
2. Sleep deprivation/disturbance has been linked to depression, obesity, hypertension, impaired tissue healing and poor glycemic control in type 2 diabetes.
3. Sleep deprivation/disturbance also contributes to accidents including motor vehicles and falls.
4. Causes of sleep disturbances can include environmental or safety issues, insomnia, sleep apnea, movement disorders and Alzheimer's disease.
5. Two-thirds of adults age 55 to 84 years had one or more symptoms of a sleep problem "at least a few nights a week."
6. Of adults age 70 and older, 23-41 percent are impacted by the prevalence of insomnia.
7. Of adults age 65 and older in a study, 50 percent were found to have at least one chronic sleep problem "occurring most of the time."
8. Determine patient's cognitive ability and reading comprehension to determine mode of assessment - oral interview vs. patient completing written questionnaire.

EQUIPMENT:
Quiet private area in the home
Environment of open communication
Pittsburgh Sleep Quality Index (PSQI) Instrument

PROCEDURE:
1. Obtain the PSQI instrument
2. Administer the PSQI instrument.
3. Tally the patient's PSQI score.
4. Discuss results with patient and interventions to improve sleep quality.
5. Safe Sleeping Procedures:
   a. Have smoke alarms on each floor of residence.
   b. Lock the outside doors before going to bed.
   c. Keep a telephone with emergency phone numbers by the bed.
   d. Have a good lamp within reach that turns on easily.
   e. Put a glass of water next to the bed in case of thirst.
   f. Use nightlights in the bathroom and hall.
   g. DO NOT smoke, especially in bed.
   h. Remove area rugs to avoid falls when getting out of bed in the middle of the night.

i. DO NOT fall asleep with a heating pad on; it may burn.

5. Daily Sleep Regimen Procedures:
   a. Follow a regular sleep schedule. Go to sleep and get up at the same time each day, even on weekends.
   b. Try to avoid napping in the late afternoon or evening.
   c. Develop a bedtime routine. Take time to relax before bedtime each night. Some people watch television, read a book, listen to soothing music, or soak in a warm bath.
   d. Keep the bedroom dark, not too hot or too cold, and as quiet as possible.
   e. Have a comfortable mattress, a favorite pillow, and enough blankets for the season.
   f. Exercise at regular times each day but not within 3 hours of bedtime.
   g. Make an effort to get outside in the sunlight each day.
   h. Be careful about when and how much is eaten at meals. Large meals close to bedtime may keep individuals awake, but a light snack in the evening can help those get a good night's sleep.
   i. Avoid caffeine late in the day. Caffeine (found in coffee, tea, soda and hot chocolate) can keep individuals awake.
   j. Drink fewer beverages in the evening. Waking up to go to the bathroom and turning on a bright light breaks up sleep.
   k. Alcohol does not help sleep. Even small amounts make it harder to stay asleep.
   l. Use the bedroom only for sleeping. After turning off the light, wait about 20 minutes to fall asleep. If not asleep and not drowsy, get out of bed. When tiredness returns, go back to bed.

AFTER CARE:
1. Follow-up with primary care practitioner for medication or treatment regimen changes that are needed to impact sleep quality.
2. Follow-up with primary care practitioner for referrals to specialist or additional needs to address sleep disturbances caused by insomnia, sleep apnea, movement disorders, Alzheimer's disease or other conditions which impact sleep quality.
3. If patient shares a room or bed with partner/caregiver discuss alternative sleep arrangements to improve sleep quality.
4. Document in patient's record:
   a. Assessment and PSQI instrument score.
   b. Patient education and instructions given to address sleep disturbances.
   c. Contact to primary care practitioner and his/her response regarding patient's sleep patterns and/or disturbances.
REFERENCES:

