

Preventing and managing sleep disturbance in non-critically ill TREATMENT–NAÏVE PATIENTS[^]



OPTIMISE SLEEP HYGIENE STRATEGIES IN ALL WARDS CARING FOR NON-CRITICALLY ILL PATIENTS.

Ensure patients (and carers) receive relevant [written information](#) regarding sleep during hospitalisation.



**Treatment-naïve patient[^]
complains of inability to get to sleep or maintain sleep**

AFTER HOURS



WARD NURSE

- identifies & addresses patient's remediable risk factors for sleep disturbance (see [non-pharmacological strategies](#));
- counsels patient; and,
- documents relevant information in medical record for review by treating team the next day.

COUNSELLING INCLUDES INFORMATION THAT AFTER HOURS JUNIOR HOSPITAL DOCTORS
ARE **NOT** PERMITTED TO PRESCRIBE NIGHT SEDATION MEDICINE IN THIS SITUATION.



The **PATIENT** accepts that:

- ❖ sleep is challenging in hospital and will be less than that experienced at home.
- ❖ night sedation medicines carry significant risk of harm with limited effect on sleep during hospital stay.
- ❖ sleep strategies as per discussions with nurse to be undertaken.

N.B. if ongoing patient complaint despite implementation of nursing strategies, use standard escalation pathways for clinical support e.g. more senior nurse or medical registrar-on-call.

THE FOLLOWING DAY & DURING HOSPITALISATION

NURSES

- Continue to optimise and re-iterate sleep hygiene strategies for patient
- Counsel patient +/- carer
- Conduct ongoing review of response to interventions



TREATING MEDICAL TEAM

If a patient complaint of sleep disturbance or a request for a night sedation medicine is received the following day, the medical team:

- Reviews medical record and non-pharmacological strategies applied the previous night;
- Completes the '[Managing Sleep Checklist](#)' (in consultation with patient +/- carer);
- Ensures patient (+/-carer) understand the limited effectiveness & potential harms of medication for night sedation;
- May request pharmacist medication review and other multidisciplinary non-pharmacological strategies;
- Understands they are under no obligation to commence medication for night sedation.



If a decision to prescribe a medicine for night sedation is undertaken by the treating medical team because benefits are thought to outweigh harms for the patient, then:

- !! Consultant/registrar to complete a [streamlined IPU declaration form](#) and obtain [informed patient consent](#);
- !! Only prescribe temazepam on a 'prn' basis with accompanying indication for a documented trial period (maximum 3 nights);
- !! Document rationale and plan for temazepam prescription in the medical record;
- !! Ensure re-prescription only occurs for shortest appropriate duration and after regular reviews of effectiveness of temazepam and other sleep treatment modalities;
- !! Do NOT prescribe temazepam (or any new medicine for night sedation) at discharge.

Temazepam
5-10 mg po nocte prn
for sleep



[^]Treatment naïve patient: a patient who has not taken a night sedation medicine for insomnia more than three times in the last 2 weeks.