


Managing sleep disturbance/insomnia in the non-critically ill patient RECENTLY TAKING a MEDICINE for NIGHT SEDATION



**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.



→ ON ADMISSION TO WARD

<p>NURSING STAFF</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify and address patient’s remediable risk factors for sleep disturbance/ insomnia. <input type="checkbox"/> Assess and optimise non-pharmacological strategies to promote sleep. 	<p>TREATING MEDICAL TEAM (or ADMITTING TEAM if after hours)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consider need for ongoing medicine for night sedation if: <ul style="list-style-type: none"> - patient took medicine for night sedation recently or frequently prior to hospitalisation OR - patient was initiated on medicine for night sedation during hospitalisation e.g. during critical care management <p>A PRESCRIBER IS UNDER NO OBLIGATION TO COMMENCE OR CONTINUE PRESCRIBING MEDICATION FOR NIGHT SEDATION AGAINST THEIR BETTER JUDGEMENT. Assess whether any risk of drug withdrawal.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinically assess (see ‘Managing Sleep Checklist’, for completion in consultation with patient +/- carer)
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↔ DURING HOSPITALISATION ↔


<p>IF PHARMACOLOGICAL MANAGEMENT IS REQUIRED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Document clinical assessment, rationale & plan for night sedation medication prescription in medical record. <input type="checkbox"/> Offer relevant consumer information to ALL patients <p>TREATING MEDICAL TEAM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prescribe patient’s night sedation medication ‘PRN’ or as a deprescribing plan. <p>NON-TREATING MEDICAL TEAM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prescribe stat dose of patient’s night sedation medication for review by treating team the next day.

AT DISCHARGE →

<ul style="list-style-type: none"> ✗ DO NOT PRESCRIBE A MEDICINE FOR NIGHT SEDATION AT DISCHARGE IF NOT TAKEN PRIOR TO HOSPITALISATION. ✓ The treating team should have already discussed the benefits of DEPRESCRIBING any night sedation medication with the patient +/- carer and promoted sleep hygiene strategies. ✓ Communicate implemented or recommended deprescribing plans to the clinician(s) taking over care. ✓ Provide patient +/- carer with relevant information including deprescribing and sleep hygiene information. ✓ Consider referral to a practitioner who provides Cognitive Behavioral Therapy for Insomnia (CBT-I) or other psychological therapy for insomnia.

ALL MEMBERS OF THE HEALTHCARE TEAM CARING FOR THE PATIENT:

- ✓ Counsel regarding sleep expectations during hospitalisation.
- ✓ Counsel, as appropriate, about the potential harms and limited effectiveness of medicines for night sedation.
- ✓ Frequently review non-pharmacological sleep promoting strategies & reiterate sleep hygiene principles at every opportunity throughout hospitalisation.
- ✓ Frequently review response to interventions and assessment of harms in context of clinical condition.



***Recently taking a medicine for night sedation means the patient is a ‘non-treatment- naïve patient’:** a patient who regularly uses a medicine for night sedation (i.e. has taken a medication for night sedation more than three times in the last 2 weeks at their place of residence) or a hospital patient who has recently taken medication for night sedation during critical care management.