

The Managing Sleep Checklist

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A checklist for managing sleep complaints in hospitalised non-critically ill adult patients
To be used in consultation with patient and/or carer

Assessment Checklist	Conversation guide	Notes
Assess the patient's usual sleep pattern and current concerns		
What is the type of sleep disturbance?	<p>Obtain a thorough sleep history:</p> <ul style="list-style-type: none"> Is this a new problem or also experienced when not in hospital? Does the patient have a diagnosed sleep disorder such as sleep apnoea; circadian rhythm disorder; restless leg syndrome? If OSA, do they use CPAP machine? What is the patient's normal sleep pattern? Has the patient slept much during the day? (including napping since 2 pm?) Does the patient have realistic expectations for sleep in hospital? 	
Strategies used to promote sleep?	<ul style="list-style-type: none"> What does the patient do at home to promote sleep? What has been tried already during hospitalisation? What hasn't been tried? 	
Previous use of night sedation medicines?	<ul style="list-style-type: none"> Does the patient usually take medicines to promote sleep at home? <ul style="list-style-type: none"> Which one(s)? When: never, regular or 'as needed' use? If regular or as 'needed', how frequently? What dose? Is the patient likely to be dependent on the night sedation medication? <p>Also refer to Best Possible Medication History (BPMH).</p>	
Specific sleep complaint?	<ul style="list-style-type: none"> Is it getting to sleep, staying asleep and/or disrupted sleep the main complaint(s)? 	
What are the precipitants/triggers?	<ul style="list-style-type: none"> Environmental: noise, patient care interventions, light exposure, other patients? 	
	<ul style="list-style-type: none"> Non-environmental: current illness, injury, pain; medication side effects, sensory impairment, delirium. (See Table 1: Hospital-based factors known to disrupt the sleep of inpatients in the guidance document) Can these be addressed? E.g. will pain relief assist? Does the patient usually use a CPAP machine or other device for sleep? Are ear plugs/eye mask available and acceptable e.g. does hearing loss/visual loss inhibit use of aids e.g. ear plugs, eye masks? Is delirium addressed according to local policy? (See non-pharmacological management section) 	

If it is still considered that use of a night sedation medicine may be an appropriate option, use the following to assess the harm: benefit balance for the patient.

Assessment Checklist	Conversation guide	Notes
What comorbidities and conditions including presence of undiagnosed co-morbidities are present?	<ul style="list-style-type: none"> • Previous history of falls; confusion or dementia; COPD; heart failure, pain. • Could it be undiagnosed obstructive sleep apnoea or episodic movement disorders e.g. restless legs syndrome? • Could it be rebound insomnia (as a withdrawal symptom), delirium, alcohol abuse or mental disorder such as anxiety or depression? 	
Are there potential drug interactions?	<ul style="list-style-type: none"> • Presence of other sedative and respiratory depressant medications e.g. opioids? • Presence of other fall risk-increasing medications e.g. antihypertensives? <p>See Table 2: Important interactions between commonly used medications and oral benzodiazepines and Z-drugs</p>	
Is the patient aware of the limited efficacy and potential harms from night sedation medicines?	<ul style="list-style-type: none"> • Is the patient aware of the little difference these medicines make to sleep duration and quality? Is the patient aware that these medicines may cause falls, hip fractures, impaired cognition, dependence, drowsiness the next day and possibly slow recovery? 	
What are the potential consequences on hospitalisation	<ul style="list-style-type: none"> • What impact might use of night sedation medicine have on recovery? E.g. is it likely to affect allied health sessions; lengthen hospital stay? 	
Has shared decision-making and informed consent taken place?	<p>Has the patient:</p> <ul style="list-style-type: none"> • participated in the consultation, • understood the information, • given informed consent to the prescription of the 'night sedation medicine', • considered a deprescribing plan (if a previous user), 	

OSA= Obstructive Sleep Apnoea; CPAP= Continuous Positive Airway Pressure