



## Sleep in the Nursing Home Tip Sheet

1. With any sleep problem recording sleep accurately is essential, Use an hourly chart, 24 hours a day, 7 days a week to provide the practitioner information about the resident's sleep.
2. Sleeping in a more broken up manner is not necessarily unusual for demented residents. However, making sure that they have an opportunity to sleep more routinely should be part of every treatment plan.
3. Engaging the residents in daily activities which are of interest to them individually and are compatible with their level of cognition is essential. Many residents sleep due to limited activity during the day.
4. Avoid naps during the day, or if a nap is required schedule it routinely, say for 15 minutes from 4-4:15pm.
5. Make sure that the levels of light the residents are exposed to during the daytime are as bright as possible. Sunlight exposure helps greatly. Low light levels interfere with the ability to stay awake and lead to daytime somnolence among residents.
6. As much as possible, limit nighttime interruptions for the resident. Although these often cannot be avoided, they could be timed in concert with caregiving for the roommate as well.
7. Sleeping pills should never be used as a first line treatment for poor nighttime sleep. They are useful only for brief periods and they can lead to daytime fatigue, confusion and falls. Again, a person sleeping 7-8 hours a day in a piece-meal manner should not be given a sleeping pill at nighttime.
8. Daytime somnolence, especially when combined with nighttime sleep and obesity could be obstructive sleep apnea. Older people are more at risk for this disorder. Overnight pulse oxygenation may help determine if sleep apnea is a possibility.
9. Be aware many medications may cause sleepiness or insomnia. Some may interfere with sleep in a secondary manner, such as taking a diuretic too late in the day so the resident has to urinate a lot at night.
10. Some residents have a completely reversed sleep-wake cycle. In many cases, it makes more sense to feed them and provide activities for night shift to involve them with. Trying to reverse such a cycle can often make things worse.
11. Do not force a resident to return to bed. This usually only increases distress. If the resident is disruptive try to exercise them with walking hallways or engage in a repetitive task, such as folding towels or sorting buttons. Some residents simply want to be near caregivers or have a snack. Wait until the resident is clearly sleepy before returning them to bed.
12. Make sure that the bed is comfortable to the resident. Some residents may have slept for years on a chair or couch for years prior to admission. Others may not like the new bed at the facility. Make sure the resident's room is not too warm or too cold for them. Some roommates may set the temperature too cold or too warm for the resident. Adding blankets or taking them away may be in order.