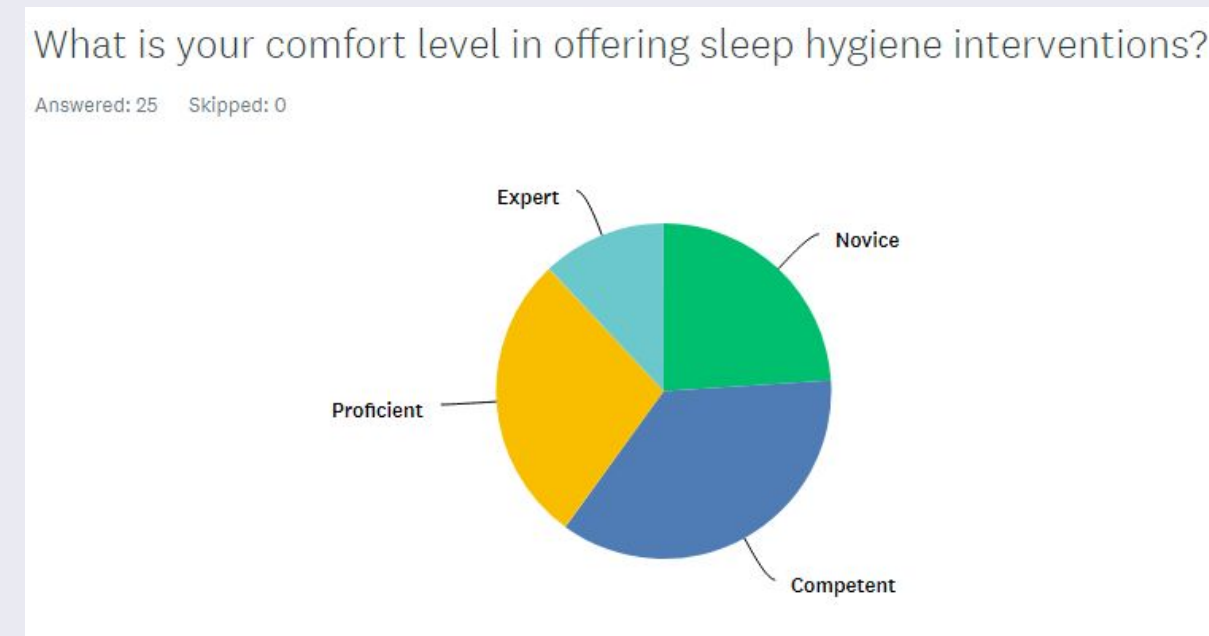


# Sleep Calm and Carry On: Initiating A Sleep Hygiene Bundle to Promote Healing for Children in the Hospital

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## Clinical Issue

The promotion of sleep is often overlooked in times of crises and can lead to worse health outcomes. Vital signs, safety checks, pump alarms, monitor lighting, and overhead announcements are common complaints in HCAHPS. A sleep hygiene bundle can improve sleep satisfaction and prioritize overall wellness for patients and families.



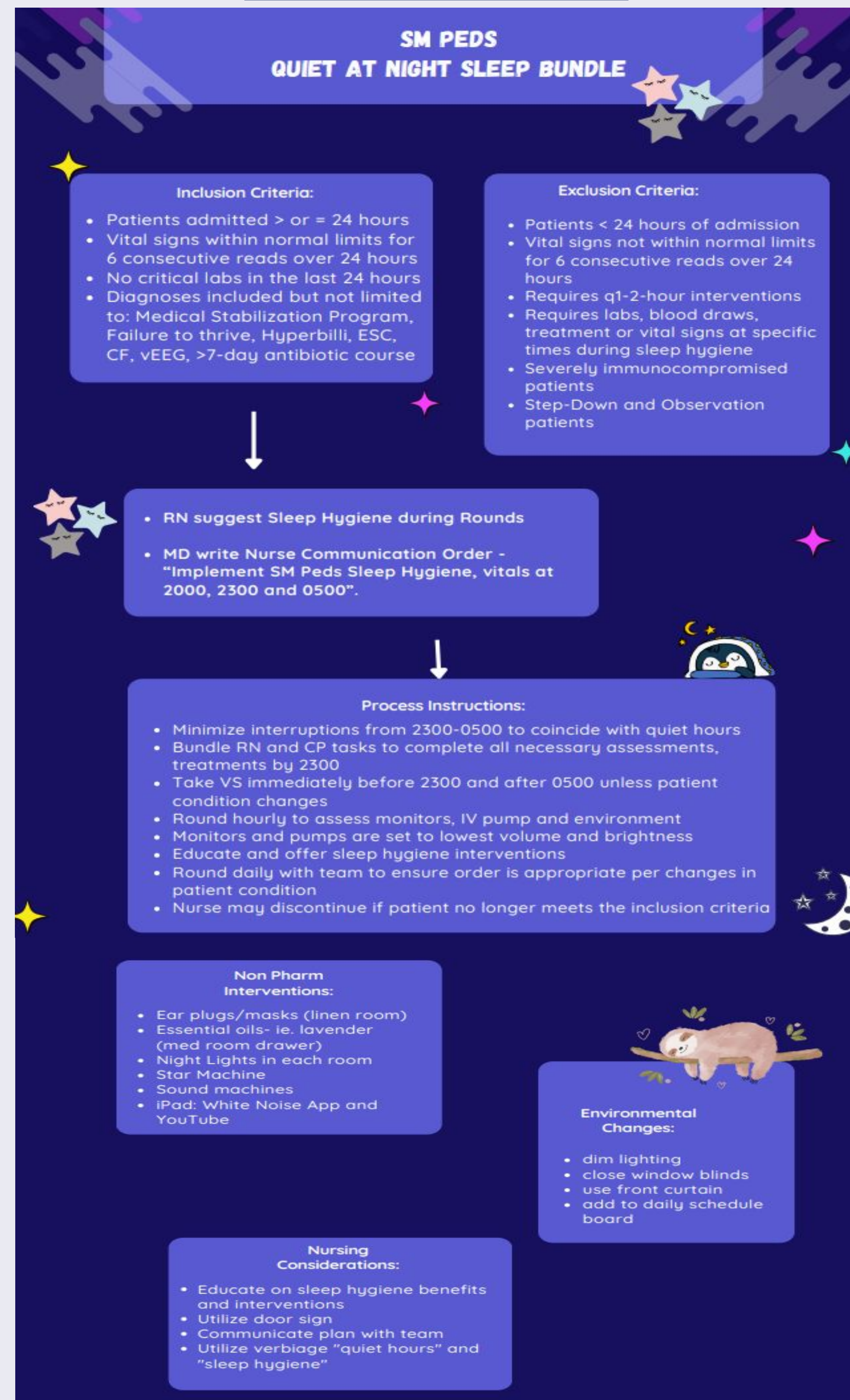
## Literature Review

- Addressing quietness at night can improve perceived patient and family sleep satisfaction.
- Disruptions to daily routines, external noises and frequent disruptions may adversely affect patient's health and increase fear, agitation and distress (Sampath et al., 2021).
- Hospitalized children's sleep may be significantly improved with reducing nighttime disruption, particularly overnight blood pressures (Cook et al., 2020).
- Parent engagement in settings of pediatric illness can improve nursing efforts to alleviate sleep disturbances and improve sleep quality (Christian, 2020).
- A nonpharmacological sleep hygiene protocol paired with provider education and use of champions was associated with modest improvements in patients' perceived sleep and unit HCAHPS scores (Hersher et al., 2021).

## EBP

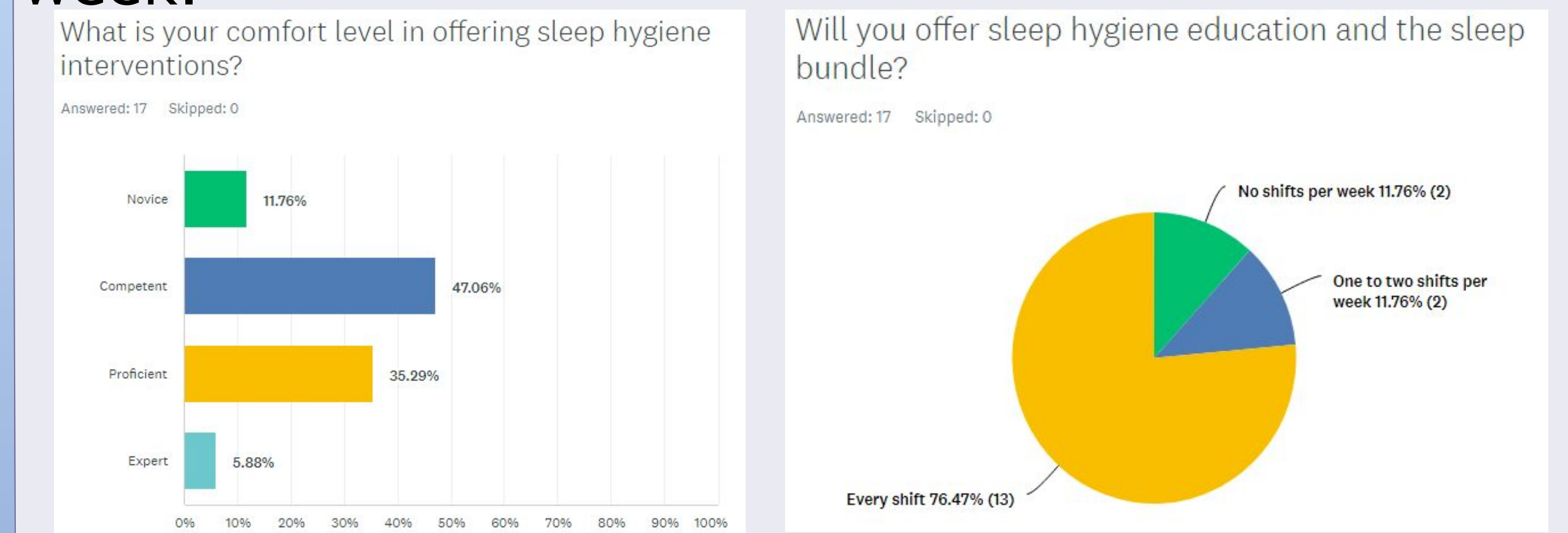
In a pediatric medical-surgical unit, does a sleep hygiene bundle promote rest and minimize awakenings to prioritize the patient and family's perception of sleep satisfaction compared to current practice with no sleep protocol?

## Interventions



## Results (Outcomes)

Prior to rolling out the sleep bundle >90% of staff felt a need to improve sleep hygiene for patients, offer staff education, and implement the sleep hygiene bundle. 52% of staff felt competent offering interventions while 20% felt novice. 56% of the staff offered sleep hygiene 1-2 shifts per week.



Q1 - My/My child's ability to fall asleep last night was:

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	0 being VERY POOR to 10 being THE BEST	5.00	10.00	8.33	1.56	2.44	9

Q2 - My/My child's sleep quality was:

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	0 being VERY POOR to 10 being THE BEST	5.00	10.00	7.70	1.42	2.01	10

After rolling out the sleep bundle, patients/parents were surveyed on their ability to fall asleep and their quality of sleep. From 0-10 (0 being "very poor" to 10 being "the best"), the mean score was 8.33 & 7.70 respectively.

## Conclusion

Per data collection, more sleep hygiene education was needed for staff. Upon rolling out the sleep hygiene bundle, patient satisfaction scores on their quality of sleep in the hospital were high (average rating > 5). We received feedback on ways to continue to improve sleep for patients & families.

## References

References available on request:  
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