Examples of NOC outcomes and NIC interventions to assist clients with sleep disturbances are shown in Identifying Nursing Diagnoses, Outcomes, and Interventions. Specific nursing activities associated with each of these interventions can be selected to meet the individual needs of the client. See the Nursing Care Plan and Concept Map at the end of the chapter.

Implementing

Sleep hygiene is a term referring to interventions used to promote sleep. Nursing interventions to enhance the quantity and quality of clients’ sleep involve largely nonpharmacologic measures. These involve health teaching about sleep habits, support of bedtime rituals, the provision of a restful environment, specific measures to promote comfort and relaxation, and appropriate use of hypnotic medications.

For hospitalized clients, sleep problems are often related to the hospital environment or their illness. Assisting the client to sleep in such instances can be challenging to a nurse, often involving scheduling activities, administering analgesics, and providing a supportive environment. Explanations and a supportive relationship are essential for the fearful or anxious client. Different types of hypnotics may be prescribed depending on the type of sleep problem (e.g., difficulties falling asleep or difficulties maintaining sleep). Drugs with longer half-lives are often prescribed for difficulties maintaining sleep, but must be used with caution in the elderly.

Client Teaching

Healthy individuals need to learn the importance of sleep in maintaining active and productive lifestyles. They need to learn (a) the conditions that promote sleep and those that interfere with sleep, (b) safe use of sleep medications, (c) effects of other prescribed medications on sleep, and (d) effects of their disease states on sleep. Client teaching for promoting sleep is shown in Client Teaching.

Supporting Bedtime Rituals

Most people are accustomed to bedtime rituals or presleep routines that are conducive to comfort and relaxation. Altering or eliminating such routines can affect a client’s sleep. Common prebedtime activities of adults include listening to music, reading, taking a soothing bath, and praying. Children need to be socialized into a presleep routine such as a bedtime story, holding onto a favorite toy or blanket, and kissing everyone goodnight. Sleep is also usually preceded by hygienic routines, such as washing the face and hands (or bathing), brushing the teeth, and voiding.

In institutional settings, nurses can provide similar bedtime rituals—assisting with a hand and face wash, providing a massage or hot drink, plumping of pillows, and providing extra blankets as needed. Conversing about accomplishments of the day or enjoyable events such as visits from friends can also help to relax clients and bring peace of mind.

Creating a Restful Environment

All people need a sleeping environment with minimal noise, a comfortable room temperature, appropriate ventilation, and appropriate lighting. Although most people prefer a darkened environment, a low light source may provide comfort for children or those in a strange environment. Infants and children need a

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**CLIENT TEACHING**  **Promoting Sleep**

**SLEEP PATTERN**
- If you have difficulty falling asleep or staying asleep, it is important to establish a regular bedtime and wake-up time for all days of the week to enhance your biological rhythm. A short daytime nap (e.g., 15 to 30 minutes), particularly among elders, can be restorative and not interfere with nighttime sleep. A younger person with insomnia should not nap.
- Establish a regular, relaxing bedtime routine before sleep such as reading, listening to soft music, taking a warm bath, or doing some other quiet activity you enjoy.
- Avoid dealing with office work or family problems before bedtime.
- Get adequate exercise during the day to reduce stress, but avoid excessive physical exertion at least 3 hours before bedtime.
- Use the bed for sleep or sexual activity, so that you associate it with sleep. Take work material, computers, and TVs out of the bedroom. Lying awake, tossing and turning, will strengthen the association between wakefulness and lying in bed (many people with insomnia report falling asleep in a chair or in front of the TV but having trouble falling asleep in bed).
- When you are unable to sleep, get out of bed, go into another room, and pursue some relaxing activity until you feel drowsy.

**ENVIRONMENT**
- Create a sleep-conducive environment that is dark, quiet, comfortable, and cool.
- Keep noise to a minimum; block out extraneous noise as necessary with white noise from a fan, air conditioner, or white noise machine. Music is not recommended as studies have shown that music will promote wakefulness (it is interesting and people will pay attention to it).
- Sleep on a comfortable mattress and pillows.

**DIET**
- Avoid heavy meals 2 to 3 hours before bedtime.
- Avoid alcohol and caffeine-containing foods and beverages (e.g., coffee, tea, chocolate) at least 4 hours before bedtime. Caffeine can interfere with sleep. Both caffeine and alcohol act as diuretics, creating the need to void during sleep time.
- If a bedtime snack is necessary, consume only light carbohydrates or a milk drink. Heavy or spicy foods can cause gastrointestinal upset that disturbs sleep.

**MEDICATIONS**
- Use sleeping medications only as a last resort. Use over-the-counter medications sparingly because many contain antihistamines that cause daytime drowsiness.
- Take analgesics before bedtime to relieve aches and pains.
- Consult with your health care provider about adjusting other medications that may cause insomnia.