Helping a patient with poor sleep?



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Sta	arting a sleep diary? - All patients started on sleeping tablets should already be on a sleep diary.
Sir	nple lifestyle interventions? - Exercise during the day, avoid heavy meals late at night.
Re	ducing light and noise levels on the ward? - Stop doors from slamming, reduce conversation volumes.
Re	ducing observation levels (where appropriate)?
	 Are hourly observations beneficial, or stopping the patient from entering deep sleep?
Re	ducing caffeine and nicotine intake?
	 Avoid caffeine/nicotine in the evening, reduce the number of cups per day. Decaffeinated coffee still contains caffeine (20% that of a normal coffee).
	- 1 can of coke contains the same amount of caffeine as an espresso.
Ph	armacist medication review of stimulating medication?
	- SSRIs, levothyroxine, antiparkinsonian drugs, procyclidine.
Inc	reasing natural light exposure?
	 Patients should go outside every day. Indoor lighting does not have the same effect as natural light, nor does standing behind a window.
Set	tting a regular wake up time, and only going to bed when sleepy - Staying in bed when unable to sleep can worsen insomnia.
	ablets can aid poor sleep, but long term use can lead to side effects. They should be every 2-4 weeks.
	ablets are best prescribed as an 'as required' medication. Patients should try to slee em before taking them, to reduce the chance of tolerance and dependence.
	Behavioural Therapy for insomnia (CBTi) is as effective as sleeping tablets in the