

# Restorative Sleep Vitality Program Checklist

## RSVP Cornerstones

Top 10 Sleep Disturbance	Cornerstone/Intervention to Implement
<p><b>Noise</b> Noise that was most disruptive was staff conversations, especially when they thought they heard their name, their condition or care needs being discussed and loud resident's personal alarms.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Eliminate stocking, cleaning, housekeeping between 9 p.m. – 8 a.m., to reduce noise at night</li> <li><input type="checkbox"/> Housekeeping, environmental services and Social Service start times no earlier than 8 a.m.</li> <li><input type="checkbox"/> Staggered nursing staff schedules to meet the needs of residents to wake at will and needs of delayed bed time</li> <li><input type="checkbox"/> Eliminate resident personal alarms, overhead paging, TVs on with residents not watching</li> <li><input type="checkbox"/> Ensure quiet shift changes and reporting</li> </ul>
<p><b>Light</b> Resident received too much light when they were trying to sleep (lights turned on during rounding). Residents receive less than 1000 lux of light during waking hours.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hall lights on timers at night, amber lights used at night, hug lights or other non-obtrusive lighting used at night</li> <li><input type="checkbox"/> Day time 1000 lux, full spectrum lighting used in common areas &amp; DRs, all window coverings open in a.m. to promote Circadian Rhythm</li> <li><input type="checkbox"/> Staff offer activities in bright lit areas and encourage residents to go to these areas during day time hours</li> <li><input type="checkbox"/> Increase outdoor activities and encourage visitors to visit with residents outdoors</li> </ul>
<p><b>Sleeping Environment</b> The most common complaint included uncomfortable sleeping surfaces (mattress, pillows, blankets, etc).</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use high density foam mattress</li> <li><input type="checkbox"/> Have multiple types of pillows available for selection</li> <li><input type="checkbox"/> Sleep/Wake preferences are discussed upon admission and care conferences and are incorporated into care plans</li> <li><input type="checkbox"/> Audits and actigraphy support these interventions</li> </ul>
<p><b>Napping</b> Too much napping during the day can impair natural sleep/wake cycle. Ideally napping should be limited to 30 minutes or less per day.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Offer meaningful engagement activities in brightly lit areas</li> <li><input type="checkbox"/> Engagement bins/boxes are available in common areas to promote wakefulness during traditional nap hours. All staff use these bins and encourage family and friends to use them as well</li> <li><input type="checkbox"/> Planned reduction for the frequency and longevity of naps</li> </ul>
<p><b>Medications</b> Insomnia/Sleepiness is a common side effect of many medications. The study also found the timing of medication passes interfere with sleep.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Eliminate unnecessary medications administered at night (9 p.m. – 7 a.m.) unless medically ordered by MD or requested by resident</li> <li><input type="checkbox"/> Assess need for scheduled analgesic prior to sleep at night rather than relying on a prn pain med</li> <li><input type="checkbox"/> Consider the need of melatonin to enhance sleep</li> </ul>
<p><b>Continence Needs</b> Frequent awakenings to use the bathroom or resident by awakened by staff q. 2- 3 hrs for checks and/or changes.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Rounding practice at night protects sleep,</li> <li><input type="checkbox"/> Overnight incontinent products used,</li> <li><input type="checkbox"/> Develop check and change policies and procedures to optimize consolidated, non-disturbed sleep</li> <li><input type="checkbox"/> Assess each resident for their ability to remain undisturbed throughout the night AND not have any negative outcomes</li> <li><input type="checkbox"/> Care are “bundled” to decrease disruptions</li> <li><input type="checkbox"/> Bulk fluid intake on am, taper fluid intake in pm</li> </ul>
<p><b>Pain</b> Uncontrolled pain related to restless sleeping patterns</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pain management plans for poor sleepers including review of pain medications effectiveness</li> <li><input type="checkbox"/> Pain management plans in place for recurrent fallers</li> <li><input type="checkbox"/> Implement PAINAD scale to assess pain</li> <li><input type="checkbox"/> Assess need for scheduled analgesic prior to sleep at night rather than relying on a prn pain med</li> </ul>

<p><b>Positioning Needs</b> Resident awakened to turn and reposition.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Individualized turning and repositioning schedule with consideration of resident needs, risks, and preferences and optimizing consolidated sleep</li> <li><input type="checkbox"/> Extend periods of undisturbed sleep without any negative outcomes</li> </ul>
<p><b>Inactivity/activity</b> The human body is like a rechargeable battery, therefore, in order to get the best “charge” the body needs to fully exhaust itself during the day.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sharing and Caring – activities during evening hours in place between 6 - 8 p.m. offered not less than 3Xs weekly</li> <li><input type="checkbox"/> All staff encourage participation in activities</li> <li><input type="checkbox"/> Involved TR staff that encourages activities aligned with internal Human Clock</li> <li><input type="checkbox"/> Evening meal is served no earlier than 5:30 p.m.</li> </ul>
<p><b>Diet (Food &amp; Fluids)</b> Some foods and fluids can help promote natural circadian rhythm and should be offered and consumed at appropriate times.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Meals are offered at times to encourage residents to stay up later at night and get up later in the morning</li> <li><input type="checkbox"/> Meal planning to include more protein choices at breakfast</li> <li><input type="checkbox"/> Snooze foods offered in the evening and on hs snack carts</li> <li><input type="checkbox"/> Hydration policy supports planned reduction of fluids after evening meal and more fluids are offered during the day time.</li> <li><input type="checkbox"/> Caffeinated liquids in the a.m. Decaf liquids after 2:00 pm.</li> <li><input type="checkbox"/> Water pitchers are not on nightstands between evening meals and am cares, unless medically indicated or requested by resident/family</li> </ul>

- Using Actigraphy 2Xs per week, share findings with resident, nurse and team and implement sleep strategies.
- Repeat Actigraphy for residents who were identified as having poor sleep, to monitor effectiveness of intervention.
- Review progress on RSVP cornerstones at monthly RSVP meetings (ideally, working on 2-3 at a time.)