ICU Sleep Checklist – Individual Patient Interventions

1. Day Shift Environmental Actions
   a. No caffeine after 3pm:
      □ 2 unknown
   b. Encourage activities to prevent napping. % of day shift spent napping:
      □ 2 unknown
   
2. Night Shift Environmental Actions
   a. Appropriate pain control:
      □ 2 unknown
   b. Optimize room temp:
      □ 2 unknown
   c. Warm bath before 10pm:
      □ 2 unknown
   d. TV off by 10pm:
      □ 2 unknown
   
3. Night Shift Actions (*Select “N/A” only if patient is unable to respond to you when offering the intervention, eg, sedated)
   a. Offer soft music:
      □ 2 unknown
   b. Offer eye mask:
      □ 2 unknown
   c. Offer ear plugs:
      □ 2 unknown
   
4. Night Shift: Patient rec’d any of the medications below? □ 2 unknown □ 1 yes-check all that apply
   Check box S if medication given specifically for Sleep.
   Check box N if medication given, but Not for sleep (i.e. for sedation, anxiety, etc).

Drugs to Avoid as Sleep Aid due to risk of delirium:
- Diphenhydramine
- Chloral hydrate
- Trazadone

Patient complains of inability to fall asleep
Regular benzodiazepine use at home?

Restart home benzodiazepine* at night or convert to equal lorazepam* dose IV

Effective?
Yes

Add standing QHS benzodiazepine* dose

Effective?
Yes

Perform environmental interventions

If still awake after 30-60 min
Zolpidem* (If not effective and prior to 3am, repeat)

Does patient have delirium? (CAM-ICU positive)

QTc?

Normal
Prolonged

Haloperidol* PO or IV (If not effective and prior to 3am, repeat)

Olanzapine* (If not effective and prior to 3am, repeat)

Special considerations: patients with Parkinson’s disease and other movement disorders should receive quetiapine* rather than haloperidol or olanzapine.

*Discuss medication with physician

Name of Nurse collecting this information:

ICU Sleep Checklist – ICU-wide interventions

1. Dim hallways lights at 10pm:
   
   ☐ Not done ☐ Done. Time ACTUALLY performed: ___:___

2. Avoid overhead pages AFTER 10pm.
   
   Estimated # of pages after 10pm (goal is 0 pages):
   
   ☐ no pages
   ☐ 1-3
   ☐ 4-7
   ☐ 8-14
   ☐ 15+
   
   Reason for frequent pages (multiple admissions, code blue, etc.): ______________________

Name of Clerk collecting this information: ______________________