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Sleep Hygiene Interventions for Hospitalized Pediatric Patients

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Sleep for hospitalized children is **significantly improved** after implementation of sleep hygiene interventions.

### METHODS
- **Project Framework:** The Johns Hopkins Evidence Based Practice Model for Nurses and Healthcare Providers (JHEBP) Model 8, 14
- A literature review and critical appraisal demonstrated **good and consistent** evidence to support implementing sleep hygiene interventions to improve hospitalized pediatric patients’ perceptions of sleep. 2, 3, 6, 8, 15, 17, 18, 20
- Patients who met inclusion and exclusion criteria were approached for participation and asked to complete the PROMIS Sleep Disturbance 4a questionnaire
- PROMIS questionnaire data was collected for 3 weeks pre-intervention and 3 weeks post-intervention implementation 12

### RESULTS
- **Statistically significant improvements in sleep:**
  - Overall PROMIS Score (p-value 0.03)
  - During my stay at the hospital...
    - I slept through the night (p-value 0.014)
    - I had problems with my sleep (p-value 0.011)
    - I had trouble sleeping (p-value < 0.001)
- Decreasing overnight sleep disruptions alone significantly improves the hospitalized pediatric patients’ perception of sleep.
- No significant difference between child completed and parent-proxy completed questionnaires (p-value 0.795)
- No significant difference between age groups (p-value 0.721)
- No participants reported using relaxation videos during their stay

### CONCLUSIONS
- Decreasing overnight sleep disruptions alone significantly improves the hospitalized pediatric patients’ perception of sleep.
- Interventions are perceived as effective by both the child and parent-proxy.
- Interventions are effective for children of all ages.
- No-cost, easy-to-implement interventions should be implemented hospital-wide.