Utilization of the “Do Not Disturb” Order to Improve Sleep Quality in the Medical-Surgical Patient

Paula Sell BSN, RN
Lehigh Valley Health Network, paula_e.sell@lvhn.org

Rebecca Johnson BSN, RN
Lehigh Valley Health Network, Rebecca_E.Johnson@lvhn.org

Jolene M. Smar BSN, RN
Lehigh Valley Health Network, Jolene_M.Smar@lvhn.org

Rachel Szafranski ADN, RN
Lehigh Valley Health Network, Rachel.Szafranski@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/patient-care-services-nursing

Part of the Nursing Commons

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Utilization of the “Do Not Disturb” Order to Improve Sleep Quality in the Medical-Surgical Patient

Paula Sell, BSN, RN, Rebecca Johnson, BSN, RN, Jolene Smar, BSN, RN, Rachel Szafranski, ADN, RN
Lehigh Valley Health Network, Allentown, Pa.

BACKGROUND
• Medical-surgical unit patients often report dissatisfaction with their quality of sleep.
• Sleep disturbances in this population:
  - May place geriatric patients at risk for developing delirium
  - Can be associated with elevated stress hormones (cortisol) – may impair wound healing and glucose tolerance, weaken cellular immunity, worsen cognitive functioning, cause hypertension, and increase mortality (Yoder et al., 2013)
• Nurse residents (NR) in an academic Magnet® facility noted the Modified Early Warning Score (MEWS), used to identify clinical deterioration, required Q4 hour vital signs for all medical-surgical patients.
• Prior to MEWS policy inception, “Do not wake patients from sleep” orders were often implemented by geriatric trauma providers.
• A “Do not disturb” order exists in the facility’s electronic medical record (EMR) to allow patients to sleep uninterrupted from 2300-0500 hours; however, NR discovered it was not currently utilized by providers.
• This finding prompted NR to develop an evidence-based practice project (EBPP) to investigate interventions to improve sleep quality in the medical-surgical patient.

PICO QUESTION
In the trauma medical-surgical patient population, will the use of the “Do not disturb” order, compared to the current MEWS policy, allow patients to have more uninterrupted sleep?

P - Trauma medical-surgical patient population
I - Use of the “Do not disturb” order via the EMR
C - Current MEWS policy
O - Allow patients to have more uninterrupted sleep

EVIDENCE
• Vital sign checks have been shown to be the environmental factor most disruptive to patient sleep (Yoder et al., 2013).
• Recommendation to use MEWS score to identify low-risk patients who might forgo overnight vital sign monitoring (Yoder et al., 2013).
• Patients with a MEWS score of 0-2, indicative for low deterioration rate, may benefit from the “Do not disturb” order to allow for more uninterrupted sleep (Yoder et al., 2013).

METHODS
• Nurse residents:
  - Met with the Trauma Performance Improvement and Patient Safety (TPPS) and Geriatric Trauma councils and the Department of Risk Management to determine criteria for order use
  - Inclusion criteria:
    - MEWS score less than 2 in the past 24 hours
    - No:
      - Operative procedures with the past 24 hours
      - Falls within the past 24 hours
      - Changes in level of consciousness within the past 24 hours
      - Transfers from intensive care or new inpatient admission within the past 24 hours
      - Positive Confusion Assessment Method (CAM) delirium screen within the past 24 hours
    - Completed 1:1 education and discussed at daily safety huddles
    - Collaborated with providers to enter “Do not disturb” order based on patient eligibility (completed Monday–Friday at collaborative rounds)

OUTCOMES
• Pre-data concluded that 85% of the patients audited would meet the criteria for the “Do not disturb” order use.
• 9 patients met the “Do not disturb” criteria and had this order placed during the one-month trial period.

PROJECT BARRIERS/NEXT STEPS
• Barriers to intervention include delay in project approval from providers leading to a shorter trial period.
• Patient acuity and number of surgeries was high during the implementation period – may have led to less “Do not disturb” order use than anticipated.
• Next steps:
  - Assemble a workgroup to include key stakeholders from nursing and medicine to continue project implementation on a medical-surgical unit with consideration for MEWS policy revision.
  - Create a tool to evaluate patient satisfaction with sleep quality pre and post-intervention and evaluate outcomes.

REFERENCES