

INTRODUCTION

“Several studies indicate that the observations of sleep by nurses is not reliable.”
(Hofhuis, J. G. M., et al 2012)

“Sleep disruption is commonly identified as a feature of admission to critical care units.”
(Jones, C., & Dawson, D., 2012)

“(…) the consequences of sleep loss are well- established, including fatigue, sleepiness, cognitive deficits and loss of respiratory endurance.”
(Rault, C., et al 2023)

“The cause for these sleep disturbances in the ICU are thought to be multifactorial, with environmental factors probably being the most important.”
(Guisasola-Rabes, M., et al 2022)

“Specific patient populations, such as patients in the ICU, undergo a variety of procedures and tests throughout their stay, making it particularly difficult to maintain continuous monitoring.” (Vacas, S., et al 2016)

AIM To identify sleep-promoting strategies that can be employed in the critically ill individuals admitted to the ICU

METHODS

A Systematic literature review was conducted, based on the following question:
“What are the sleep-promoting strategies of the critically ill person admitted to the ICU?”

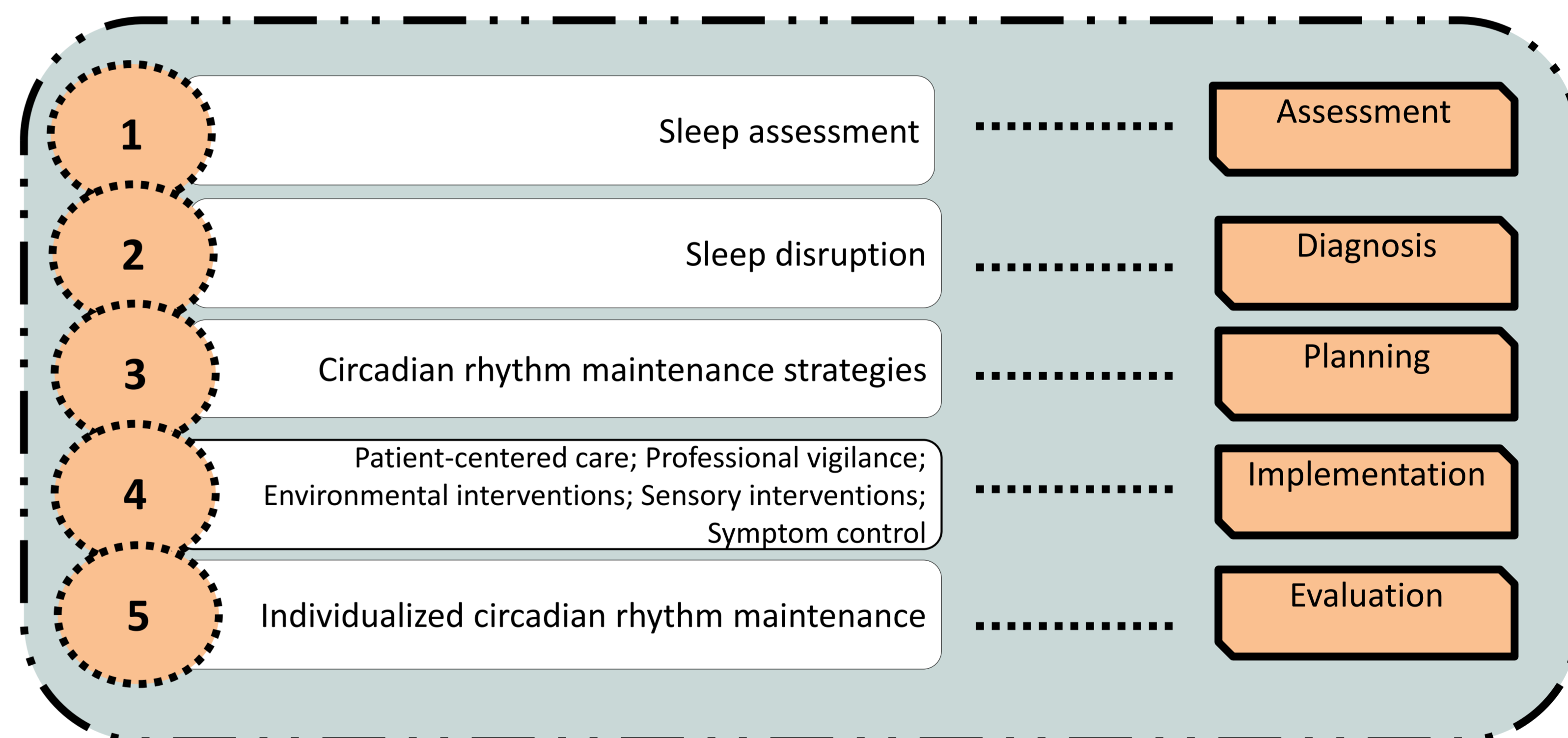
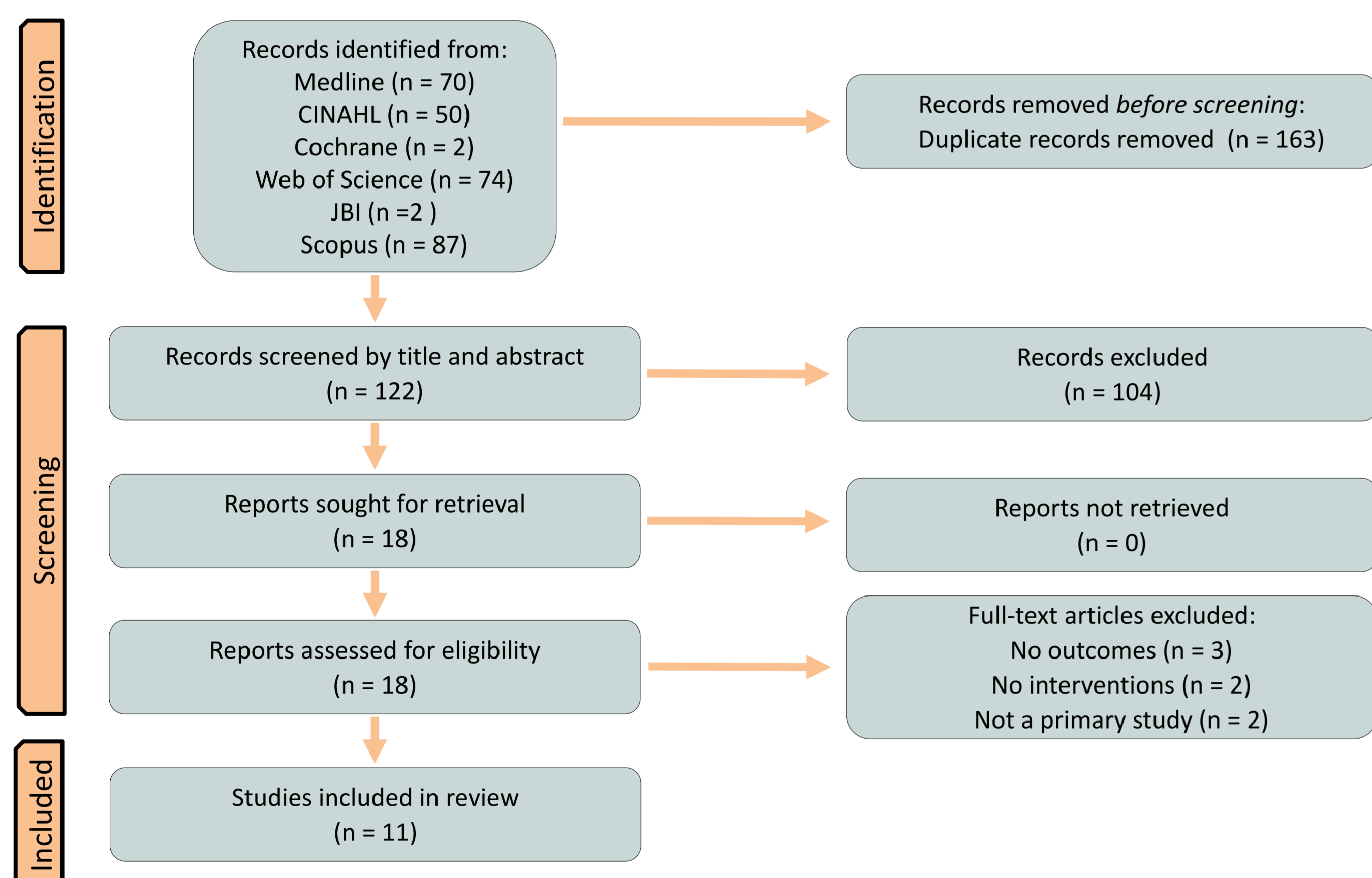
The research occurred between April and May 2023, using MEDLINE, Scopus, Cochrane, CINAHL Complete and Web of Science databases

Quantitative and qualitative studies were considered eligible, in the adult population admitted to Intensive Care Units, and published from 2012 onwards. Community-based studies, opinion articles, review articles and master’s dissertations were excluded

Quality Assessment of all articles was done through the JBI’s Clinical Appraisal Tools (Moola S., et al 2020)

RESULTS

Identification of studies via databases and registers:



“Alternative nursing strategies allowed for increased quality of sleep and promoting rest of intensive care unit patients through the following methods performed by the nurses: aromatherapy, body massage, listening to calming music, and decrease of stress factors in the ICU.” (Sayed, Z. A., et al 2022)

“(…) simple interventions such as eye masks and earplugs may be a valuable addition to patients attempting to sleep in a critical care environment. They may offer patients a level of control in an otherwise hostile environment and also remind staff that patients are attempting to sleep.” (Jones, C., & Dawson, D., 2012)

CONCLUSION

When systematically and intentionally adopted, sleep-promoting interventions can significantly improve the quantity and quality of sleep in critically ill patients admitted to the ICU. It is necessary to develop more research, mainly with experimental designs, to obtain more robust evidence on the topic under analysis.

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