Improving quality and quantity of sleep in Hospitalized Patients

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON28306

Source
Nationaal Trial Register

Brief title
RESET

Health condition

medical diagnosis

Sponsors and support

Primary sponsor: non
Source(s) of monetary or material Support: Amsterdam UMC location VUmc

Intervention

Outcome measures

Primary outcome

The effect of implemented sleep interventions on the experienced and objectively measured quality and quantity of sleep.

Secondary outcome

To explore the potential effects of the interventions on the use of sleep medication, length of stay (including discharge diagnosis: homewards/palliative policy/rehabilitation etc), incidence of delirium and incidence of ICU admissions from the clinical wards.

Study description

Background summary

The aim of this study is to implement interventions (such as care-clustering, better mattresses/pillows/blankets, the distribution of earplugs and sleep masks, sleep education to patients, nurses and doctors, adjustment of the hospital rhythm) and to measure whether these interventions have a positive effect on the (experienced and absolute) quality and quantity of sleep in regular hospital wards.

Study objective

No effect of sleep-enhancing interventions on sleep quality and quantity in hospitalised patients

Study design

sleep quality and quantity of the second up to fith night in hospital. Long-term effects measured after 30 days (retrospective medical patient record)

Intervention

Earplugs, sleep masks, posters to increase awareness with medical team, sleep education patients (information flyer, inform about possibility to bring own pillow from home, etcetera), sleep hygiene training nurses and doctors (awareness, “soft” shoes, use little light, if possible place restless patients in single room, during day time: stimulate patients to leave their beds, open curtains and blinds, discourage afternoon naps and caffeine after 15:00 PM, avoid giving I.V. drips overnight if possible or diuretics in the afternoon if not necessary with the aim of reducing nightly toilet visits, take only vitals when necessary), adjust hospital rhythm (only measure vital signs in morning if indicated, wash patients after morning rounds).

Contacts

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Eligibility criteria

Inclusion criteria

>18 years of age, who spent exactly one full night in the hospital (admitted before 3:00 AM), admitted to Acute Medical Units (AOA),internal medicine/nephrology ward ot the vascular diseases/urology unit, and able to give informed consent

Exclusion criteria

<18 years of age, not able to give informed consent (i.e. severe illness, not capable of speaking Dutch, cognitive dysfunction), need to be isolated due to infection prevention measures

Study design

Design

Study type:	Interventional
Intervention model:	Factorial
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	16-09-2019

Enrollment:	520
Type:	Anticipated

IPD sharing statement

Plan to share IPD: Yes

Plan description
The anonymised dataset and educational materials for patients and hospital staff on improving sleep in the hospital will be available on request after approval of the corresponding author.

Ethics review

Positive opinion

Date:	02-09-2019
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL7995
Other	METC VUmc : 2019.246

Study results