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| DRUGS FOR SLEEP INDUCTION | | | | NO. | |
| PURPOSE:  To provide guidelines relating to the use of Drugs for Sleep Induction.  STATEMENT OF POLICY:  It is the policy of this facility that drugs used for sleep induction will only be prescribed for Residents when appropriate clinical conditions are observed and documented.  PROCEDURE:   1. Procedure for evaluation the use of drugs for sleep induction. 2. Drugs given for sleep induction should be used only when: 3. Evidence exists that other possible reasons for insomnia have been ruled out. 4. Its use results in the maintenance of improvement of the resident’s functional status. 5. Daily use of the drug is less than ten continuous days unless an attempt at a gradual dose reduction is unsuccessful. 6. Daily use of the drug is equal or less than the following listed doses unless higher doses (as evidenced by the resident response and/or resident’s clinical record) are necessary for maintenance or Hypnotic Drugs.   Generic Brand Dose By Mouth  Temazepam (Restoril) 7.5mg  Triazolam (Halcion) 0.125mg  Lorazepam (Ativan) 1mg  Oxazepam (Serax) 15mg  Alprazolam (Xanax) 0.25mg  Estazolam (ProSom) 0.5mg  Hydroxyzine (Atarax, Vistaril) 50mg  Chloral Hydrate (Many Brands) 500mg  Zolpidem (Ambien) 5mg   1. When considering the use of drugs for sleep induction, remember that diminished sleep in the elderly is not necessarily pathological. 2. The doses listed are for geriatric residents. Therapy should be initiated with lower doses and gradually increased if necessary. Doses may only be exceeded if the facility provides evidence to show that the increased dose is necessary for the maintenance or improvement in the resident’s functional status. | | | | | |
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| 1. A gradual dose reduction should be attempted at least three times within six months before one can conclude that a GDR is clinically contraindicated. 2. Diphenhydramine (Benadryl), Hydroxyzine (Atarax, Vistaril) and Chloral Hydrate are not necessarily drugs of choice for sleep disorders and are listed only in the event of their potential use. 3. DOCUMENTATION: 4. Information regarding the use of Drugs for Sleep Induction should be recorded in the following areas: 5. Resident Care Plan 6. Pharmacy Consultation Report 7. Physician and Nursing Progress Notes 8. QA Auditing Form 9. Behavior Documentation Record   References: F-329 through F-331 | | | | | |
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| DRUGS FOR SLEEP INDUCTION | | | | NO. | |
| DRUGS FOR SLEEP INDUCTION  WHAT ARE THEY?   * Restoril, Halcion, Ativan, Serax, Xanax, Prosom, Benadryl, Atarax, Vistaril, Chloral Hydrate, Ambien   WHEN CAN YOU USE?   * Other reasons for insomnia have been ruled out * Results in the maintenance or improvement of the resident’s functional status * Daily use of the drug is less than 10 continuous days unless a Gradual dose reduction is unsuccessful * Gradual dose reduction should be attempted at least three times within six months   REMEMBER   * Diminished sleep in the elderly is not always pathological. * Many people need less sleep as the age. * The person with dementia needs assistance in finding purposeful things to do during longer waking hours. | | | | | |
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