Turning programs hinder a good night’s sleep

By Jeri Lundgren, BSN, RN, PHN, CWS, CWCN

We’ve all experienced how a bad night’s sleep can affect our mood and ability to function the next day. Now imagine you’re a patient who has a pressure ulcer, most likely secondary to a declining disease state, and you’re being awakened and manipulated every 2 hours or in some cases hourly. How is your body supposed to recover without adequate sleep?

Studies have found that it’s critical for nursing-home residents to achieve two cycles of 3.5 to 4 hours of uninterrupted sleep for psychological and physical healing. Overall, a good night’s sleep can enhance daily function, alertness, and cognitive and physical abilities, and can even reduce the risk of falls. So how can we provide quality care and promote pressure-ulcer healing if we disturb patients every 2 hours?

Good news

Good news comes in the form of studies by Bergstrom and colleagues (2013) and Defloor and colleagues (2005) showing that with the appropriate support surface (high-density foam or viscoelastic mattresses), patients can be turned at 4-hour intervals without increasing the risk of pressure-ulcer development. (See About support surfaces.) One ongoing study, which began in October 2011, includes 24 nursing homes in Minnesota. The facilities use pressure redistribution mattresses, appropriate overnight incontinent products, and technology to monitor residents’ movements.

Empira, a group of older adult service providers in Minnesota collaborating to integrate clinical excellence and best practices across the care continuum, is conducting the study. According to Sue Ann Guilderman, director of education for Empira, as of February 2014, none of the participating nursing homes had experienced an increase in pressure-ulcer development secondary to allowing the residents to sleep uninterrupted for 4 hours. (One surprising finding is that residents who were thought to be dependent on others for turning are making subtle movements while they sleep.)

Looking to the future

Research is demonstrating that with the provision of the appropriate support surface and incontinence products, patients can be allowed to get the sleep they need to heal and enhance quality of life. Now the question is how a regulatory environment that holds facilities to established standards will interpret and enforce these results. Ideally, if clinicians can show that the turning interval was based on assessment and implementation of appropriate interventions, regulatory agencies will
likely support this evidence-based practice, even though the length of time for turning differs from traditional practice.

Selected references


Jeri Lundgren is vice president of clinical consulting at Joerns in Charlotte, North Carolina. She has been specializing in wound prevention and management since 1990.