

Is Sleep of Child to Be Assessed?

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Abstract

In human life growth and development is considered, childhood is a period is considered as golden period. For this golden period most of the time it needs nutrition and sleep. Sleep which maintains the human life in a cycle. So this sleep considered a very important basic need which should be assessed and taken care whenever deviation persists.

Keywords: Sleep; Sleep and Children; Sleep Disorders; Sleep Deprivations.

Introduction

The growth and development of child depends on the nutrition and sleep. Sleep is an important physiological need of a child. Sleep improves and promotes alertness, memory, creativity and performances. The performance of a children who is getting adequate sleep is better than who is getting less adequate sleep that is why the observation of sleep in necessary.

Each child has different sleep needs.

Age Recommended Note recommended

0-3 months, 4-11 months, 1-2 years, 3-5 years,
School aged children 6- 13 years, Adolescence 14-
17 years, Young adults 18- 25 years, 14 to 17 hrs.
12 to 15 hrs. 11 to 14 hrs. 10 to 13 hrs. 9 to 11 hrs. 8 to
10 hrs. 7 to 9 hrs. Less than 11 hrs. More than 19 hrs.
Less than 10 hrs. More than 18 hrs. Less than 9 hrs.
More than 8 hrs. Less than 8 hrs. More than 14 hrs.
Less than 7 hrs. More than 11 hrs. Less than 7 hrs.
More than 11 hrs. Less than 6 hrs. More than 11 hrs.

Sleep and Disorders

- Attention deficit hyperactivity disorder (ADHD)
- Gastroesophageal reflux disease (GERD)
- Pervasive developmental disorders
- Mental retardation
- Down syndrome
- Prader-Willi syndrome
- Smith-Magenis syndrome
- Tourette disorder
- Nocturnal asthma
- Depressive disorders
- Anxiety disorders
- Mania
- Neuromuscular disorders
- Nocturnal seizures
- Kleine-Levin syndrome or periodic hypersomnia
- Chronic fatigue syndrome
- Headaches
- Blindness with associated sleep disorder

Prevalence

Surveys report that 20–25% of youths have some type of sleep problem. The following are commonly reported in children aged 2–15 years:

- Nightmares (30%) are more common in younger youths
- Sleep walking with at least more than 1 episode occurs in 25-30% of youths and is most common in children aged 3-10 years
- Insomnia occurs in 23% of youths
- Enuresis rates decrease from 8% in children aged 4 years to 4% in children aged 10 years
- Bruxism is reported in 10% of youths and may occur in people of any age
- Grinding and clenching teeth at night is reported in 5-8% of adults
- Sleep rocking or head banging is reported in 5% of youths, with head banging being common in infants and in children aged 9 months to 12 years
- OSAS is the most common reason for sleep laboratory referral and affects an estimated 1 to 4% of children [8].
- Narcolepsy (0.01-0.20%) may be underestimated in children because a classic tetrad of symptoms is uncommon in this age group; only about 10% of children show all the symptoms: excessive daytime sleepiness, cataplexy, hypnagogic hallucinations, and sleep paralysis; semipurposeful automatic behavior, disrupted nocturnal sleep, sudden onset of weight gain, obstructive sleep apnea, and, especially, anosmia, should increase clinical suspicion [10].
- Bedtime resistance in school-aged children has been reported at 15% and is often associated with limit-setting disorder

Symptoms of a Sleep Disorder

Symptoms that call for a sleep evaluation can include:

- Excessive snoring
- Lapses in breathing/gasping for air
- Bed wetting in children older than 6 years old
- Multiple nighttime arousals
- Difficulty initiating or maintaining sleep
- Restless sleep
- Hyperactivity
- Unusual movements/behavior during sleep

- A decline in school performance
- Excessive drowsiness/daytime sleepiness
- Sleep walking
- Sudden inability to move



Nurse's role in launch sleep nurse role in improve the habit of sleep in children is a part of health education and make a parents to understand about the importance of sleep as per their age of children.

When a child come to OPD or IPD, the nurses have the responsibility to ask about the sleep and its pattern, habit of a particular child. The nurse must educate the mother to keep the bedtime routine are

Because human beings spend a third of their time sleeping, it is essential to emphasize the need for good sleep hygiene to children, adolescents, and their families. Sleep hygiene includes the following:

1. Keeping the room quiet, dark, and comfortable
2. Practicing a simple bedtime ritual that includes voiding
3. Limiting time spent in bed
4. Not eating or drinking heavily for about 3 hours before bedtime
5. Maintaining the bedroom for sleeping only
6. Removing distractions, such as television
7. Avoiding medications
8. Considering the effect of sleep partners (including pets)
9. Maintaining a consistent sleep schedule
10. Avoiding naps

11. Exercising regularly
12. Taking a hot bath or drinking something warm before bedtime
13. Regular time to go to bed with the relaxing experience without T.V.

Sleep Deprivation to be Notified by Parents

1. Night terrors
2. Sleep terrors/sleep walking
3. Sleep apnea
4. Narcolepsy

Sleep Apnea

About 3 percent to 12 percent of children snore, while sleep apnea syndrome affects 1 percent to 10 percent of children. The most common reasons for sleep apnea in children are enlarged tonsils or obesity.

Symptoms Include

Snoring, restlessness, pauses in breathing, frequent awakenings, and daytime sleepiness.

Restless Sleep/Periodic Limb Movement Disorder

Restless sleep can be a sign of periodic limb movement disorder. Some research has suggested an association between ADHD and periodic limb movement disorder. In some cases, it is caused by iron deficiency.

Symptoms Include

Poor sleep and subsequent daytime drowsiness - particularly limp hands and feet.

Hypersomnia: Hypersomnia is a relatively rare sleeping disorder affecting under 1 percent of the population. It is slightly more common in females than in males and typically starts in early adulthood. While we do see some cases, it is very rarely found in children and slightly more commonly in teenagers.

Symptoms Include: Long periods of sleep often in excess of 10 hours, difficult to wake up from a deep sleep, fatigue during the day, feel compelled to nap multiple times even in socially unacceptable places.

Insomnia: Insomnia in the pediatric population is very different than insomnia in the adult population. Although both involve sleeplessness, the causes vary

significantly. Although parents often want to turn to a prescription to treat their child's insomnia, it is much more important to look for any underlying medical or psychological problems that may need to be treated first.

Symptoms Include: Irritability, mood swings, hyperactivity, depressed mood, aggressiveness.

Narcolepsy: Narcolepsy is a chronic sleep disorder resulting from the brain's inability to regulate sleep-awake cycles. At various times throughout the day, children with narcolepsy experience the fleeting urge to fall asleep for periods lasting from a few seconds to several minutes.

Symptoms Include: Excessive and overwhelming daytime sleepiness, sudden ability to move, sleep paralysis, hallucinations upon awakening or as falling asleep, and surprisingly, insomnia at typical socially accepted bedtimes.

Nightmares/Night Terrors: Nightmares are most common among preschoolers (children aged 3-6 years) because this is the age at which normal fears develop and a child's imagination is very active. The child may dream about danger or a scary situation. Nightmares may involve disturbing themes, images or figures such as monsters, ghosts, animals or bad people.

Symptoms Include: Night sweats, screaming, enlarged pupils, heavy breathing, confusion, fatigue, memory loss.

REM Sleep Behaviour Disorder (RBD): In a child with REM sleep behavior disorder (RBD), the paralysis that normally occurs during REM sleep is incomplete or absent, allowing the child to "act out" his or her dreams. RBD is characterized by the acting out of vivid, intense and violent dreams. It is most often found in males, but overall is a very unusual diagnosis in children.

Symptoms Include: Talking, yelling, punching, kicking, sitting, jumping from bed, arms flailing, and grabbing while asleep.

Sleep Paralysis: Sleep paralysis is a temporary phenomenon which occurs either just after waking up from sleep or before going into deep sleep where, for a certain period of time, there are delayed or limited responses to brain commands. Eventually the brain restores order and normal body functions return, thus ending of the period of paralysis. While associated with narcolepsy, it is also seen as an independent, normal feature of sleep. It also runs in some families.

Symptoms Include: Lack of energy, irritability, mood swings.

Enuresis/Bed wetting: Recent findings show children with sleep apnea are at greater risk for nocturnal enuresis (bed wetting) than children without sleep apnea. Although it is very common, children with sleep apnea may wet the bed because they do not get restful sleep and therefore have a decreased arousal response that prevents them from awakening when their bladders are full.

Symptoms include: Urination in bed, fullness of the bladder.

Somniloquy/Sleep Talking: Otherwise known as sleep talking, this condition refers to talking aloud while asleep. It can be quite loud, ranging from simple sounds to long speeches, and can occur many times during sleep. Listeners may or may not be able to understand what the person is saying. It is very common and is reported in 50 percent of young children, with most of them outgrowing it by puberty.

Symptoms include: Talking during sleep, child usually does not remember doing this.

Somnambulism/Sleep Walking: Otherwise known as sleep walking, somnambulism is characterized by walking while asleep. On occasion, nonsensical talking may occur while sleepwalking. The person's eyes are commonly open, but have a characteristic glassy "look right through you" characteristic. This activity most commonly occurs during middle childhood and young adolescence. Approximately 15 percent of children between 4 and 12 years of age will experience sleepwalking.

Symptoms Include: Walking during sleep, child usually does not remember the event.

Delayed Sleep Phase Syndrome (DSPS): A child or teenager who remains awake at least two hours past their usual bedtime because they are unable to fall asleep may have delayed sleep phase syndrome (DSPS). DSPS usually starts during the teen years and affects about 7 percent (1 out of 15) of teens.

Symptoms Include: Trouble falling asleep at a usual bedtime, difficulty waking up in the morning, daytime sleepiness.

Conclusion

The healthy sleep habit helps to build a good child. The sleep deprivations in children can be helped initially with changes to environment and habits surrounding bedtime

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