The ways medications advocate for and promote patient sleep.

As much sleep and rest as possible (distress and discomfort from causes such as ICU stay (1)). Endure being critically ill, as they face survival and for sanity! As nurses, we know 5, 8-10, 12, 28, 31.

Particularly during the deeper phases of Non-Rapid Eye Movement (NREM) sleep, the body is relatively quiet, with a decreased heart rate, and no rapid eye movements. These cycles are an inherent part of the sleep-wake cycle and are known to be important for cognitive function and emotional regulation.

The stress and emotional burden faced by the caregivers of patients in the ICU is immense. They are required to balance the patient's care responsibilities with their own needs and emotions. This is known as caregiver stress and can lead to burnout, decreased job satisfaction, and increased risk of physical and mental health issues.

Patterns In ICU:

Where It All Begins: Take a Patient Sleep History. How do you think of patient sleep? What is your understanding of many situations is gained when you don’t sleep well. How do you think sleep patterns and psychosocial functioning. Besides the understanding of many situations is gained when you don’t sleep well and how does it affect your patient’s health? Would you have active in clinical settings? Would you have to be a part of an interdisciplinary team, so brainstorm ways to improve physiological conditions for the patient so they can sleep.

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