

## Appendix C: Non-Pharmacological Measures

### Orientation

- Reorient patient to person, place and time with each encounter (unless it worsens agitation)
- Provide distractions (television/radio/newspapers, puzzles, games, hobbies) when appropriate
- Provide access to telephone/computer when appropriate
- Post daily activities and routines where patient and family can see
- Consider providing a clock or watch if desired by patient
- Participate in primary nursing opportunities
- Avoid restraints whenever possible



### What is the patient seeing and hearing?

- Ensure hearing aids and eye glasses are used during daytime
- Monitor and control noise levels
- Monitor conversations in patient areas for appropriateness; remind each other to do the same
- Approach patients with calm, quiet voice
- Monitor lighting; overhead lights can be distressing and reflections can cause hallucinations



### Empower and Engage Family Members

- Ask family about patient's likes, dislikes and routines
- Encourage family to bring photos and create story boards
- Encourage family members to sit with patient as alternative to restraints (if family able)
- Teach families how to provide calm reassurance, appropriate encouragement, and support daily routines
- Personalize surroundings (bring in patient's own hygiene products, pillows, blankets, familiar items)
- Provide favourite music, videos, tape recordings (home videos, Skype, Email can help patient stay connect)
- Encourage daily family journaling of patient's admission experience (may help patient to fill in gaps in memory)



### Day-Night Routine

- Establish consistent day-night routine as soon as possible
- Maintain Sleep-Awake tracking section of 24 Hour Flowsheet (day and night)
- Promote daytime wakefulness:
  - Lights on and curtains open (as appropriate) during daytime hours.
  - Early afternoon nap is acceptable (nap should end by 2:00 pm)
  - Assess and establish bowel elimination routine from admission (unless contraindicated)
- Promote night time sleep
  - Consider earplugs at bedtime; initiate at admission
  - Complete bathing routines by 2200-2300 hrs
  - Reduce turning to Q 4 H between 2200 and 0600 hrs unless skin breakdown present; increase vigilance with skin assessment and documentation to identify problems early
  - Reduce lighting (consider patient specific need for a night light)
  - Close doors and minimize contact (all staff) between 2200 and 0600 hrs
  - No routine blood work between 2200 and 0600 hrs; urgent sampling only on nights
  - Rest on ventilator overnight until ready for complete liberation
  - Assess alarm volumes on monitors and ventilators (while maintaining safe level of audibility)



### Liberate Early From Critical Care

- Initiate passive range of motion upon admission unless on neuromuscular blockers
- Promote active/assisted range of motion as soon as patient can participate
- Encourage appropriate level of self-care as soon as possible
- Assess readiness for mobilization Q Shift (to cardiac chair position, dangling, chair and weight bearing)
- RN/RRT collaboration Q Shift to complete SBT screening and implementation (when screen is passed)
- Ambulate on ventilator if unable to wean
- Review need for/discontinue lines, tubes and treatments when no longer needed (including bladder catheter)

