

Health Professionals checklist for children/young people with sleep difficulties

<p>1. Bedtime</p> <ul style="list-style-type: none"> • Sleep diary (2-3 weeks) • Sleep questionnaire • Is sleep hygiene adequate? • Support in community for sleep? 	<p>Difficulties</p> <ul style="list-style-type: none"> • Problems going to bed? • Problems falling asleep? • Reluctance to sleep in own bed? • Problems staying in bed? • Problems with establishing regular bedtime routines? 	<p>Environmental</p> <ul style="list-style-type: none"> • Electronic media e.g. computers, TV, kindles etc in room at bedtime? • Electronic media/TV use up to 2 hours before bedtime? • Reading with bedside lamp/kindle up to 2 hours before bedtime? • Sleeps with bright lights on? • Physical activities up to an hour before bedtime? • Stimulating drinks e.g. energy drinks, caffeine up to an hour before bedtime? • Teenage- Alcohol/substance misuse, smoking/cannabis use, antisocial behaviours? • Child complaining of hunger at bedtime? • Room dark, quiet and not too warm/cold at bedtime? 	<p>Medical/Social</p> <ul style="list-style-type: none"> • History of mental disorders e.g. depression, anxiety? • Reviewed by CAMHS? • History of neurodevelopment disorders/neurodisability- ADHD, ASD, cerebral palsy, epilepsy, visual impairment? • Learning disability? • Medical e.g. eczema, Pale? Downs syndrome, epilepsy, asthma? • Medication history- melatonin, clonidine, risperidone, methylphenidate, antihistamines etc? • Psychosocial- Child looked after, child protection? • Social worker? • Sleep impact- (Weiss functional impairment scales) examined? • SDQs if relevant requested? • Have you asked about alternative/complementary therapies e.g. lavender oil, calming techniques etc?
--	--	--	--

<p>Night time awakenings</p>	<ul style="list-style-type: none"> • Frequency of awakening? • Any factors influencing awakenings e.g. holidays, sleep over at friends, grandparent? • Do parents work shifts? e.g. night shift work leading to anxiety/ disturbed sleep etc? 	<p>Any:</p> <ul style="list-style-type: none"> • Sleep walking? • Nightmares/terrors? • Teeth grinding? • Head banging? • Snoring? • Breathing difficulties at night? • Pain or discomfort in lower limbs at night? 	<p>Impact scales (Weiss functional impairment scales)</p>
<p>2. Day time sleepiness</p>	<ul style="list-style-type: none"> • Child/young person seem tired in the morning/during the day? • Child reluctant to wake up for school in the mornings? • Child sometimes sleeps in class? • Frequent daytime naps before bedtime? 	<ul style="list-style-type: none"> • Poor concentration/focus at school? • Overactive/impulsive behaviours at school? • Challenging behaviours at school? 	<ul style="list-style-type: none"> • Impact scales (Weiss functional impairment scales) • SDQs
<p>3. Child /Young person</p>	<p>Child/ Young person's perception of their sleep difficulties</p>	<ul style="list-style-type: none"> • Any previous sleep studies? • Referral required for sleep studies e.g. Actigraphy, Polysomnography ? 	<p>Impact of sleep difficulties (Weiss functional impairment questionnaire- self report), School reports</p>