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Research Protocol

Quality of Patients Sleep and Environment Factors in Stroke Unit Wards Affect the Outcome

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Background

Poor sleep after the stroke and reduction of Rem phase of sleep is been consider an independent factor of stroke prognosis [1]. Furthermore, the environment noise and not the appropriate light affect the patient quality of sleep which decrease the Rem sleep [2]. This disorder of sleep affect hormones level of adrenaline and cortisol further already by pathophysiology of stroke. Further iatrogenic sleep by deprivation is caused by repetitive assessment especially in first 24 - 48 hours that affect deep sleep stages and impact the spontaneous breathing [3].

In early morning ward round more patients appear lethargic taking in consideration this phenomenon affecting the clinical judgment.

Method

Taking in consideration the importance of phenomena we decided to study the quality of sleep using Pittsburgh Quality Sleep Index (PSQI) in otherwise alert patients using GCS. Serum cortisol level will be correlated with PSQI and GCS. The patient clinical progression were measured using NIHSS scale to measure clinical prognosis as recommended and Modified Rankin Score (mRS) 90 days following discharge. The number of imaging requested to the affected patients were measured.

Results

The level of environment factors noise and light in large wards is important to be in the level that would not affect the patients sleep quality already affected from Stroke. This will improve after Stroke prognosis as is seen in correlation of PSQI, GCS, NIHSS and mRS 90 days after stroke. Hormonal changes by early morning cortisol level affects arousals and prognosis. This involve a cost as the number of imaging demanded in lethargic patients is seen to be increased involving a cost and overwhelming of hospital diagnostic capacities.

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