


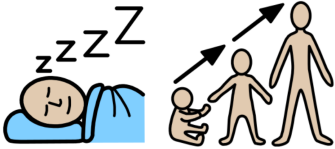



School Nursing Service Children's Sleep Help

	<p>Why have I been sent this letter?</p> <p>You are worried about your child's sleep (sleep hygiene).</p>
	<p>What can I do about this?</p> <p>You can try the advice and information included or visit the websites suggested.</p>
	<p>How long will I need to do this?</p> <p>The advice works best when tried for at least 4 weeks.</p>
	<p>What happens next?</p> <p>When you have tried the advice suggested and the issue still continues, please call us on 0300 123 6629</p>



Children's Sleep Help Useful Websites

	<p>Sleep help resources</p> <p>Sleep Help including a family film, an animation for children and further resources.</p> <p>Click https://what0-18.nhs.uk/solent/camhs/sleep-help</p>
	<p>Know how much sleep your child needs</p> <p>The amount of sleep your child needs changes as they get older.</p> <p>To find out how much your child needs visit: https://www.nhs.uk/live-well/sleep-and-tiredness/how-much-sleep-do-kids-need/</p>
	<p>Teens and sleep</p> <p>Your child's sleep may change when they become a teenager.</p> <p>Find out why teenagers are always tired at https://www.nhs.uk/live-well/sleep-and-tiredness/why-are-teens-always-tired/</p>



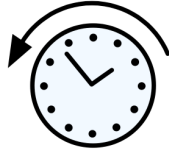
12 steps to good sleep practice

For children over the age of 2

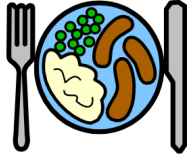
		<p>Make your child's room dark and quiet. No TVs or electrical items should be used. Tidy or cover toys. Close the curtains, black out blinds will help.</p>
		<p>Wake your child at the same time every day but not before 6am.</p>
		<p>Keep a regular bedtime for your child.</p>
		<p>Use the same bedtime routine every evening. Try making a picture schedule of the routine to help your child understand what happens next.</p>
		<p>Keep the room temperature comfortable. Between 16 -20 °C is good.</p>
		<p>Keep the noise in the house down. No loud TVs or music.</p>
		<p>Make sure your child is not hungry when they go to bed. For children over 6 months do not give drinks or solid foods during the night.</p>
		<p>Help your child to learn to fall asleep on their own. More information on this is available from a sleep practitioner.</p>



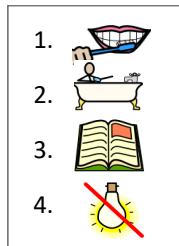
Avoid stimulating activities before bedtime like TV, computer games or running around. Suggest quiet play like jigsaws or colouring.



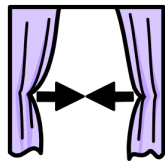
Don't let your child have long naps in the afternoon. If they need a nap, let them nap in the early afternoon.



Have sleep inducing foods at dinner time like whole-wheat bread, banana, honey, turkey and almonds. Give a warm milky drink but no fizzy drinks, chocolate, tea or coffee.



Try this example of a good bedtime routine:




























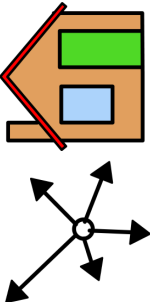







- After dinner allow free play for 1 hour.
- Then have quiet play for 20 minutes.
- Offer a drink or snack.
- Use clues for bedtime, like closing curtains or playing the same calm music, each evening.
- Relaxing bath time for about 20 minutes.
- After bath time stay with your child in their bedroom.
- Read a story for about 10 minutes.
- Turn down the lights.
- Say goodnight in the same way and for the same time each evening. Kisses and cuddles for no more than 3 minutes.
- Leave your child to settle on their own.

sleep diary

For children over the age of 2

Name: _____ Week beginning: _____


























	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:							
What time was dinner? 	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>
Any naps in the day? 	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Time started preparing for bed 	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>
Time went to sleep 	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>

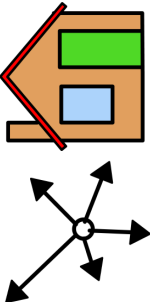







	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:							
Where did your child go to sleep?	 <input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other
How many times did your child wake?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
Estimate how long they were awake for:	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour
Time they woke in the morning:	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>

sleep diary

For children over the age of 2

Name: _____ Week beginning: _____

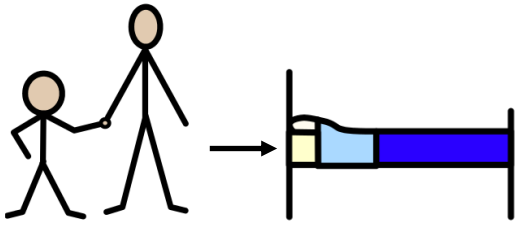

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:							
What time was dinner? 	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>
Any naps in the day? 	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Time started preparing for bed 	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>
Time went to sleep 	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:							
Where did your child go to sleep?	 <input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other
How many times did your child wake?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
Estimate how long they were awake for:	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour
Time they woke in the morning:	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>

'Rapid Return' technique

For children over the age of 2

If your child is always getting out of bed and seeking your attention at bedtime, then try the **'Rapid Return'** technique.

	<p>Step one:</p> <p>If your child gets out of bed tell them "its bedtime" and take them back to bed.</p>
 	<p>Step two:</p> <p>If they continue to get out of bed then DO NOT say anything and just guide them back to bed.</p> <p>DO NOT engage in conversation, hugs or getting them drinks/food.</p>
	<p>Be prepared to do this as many times as it takes to get them back to bed.</p> <p>This will reduce in time if you keep going over a few weeks.</p>