The BEADS Sleep Screening Tool

Adapted from The BEARS sleep screening tool (Owens & Dalzell, 2005); to accompany the flowchart titled *The Nurse's Role in Promoting Non-pharmacological Sleep in a Children's Ward*

Instructions for use of the BEADS sleep screening tool

- Ask questions, using the BEADS-mnemonic as a guide.
- Direct questions to the mother or child, age-appropriately.
- If the answer is yes to any question, further questioning is guided by the nurse's skill (Owens & Dalzell, 2005).
- Answers alert to sources of sleep disturbance which the nurse should remedy. The

information is also used as an opportunity to share health information with mothers.

• Compare (D) duration of sleep with age-appropriate sleep targets

Reference table: Recommended amount of sleep, by age group, per twenty-four hours and including nap times (Paruthi et al., 2016)			
Age group	Recommended amount of sleep		
4-12 months	12-16 hours		
1-2 years	11-14 hours		
3-5 years	10-13 hours		
6-12 years	9-12 hours		

• Safety and sleep disorders (S) alert to **potential sleep pathology** which should be **reported**.

Guiding questions in the BEADS sleep screening tool

BEADS sleep screening tool adapted from Owens and Dalzell (2005), with additions from Lee and Ward (2005). Copyright Elsevier (2004). See accompanying text (above) for instructions

	Sleep history In the last week	In-hospital sleep monitoring During this day/ since last sleep assessment
B) Bedtime problems	 How does your child usually fall asleep? (ease of settling and settling needs/ behaviours e.g. being fed or held by parent) 	 How did your child settle to sleep? (ease of settling and settling needs/ behaviours e.g. being fed or held by parent)

	<u>Sleep history</u> In the last week	In-hospital sleep monitoring During this day/ since last sleep
		assessment
	 If your child struggles to fall asleep, do you know what disturbed or prevented him/ her from sleeping? 	 If your child struggled to fall asleep, do you know what disturbed or prevented him/ her from sleeping?
E) Excessive daytime sleepiness ¹	 Does your child have difficulty waking in the morning, seem sleepy during the day or take naps? 	 Did your child have difficulty waking from his/ her sleep, or seem sleepy during 'awake time'? Did your child take more naps than usual?
A) Awakenings during sleep	 Does your child wake up frequently during his/ her sleep? How many times per night does your child wake up? How long does your child stay awake for? Does your child experience nightmares while sleeping? If your child wakes up, does he/ she need help getting back to sleep? If yes, what? 	 Did your child wake up during his/ her sleep? If yes, do you know what woke your child up? Did your child need help getting back to sleep? If yes, what? Did your child experience a nightmare while sleeping?
D) Duration of sleep	 When (at what time) does your child usually go to sleep? When (at what time) does your child usually wake up? If your child takes naps, please tell me all the times he/ she usually falls asleep and wakes up? Do you think your child is getting enough sleep? The nurse should calculate the duration (time) of sleep per 24 hours and compare this to durations of sleep provided 	 Today, at what time did your child fall asleep? and wake up? If your child slept more than once (e.g. naps), please tell me all the times he/ she fell asleep and woke up? Do you think your child got enough sleep for the day? The nurse should calculate the duration (time) of sleep per 24 hours and compare this to durations of sleep provided
S) Safety and sleep disorders	 Does your child snore a lot or have difficulty breathing at night? Do you give your child medicine, alcohol or herbs to help them sleep, more than 3 times per week? 	 Does your child snore a lot, snore loudly or have difficulty breathing during sleep? Did your child get any medicine to help him/her sleep? If yes, has your child been getting this medicine more than 3 times per week while in hospital?

¹ Expect increased sleepiness during ill-health. Also note that children who sleep poorly may be more hyperactive than usual (A. Bentley, personal communication, May 24, 2020).

History of development

The BEADS sleep screening tool was adapted from the BEARS sleep screening tool (based on Lee and Ward (2005) and content expert feedback).

BEADS is an mnemonic denoting:

- **B**: Bedtime Problems e.g. aversion to bedtime and difficulty falling asleep
- E: Excessive Daytime Sleepiness, often a sign of inadequate sleep: the child will have a strong desire to sleep and may be drowsy (coined daytime somnolence)
- A: Awakenings during the night
- D: Duration of sleep, characterised by bedtime and wake time
- S: Safety and sleep disorders

The BEADS sleep screening tool is a brief tool used to assess sleep history. The tool is not meant to diagnose sleeping problems. Sleep quality is captured by domains E, A and S. Sleep quantity is captured by domains B and D.

References

- Lee, K. A., & Ward, T. M. (2005). Critical components of a sleep assessment for clinical practice settings. *Issues in Mental Health Nursing, 26*(7), 739-750. doi:10.1080/01612840591008320
- Owens, J. A., & Dalzell, V. (2005). Use of the 'BEARS' sleep screening tool in a pediatric residents' continuity clinic: a pilot study. *Sleep Medicine*, *6*(1), 63-69. doi:10.1016/j.sleep.2004.07.015
- Paruthi, S., Brooks, L. J., D'Ambrosio, C., Hall, W. A., Kotagal, S., Lloyd, R. M., . . . Wise, M. S. (2016). Recommended Amount of Sleep for Pediatric Populations: A Consensus Statement of the American Academy of Sleep Medicine. *Journal of Clinical Sleep Medicine*, 12(6), 785. doi:10.5664/jcsm.5866