

# Strategies for Mitigating Fatigue

## Pre-duty

- ◆ Avoid starting out with a sleep deficit
- ◆ Get 7 – 9 hours of sleep before starting call or night float
- ◆ Avoid stimulants to keep you up
- ◆ Avoid alcohol to help you sleep
- ◆ Avoid heavy meals within 3 hours of sleep

## On Duty

- ◆ **If you are too fatigued to be safe – tell your supervisor or program director**
- ◆ Know your own vulnerability to fatigue
- ◆ Nap whenever you can
  - ◇ The best circadian window is between 2:00–5:00 pm and 2:00–5:00 am
  - ◇ The most effective naps are less than 30 minutes or more than 2 hours
- ◆ Avoid heavy meals
- ◆ Strategic consumption of caffeine (the T 1/2 is 3-7 hours)

## Post Duty

- ◆ Alertness is lowest 6:00 am – 11:00 am.
- ◆ 20 minute nap or a cup of coffee 30 minutes before driving
- ◆ If the sun is shining, wearing sunglasses on the way home will make it easier for you to fall asleep when you get home
- ◆ If a resident is too fatigued to drive safely, take a taxi/car service and send or bring the receipt to the Office of Graduate Medical Education for reimbursement.

## Resident and Patient Safety – A Shared Responsibility

It is the responsibility of programs and institutions to educate Faculty and Residents

- ⇒ To recognize the signs of fatigue and sleep deprivation
- ⇒ In alertness management and fatigue mitigation processes
- ⇒ Adopt fatigue mitigation processes
- ⇒ Have a process to ensure patient care if a resident is too tired to do so
- ⇒ Provide adequate sleep facilities and/or safe transportation options for residents who are too fatigued to drive home

It is the responsibility of residents and faculty to:

- ⇒ Manage their time before, during and after clinical assignments to assure their fitness for duty
- ⇒ Recognize fatigue in themselves and their peers
- ⇒ Responsibly utilize fatigue mitigation strategies

# FATIGUE: How to Recognize It How to Manage It



This brochure contains a brief review of the signs of fatigue and alertness management strategies.

It's up to all of us to ensure a culture that promotes

**patient safety  
and personal responsibility.**

To that end, all clinicians have a responsibility to manage their time before, during and after clinical assignments to assure their fitness for duty and to recognize when they are

**becoming fatigued.**

If you would like to have access to a more detailed web based course, please contact Julie Rhodes at 545-3134.

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## Sleep Requirements

- ◆ Most adults require between 6 to 10 hours of sleep per 24 hour period.
- ◆ With less than 5 hours per night of sleep, mental abilities begin to decline.
- ◆ Cognitive performance may decrease as much as 25% from baseline after 1 night of missed sleep and 40% after 2 nights.
- ◆ Sleepy people underestimate their level of sleepiness and overestimate their alertness.
- ◆ The sleeper one is, the less accurate the perception of the degree of impairment.

## Effects of Sleep Loss

- ◆ Decline in performance after 15-16 hours of continued wakefulness
- ◆ Shortened sleep latencies
- ◆ Micro sleeps that cause lapses in attention
- ◆ Impaired memory and confusion
- ◆ Difficulty focusing on tasks
- ◆ Errors of omission
- ◆ Errors of commission
- ◆ Learning and recall deficits
- ◆ Moodiness, depression and irritability



## Warning Signs of Sleepiness

### In yourself (For Individuals)

- ⇒ Falling asleep in conferences
- ⇒ Difficulty focusing
- ⇒ Having to check your work repeatedly
- ⇒ Feeling confused or forgetful
- ⇒ Feeling irritable
- ⇒ Apathy

### In others (For Supervisors)

- ⇒ Nodding off
- ⇒ Closing eyes during rounds
- ⇒ Makes errors on presentations
- ⇒ Appears irritable
- ⇒ Appears forgetful or confused



## Sleep Rooms

There are sleep rooms available at all hospitals for residents. Springfield Program Coordinators are provided with the room number(s) and code(s) for entry, if applicable. Residents should find out where their designated sleep room is and how to gain entry prior to being on night duty. If specific information on Springfield sleep rooms is needed, Nikki Workman (OGME) can also be contacted from 8 a.m. – 4:30 p.m. at 545-5846. Affiliate residents should contact their Chief.



## Safe Driving

Sleepiness causes variability in those attentive and cognitive functions which require executive attention processes. Driving is especially vulnerable to sleep deprivation because it requires rapid responses and sustained attention. **The period of lowest alertness after being up all night is between 6:00 am and 11:00 am, when many residents are driving home.**

## Drowsy Driving



### How to Recognize It

- ⇒ Trouble focusing on the road
- ⇒ Nodding off
- ⇒ Yawning
- ⇒ Difficulty keeping your eyes open
- ⇒ Drifting from your lane
- ⇒ Not remembering driving the last few miles
- ⇒ Closing your eyes at stop lights

### How to Avoid It

- ⇒ **AVOID driving if drowsy!**
- ⇒ **If you are really sleepy, get a ride home or take a taxi or car service, i.e. uber\***
- ⇒ Take a 20 min nap before driving home
- ⇒ Stop driving if you notice the warning signs of sleepiness—pull off the road at a safe place, take a short nap
- ⇒ Drink a cup of coffee 15-30 minutes before driving home (trade-off: this will make it harder to sleep when you get home)

**\* For residents – keep your receipt and OGME will reimburse you**