

# Sleep Hygiene for Young Children

- Keep consistent bedtimes and wake times every day of the week. Late nights can cause fatigue that throws off a sleep schedule for days.
- Avoid letting the child spend lots of non-sleep time in bed, which keeps the brain from associating the bed with sleep time.
- Child's bedroom should be cool, quiet and comfortable. There should not be any "screens" (phone, tablets, video console, televisions, computers) in the bedroom.
- Bedtime should follow a predictable sequence of events, such as bath time, brushing teeth and reading a story.
- Avoid high stimulation activities just before bed, such as watching television, playing videogames, or rowdy play or exercise. If there are nighttime awakenings, these same activities should be avoided.
- Physical exercise as a part of the day often helps with sleep time many hours later.
- Relaxation techniques such as performing deep, slow abdominal breaths or imagining positive scenes like being on a beach can help a child relax.
- Avoid caffeine (soda, chocolate) in the afternoons and evenings. Some children's sleep can be impacted by any caffeine at all at any time of day. Even if caffeine does not prevent falling asleep, it can still lead to shallow sleep or frequent awakenings.
- Worry time should not be at bedtime. Children with this problem can try having a "worry time" scheduled earlier when they are encouraged to discuss their worries with a parent and then put them aside.
- Children should be put to bed drowsy, but still awake. Letting a child fall asleep in other places or with a parent present in the room forms habits that are difficult to break.
- A comforting object at bedtime is often helpful for children who need to feel safe and secure when the parent is not present. Try to include a doll, toy or blanket when you cuddle or comfort your child, which may help them adopt the object.
- If you need to check in on your child at night, checks should be brief and boring. The purpose is to reassure the child you are present and that they are okay.
- If your child is never drowsy at the planned bedtime, you can try a temporary delay of bedtime by 15-30 minutes until the child appears sleepy, so that the child experiences falling asleep more quickly once they get into the bed. The bedtime should then be gradually advanced earlier until the desired bed time is reached.
- Keep a sleep diary with naps, sleep and wake times and activities to help you find patterns and problem areas to target. This can be very helpful when discussing sleep challenges with your care team.

Robert Hilt, MD

Primary Reference: A Clinical Guide to Pediatric Sleep, by Jodi Mindell and Judith Owens

# Sleep Hygiene for Teens

- Keep consistent bedtimes and wake times every day of the week. Late nights or sleeping-in on weekends can throw off a sleep schedule for days.
- The bedroom should be cool, quiet and comfortable. Teens who stare at the clock should have the clock turned away.
  - Restrict use of any “screens” (phone, tablet, video console, television, computer, etc) while in the bedroom. These can all function as sleep prevention devices.
- Bedtime should follow a predictable and non-stressful sequence of events, such as picking out tomorrow’s outfit, brushing teeth, and then reading relaxing non-screen material or listening to music.
- Avoid high stimulation activities in the hour before bed, such as watching television, playing videogames, texting with friends, or exercise. Avoid the same during any nighttime awakenings.
- Avoid going to bed hungry or overly full.
- Physical exercise as a part of the day often helps with sleep time many hours later. Getting outside every day, particularly in the morning, may also be helpful.
- Relaxation techniques such as performing deep, slow abdominal breaths or imagining positive scenes like being on a beach can help encourage relaxation.
- Avoid caffeine (soda, chocolate, tea, coffee, energy drinks) in the afternoons/evenings. Some teen’s sleep can be impacted by any caffeine at all at any time of day. Even if caffeine doesn’t prevent falling asleep it can still lead to shallow sleep or frequent awakenings. Alcohol, tobacco, or sleep aids also can interfere with the natural sleep cycle.
- If the teen awakens in bed tossing and turning, it is better for him or her to get out of bed to do a low stimulation activity, (i.e. non-screen reading) before returning to bed when feeling tired. If sleep still will not come, the teen should spend more time relaxing out of bed before lying down again. This keeps the bed from becoming associated with sleeplessness.
- Worry time should not be at bedtime. A teen may find it helpful to have a “worry time” scheduled when he or she is encouraged to journal about worries or discuss them with a parent or other support, and then put them aside.
- Teens should go to bed drowsy, but still awake. Falling asleep on the couch or in non-bed locations may form sleep associations or habits that are difficult to break.
- If the teen is never drowsy at the planned bedtime, temporarily delay bedtime by 15-30 minutes until the teen is sleepy, so that the teen experiences falling asleep more quickly once in bed. The bedtime should then be gradually advanced earlier until the desired bed time is reached.
- Keep a sleep diary with naps, sleep and wake times and activities to help find patterns and problem areas to target. This can be very helpful when discussing sleep challenges with the care team. There are also apps available that can help with tracking sleep habits.

Robert Hilt, MD

Primary Reference: A Clinical Guide to Pediatric Sleep, by Jodi Mindell and Judith Owens

This resource page is now available in Spanish at [www.seattlechildrens.org/pal](http://www.seattlechildrens.org/pal)