NCLEX MENTAL HEALTH · 2026 TEST PLAN

Sleep Regulation *& Disorders*

Circadian biology, sleep architecture, and the six disorders that dominate the psychosocial integrity blueprint — paired with pharmacology, safety priorities, and the high-yield traps NCLEX loves to plant.

Psychosocial Integrity | Pharmacological Therapies | Reduction of Risk Potential

01

DEFINITION · OVERVIEW

What Sleep *actually* is — and why it matters

Sleep is an active, reversible neurobehavioral state required for memory consolidation, immune regulation, and emotional processing. It is not "the absence of wakefulness."

Sleep is a **cyclical, reversible state of reduced consciousness** regulated by two systems working in parallel:

① the **circadian rhythm** — the 24-hour internal clock driven by light/dark cues; and ② the **homeostatic sleep drive** — adenosine pressure that builds the longer you stay awake.

Disruption produces measurable consequences: **impaired memory, mood dysregulation, weakened immunity, hypertension, weight gain, and increased all-cause mortality.** On the NCLEX, sleep deficit is rarely an isolated problem — it amplifies depression, mania, anxiety, and delirium.

7–9h
Recommended adult sleep duration (CDC, 2024)

30%
US adults reporting chronic short sleep

~90 min
Length of one complete NREM-REM cycle

4–6×
Cycles per healthy night of sleep

02

PATHOPHYSIOLOGY

The neurobiology of falling asleep

Light through the retina, signals to the master clock, melatonin release, then a structured descent through four distinct brain states.

☀️ STEP 1
Light hits retina → signal sent to brain

→

🧠 STEP 2
SCN (hypothalamus) acts as master clock

→

🌙 STEP 3
Darkness → pineal gland releases melatonin

→

💤 STEP 4
Adenosine + GABA rise → drowsiness

→

🌀 STEP 5
Cycles through NREM 1→2→3→REM

Sleep Architecture — the four stages

Each ~90-minute cycle moves through NREM stages then into REM. Deep sleep dominates early night; REM dominates late night.

NREM N1
~5%
Light dozing. Easily aroused. Hypnic jerks.

NREM N2
~45–55%
Light sleep. Sleep spindles. HR & temp drop.

NREM N3
~15–25%
Deep / slow-wave. Physical restoration. Hardest to wake.

REM
~20–25%
Dreams, memory consolidation, muscle atonia.

PROMOTE SLEEP
GABA · Adenosine · Melatonin · Serotonin

PROMOTE WAKEFULNESS
Orexin/Hypocretin · Histamine · Norepinephrine · Dopamine · Acetylcholine · Cortisol

03

SIGNS · SYMPTOMS · DISORDERS

The six sleep disorders NCLEX tests

Each disorder has a signature presentation. Memorize the distinguishing finding — that's the discriminator on a select-all-that-apply item.

Insomnia Disorder

MOST COMMON · DIFFICULTY INITIATING OR MAINTAINING SLEEP

- **Initial:** can't fall asleep (often anxiety)
- **Middle:** frequent awakenings
- **Terminal:** early-morning waking (classic in depression)
- Daytime fatigue, irritability, ↓ concentration
- ≥3 nights/week for ≥3 months = *chronic*

Obstructive Sleep Apnea (OSA)

RED FLAG

AIRWAY COLLAPSE DURING SLEEP

- **Loud snoring** + witnessed apnea + gasping
- Excessive daytime sleepiness, AM headache
- Large neck circumference, obesity, male, >50

⚠ Hypoxia → arrhythmia, HTN, stroke, MI

⚠ Falling asleep driving = STAT intervention

Narcolepsy

RED FLAG

OREXIN/HYPOCRETIN LOSS · ONSET ADOLESCENCE–20S

- **Sudden sleep attacks** (seconds to minutes)
- **Cataplexy:** sudden muscle weakness w/ emotion
- Sleep paralysis on waking/falling asleep
- Hypnagogic/hypnopompic hallucinations

⚠ Driving and operating machinery = unsafe

Restless Legs Syndrome (RLS)

SENSORIMOTOR DISORDER · LINKED TO ↓ IRON, DOPAMINE

- **Urge to move legs** with uncomfortable sensations
- Worse at **rest** and in the **evening**
- **Relieved by movement** (key discriminator)
- Check ferritin — <75 ng/mL → iron supplementation
- Common in pregnancy, CKD, iron deficiency

Circadian Rhythm Disorders

CLOCK MISALIGNMENT WITH ENVIRONMENT

- **Delayed phase:** "night owls" — common in teens
- **Advanced phase:** early to bed/early to rise (older adults)
- **Shift work disorder:** nurses, factory workers
- **Jet lag:** transient, >2 time zones
- Treatment: timed light therapy + melatonin

Parasomnias

RED FLAG

ABNORMAL BEHAVIORS DURING SLEEP

- **Sleepwalking / sleep terrors:** NREM N3, child
- No memory of event; do **not** wake — redirect
- **Nightmares:** REM, late night, vivid recall

⚠ **REM Sleep Behavior Disorder:** ACTS OUT dreams (loss of REM atonia) — predicts Parkinson's/Lewy body

⚠ Safety: pad bedrails, lock doors/windows

04

PRIORITY NURSING INTERVENTIONS

ABCs · Safety · Assessment first

Sleep deprivation rarely kills you directly — but the airway, the car, and the suicide risk that ride alongside it do. Prioritize physiologic and safety threats.

A AIRWAY & BREATHING — ALWAYS FIRST

- ✓ **OSA:** elevate HOB ≥30°, position lateral; never supine in acute settings
- ✓ **Apply CPAP/BiPAP** as ordered — confirm fit, monitor SpO_2 continuously
- ✓ Hold sedatives/opioids/benzos in untreated OSA — they collapse the airway further
- ✓ Have suction and oxygen at bedside; assess for cyanosis, gasping, witnessed apnea

S SAFETY

- ✓ Assess **fall risk** in narcolepsy & sleepwalking
- ✓ Padded bedrails, bed alarm, low bed position
- ✓ **Driving safety** — assess for sleep attacks before discharge
- ✓ Suicide screen — chronic insomnia ↑ suicide risk
- ✓ Do **not** physically wake sleepwalker — gently redirect

A ASSESS

- ✓ Sleep diary × 1–2 weeks (objective baseline)
- ✓ Epworth Sleepiness Scale, STOP-BANG for OSA
- ✓ Caffeine, alcohol, nicotine, screen, med history
- ✓ Mood, anxiety, trauma — sleep is bidirectional
- ✓ For RLS: **check ferritin, iron, B12, folate**

I IMPLEMENT (NON-PHARM FIRST)

- ✓ **CBT-I is first-line** for chronic insomnia — beats meds long-term
- ✓ Stimulus control: bed = sleep + sex only
- ✓ Sleep restriction therapy (controlled time in bed)
- ✓ Relaxation, progressive muscle relaxation
- ✓ Cluster nursing care — minimize nighttime interruptions

M MONITOR

- ✓ CPAP adherence (≥4 hr/night, ≥70% of nights)
- ✓ Mood, suicidality, daytime function
- ✓ Side effects of sleep meds — esp. parasomnias, falls
- ✓ Polysomnography results if ordered
- ✓ Response to therapy at 2–4 weeks

E EDUCATE (HANDOFF TO SECTION 7)

- ✓ Sleep hygiene principles
- ✓ Medication taper — never abrupt stop benzos/Z-drugs
- ✓ CPAP cleaning, mask fit, humidifier use
- ✓ Avoid driving until cleared (narcolepsy, sedatives)
- ✓ When to call provider

05

PHARMACOLOGY

Drugs that *make* you sleep — and the ones that wake you up

Six classes carry the load on the NCLEX. Know the mechanism, the signature side effect, and the high-risk population for each.

CLASS / MECHANISM	DRUG EXAMPLES	KEY SIDE EFFECTS	NURSING CONSIDERATIONS
Benzodiazepines ↑ GABA-A	temazepam triazolam estazolam	Sedation, dependence, tolerance, falls, anterograde amnesia, respiratory depression	Short-term (≤2–4 wks) only. **BEERS — avoid in older adults.** Taper to stop. Contraindicated in OSA + pregnancy.
"Z-drugs" (non-BZD) ↑ GABA-A (selective)	zolpidem eszopiclone zaleplon	Complex sleep behaviors (sleep-driving, sleep-eating), next-day drowsiness, falls	**FDA Black Box** — D/C if complex behaviors. Take immediately before bed, 7–8 hr sleep window. Lower dose in women & elderly.
Melatonin receptor agonist MT1 / MT2	ramelteon (melatonin OTC)	Dizziness, fatigue. **No dependence.**	Safe in older adults & substance use history. Avoid with fluvoxamine (↑ levels). Take 30 min before bed.
Orexin receptor antagonists (DORAs)	suvorexant lemborexant daridorexant	Next-day somnolence, sleep paralysis, abnormal dreams	Avoid in narcolepsy (mechanism opposes orexin loss). Caution: driving next day.
Sedating antidepressants (off-label)	trazodone doxepin mirtazapine	Orthostatic hypotension, weight gain, priapism (trazodone — rare but emergent)	Preferred in older adults & comorbid depression. **Priapism >4 hr → ER immediately.**
Wake-promoting agents (narcolepsy)	modafinil armodafinil sodium oxybate methylphenidate	HTN, insomnia, anxiety, ↓ contraceptive efficacy (modafinil)	Backup contraception with modafinil. Sodium oxybate = controlled substance, REMS program.
Dopamine agonists (RLS)	ropinirole pramipexole rotigotine patch	**Augmentation** (symptoms worsen/spread), impulse control disorders, somnolence	Take 1–2 hr before symptom onset. Screen for gambling/compulsive behaviors at each visit.

⚠ **Diphenhydramine (Benadryl) is on the BEERS list.** Anticholinergic effects → confusion, urinary retention, falls, ↑ dementia risk. **Never first-line for older adults** — even though it's the OTC default. NCLEX loves this trap.

06

NCLEX TEST TRAPS

The eight wrong answers that look right

Each trap reflects a real distractor pattern. Read the *wrong* first, then the *right*, and ask yourself which one you would have picked under pressure.

Older adult with insomnia — what do you give? 01

- ✕ Diphenhydramine OTC — "it's just Benadryl"
- ✓ Non-pharm first (CBT-I, sleep hygiene); if med needed, ramelteon or low-dose doxepin/trazodone

Patient on zolpidem reports they "cooked dinner in their sleep" 02

- ✕ Reassure — it's a known mild side effect
- ✓ **Hold the drug, notify provider** — complex sleep behaviors are an FDA black-box D/C indication

Patient with OSA refuses CPAP — best response? 03

- ✕ "You have to wear it — it's prescribed"
- ✓ Therapeutic communication — explore concerns, mask discomfort, claustrophobia. Adherence improves with fit/education

Child sleepwalking nightly — first nursing action? 04

- ✕ Wake the child each time to interrupt the pattern
- ✓ **Safety first** — secure environment, lock doors/windows, gently redirect back to bed

Patient with narcolepsy + cataplexy is ready for discharge — priority teaching? 05

- ✕ Take medications as prescribed
- ✓ **Driving and machinery safety** — physiologic risk > medication risk. Med adherence is important but secondary.

Older adult acts out vivid dreams — punches wife in sleep 06

- ✕ Reassure — nightmares are common with age
- ✓ **REM Sleep Behavior Disorder** — refer neurology, can precede Parkinson's/Lewy body by years

Patient with RLS — labs to check first? 07

- ✕ Thyroid panel (assume anxiety)
- ✓ **Ferritin, iron, B12, folate** — RLS is strongly linked to iron deficiency; supplement if ferritin <75

Inpatient asks for a sleeping pill — what comes first? 08

- ✕ Administer PRN diphenhydramine
- ✓ **Non-pharm first:** dim lights, cluster care, warm milk, back rub, relaxation. Then PRN if ordered & appropriate.

07

PATIENT EDUCATION

What you teach *before* they leave

Sleep hygiene is the single highest-yield patient teaching topic in mental health nursing. These eighteen points cover the questions NCLEX writes.

Sleep Hygiene

- **Same bedtime & wake time** — even on weekends
- Bedroom = **cool, dark, quiet** (60–67°F)
- Bed = sleep + sex only — no work, no phone
- No screens 30–60 min before bed (blue light → ↓ melatonin)
- If awake >20 min, get up, do something boring, return when sleepy

What to Avoid

- **Caffeine** after noon (half-life 5–7 hr)
- **Alcohol** — fragments sleep, suppresses REM
- **Nicotine** — stimulant + withdrawal at night
- Heavy meals within 3 hr of bed
- Daytime naps >30 min or after 3 PM

Daytime Habits

- **Morning bright light** — anchors circadian rhythm
- Regular exercise — but not within 3 hr of bed
- Limit time in bed when awake
- Manage stress & daytime worries (journaling, CBT)
- Get sunlight exposure early in the day

CPAP / BiPAP Care

- **Use every night**, including naps — ≥4 hr/night minimum
- Clean mask & tubing daily with mild soap
- Replace filters per manufacturer
- Use humidifier to reduce dryness
- Report mask discomfort/leaks — refitting improves adherence

Medication Safety

- Take sleep meds **immediately before bed** with 7–8 hr to sleep
- Never combine with alcohol or opioids
- Don't drive next morning if drowsy
- Never stop benzos abruptly — taper
- Report sleep-walking, hallucinations, mood change

When to Call Provider

- Daytime sleep attacks while driving/working
- Witnessed apnea, choking, gasping
- Acting out dreams or sleep behaviors causing injury
- Worsening mood, suicidal thoughts
- Priapism >4 hr on trazodone → **ER now**

08

MEMORY BOOSTERS · MNEMONICS

Patterns that stick

Four high-yield mnemonics that map directly to NCLEX-style questions. Drill these to recall the assessment, the screen, and the tetrad on cue.

STOP-BANG

OBSTRUCTIVE SLEEP APNEA SCREENING

- **S** — Snoring (loud)
- **T** — Tired during day
- **O** — Observed apnea
- **P** — blood Pressure (high/treated HTN)
- **B** — BMI >35
- **A** — Age >50
- **N** — Neck circumference >40 cm
- **G** — Gender male

CHESS

NARCOLEPSY TETRAD + ONE

- **C** — Cataplexy (sudden muscle weakness w/ emotion)
- **H** — Hallucinations (hypnagogic/hypnopompic)
- **E** — Excessive daytime sleepiness
- **S** — Sleep paralysis on waking
- **S** — Sudden sleep attacks (sleep onset REM)

BEARS

PEDIATRIC SLEEP ASSESSMENT

- **B** — Bedtime issues
- **E** — Excessive daytime sleepiness
- **A** — Awakenings at night
- **R** — Regularity & duration of sleep
- **S** — Snoring

REST

RESTLESS LEGS SYNDROME — 4 CRITERIA

- **R** — Rest worsens symptoms
- **E** — Evening / night worse
- **S** — Sensations urge movement
- **T** — moving Tames symptoms (relief)

Quick pattern recognition: If a question describes *loud snoring + obesity + daytime sleepiness* → OSA. *Sudden muscle weakness with laughter* → narcolepsy with cataplexy. *Acting out dreams in an older adult* → REM sleep behavior disorder + neurology referral. *Early-morning waking + low mood* → depression-related insomnia (terminal insomnia). *Symptoms relieved by walking* → RLS, check ferritin.