



# Confusional Arousals, Sleep Terrors, Sleepwalking and Nightmares

Confusional Arousal	Sleep Terrors	Sleepwalking	Nightmares
<b>Description</b>			
<p>Children age 6 months to 6 years.</p> <p>Occur in first third (and occasionally middle third) of the night during non-REM sleep.</p> <p>Child appears confused, agitated, “possessed.” Child may progress to crying, intense thrashing, back arching, yet remains asleep.</p> <p>Child often does not recognize parents. Child may be difficult to console and may push away from parents.</p> <p>Usually last 1 to 10 minutes, but can last as long as 40 minutes. Terminates abruptly with return to deep sleep.</p>	<p>Children between age 6 and 14 years.</p> <p>Usually occur in first third of the night, during a partial arousal from stage four (deep) sleep.</p> <p>Child has an expression of intense fear, may bolt upright with a “blood curdling” scream. Eyes are often wide open with heart racing, sweating, and yet the child is asleep.</p> <p>Child does not recognize parents, is difficult to reassure.</p> <p>Usually last 2 to 10 minutes and terminate abruptly with return to deep sleep.</p>	<p>Generally children age 6-12 years old.</p> <p>Usually occurs during first third to half of night.</p> <p>May be calm, slow walking or standing. Could be more vigorous with running or screaming when combined with sleep terror episode. Child has no memory of event, and does not report a dream.</p> <p>Child may push parent away, may not recognize parents, or appear to “look through” parent.</p> <p>May last 2 to 20 minutes.</p>	<p>Generally over age 3.</p> <p>Occur during REM (dreaming) sleep. Usually occur in last half of night.</p> <p>Child often describes dream but not in detail; he can appear frightened, but calms in response to reassurance.</p> <p>Child usually wants parental reassurance.</p> <p>Child often has difficulty going back to sleep, may want to stay with parents, talk, leave the lights on, etc</p>
<b>Recommendations</b>			
<p>Do not try to wake child. The parent should stand back and let the event run its course. The more a parent tries to intervene, the longer the event may last. Confusional arousals which occur more than a few times per month are often the result of inadequate sleep.</p>	<p>Do not try to wake the child. The parent should stand aside and let the event run its course. The event may last longer if parents try to intervene. Seek professional help if sleep terror occur more than a few times a year or are combined with sleepwalking.</p>	<p>Do not try to wake the child. Parent may need to gently guide child back to bed. Safety precautions should be taken. Seek professional help if sleepwalking occurs 3 or more times per month, or if child is at risk for injury.</p>	<p>The parent should stay with the child and provide reassurance. Seek professional help if nightmares do not subside within a few weeks.</p>
<p><b>Treatment:</b> The number one effective treatment is increasing total sleep time (often the child is obtaining insufficient sleep). If adequate sleep does not eliminate or significantly reduce the frequency of events (to 1-2 episodes a month or less), or the type of event puts the child at risk for injury, professional help should be sought. Safety precautions should be taken. In some cases, a sleep study is needed to rule out nocturnal seizures or sleep apnea. Occasionally medication is needed.</p>			

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# Sleepwalking: General Safety Precautions for Children and their Families

Although the occurrence of injury is uncommon during a sleepwalking event, general safety precautions should always be taken. This becomes especially important when the sleepwalker will be sleeping in an unfamiliar environment such as when on vacation or at summer camp.

- *Ensure adequate sleep.* The occurrence of sleepwalking is significantly increased following sleep loss. Although it is important to try to maintain a regular schedule, it may be more important to allow the opportunity to make up for lost sleep when it occurs. For example, if one night bedtime is two hours late, the next night bedtime may need to be an hour earlier. Occasional nights of late bedtimes occur in nearly every family, however, two and certainly three consecutive nights of late bedtimes should be avoided in the sleepwalker.
- When sleepwalking is anticipated because of significant sleep loss, asking someone to remain awake for the first two hours after the sleepwalker goes to bed may be helpful yet not always possible.
- Keep a log if you think it may help; you may be able to identify more accurately how much sleep is needed to prevent a sleepwalking event.
- Install and test reliable noise devices on the sleepwalker's door in order to alert others in the home that the sleepwalker is up and about. Consider a bell, chimes, or nursery monitor. A mat which sounds an alarm when stepped on can be placed just outside the bedroom door.
- Deadbolt locks should be installed on doors leading outside. Windows should be secured such that they cannot be opened more than eight inches. Security devices are made for the front door which sound a loud alarm when touched.
- When the sleepwalker is spending the night elsewhere – alert appropriate individuals to the possibility that sleepwalking may occur, ensure safety precautions, and ensure adequate sleep.