

# Fatigue Recognition & Mitigation

## Two Types of Fatigue Errors

Healthcare professionals must recognize that sometimes the best interests of the patient may be served by transitioning care to another qualified and rested provider. Know your program's fatigue mitigation process.

1. **Errors of commission** - doing something incorrectly.
2. **Errors of omission** - not doing something that should be done.

## Fatigued Driving & Class A Misdemeanor

In 2013 Senate Bill 874 amended Arkansas Code § 5-10-105, by classifying "fatigued driving" in a fatal accident as an offense under negligent homicide, punishable by a Class A misdemeanor. According to the law, fatigued driving means the driver has been without sleep for 24 consecutive hours or in the state of being asleep after being without sleep for 24 consecutive hours.

**Sleep deprivation is the second leading cause of automobile accidents.**

## Call/Nap Rooms

UAMS provides call rooms and nap rooms for residents. Please contact your Program Coordinator for location, room numbers, and codes for entry.

# UAMS



College of Medicine  
Graduate Medical Education  
4301 W. Markham St. #837  
Little Rock, AR 72205-7199  
AskGME@uams.edu  
<http://gme.uams.edu>



Rip It Snippet - Fatigue  
Video  
<https://youtu.be/SsTfAQ1eYEs>



ACGME Requirements:  
The Learning and Working  
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## Common Causes of Fatigue

1. Inadequate sleep
2. Fragmented sleep, <6 hours per night
3. Desynchronized circadian rhythms
4. Prolonged physical or mental activity
5. Illness
6. Depression/anxiety/stress
7. Sleep disorders



## Professionalism

Professionalism is demonstrated through a personal role in the following:

- Assurance of one's fitness for duty.
- Time management before, during, and after clinical assignments.
- Assurance of safety and welfare of patients.
- Acting on impairment in oneself and others.

**Healthcare professionals must be aware of the negative effects of sleep deprivation and fatigue on their ability to provide safe and effective patient care.**

You might **be** fatigued if you experience any of the following:

### Mental Symptoms:

- Narrow attention span & forgetfulness
- Reduced performance standards
- Feelings of depression
- Impaired judgment/decision making

### Physical Symptoms:

- Frequent unexplained headaches
- Muscular aches and pains
- Blurred/double vision
- Loss of appetite

You might **see** the following in someone who is fatigued:

### Mental Symptoms:

- Irritability/intolerance
- Reduced short-term memory
- Lack of interest and drive
- Confusion and fearfulness
- Decreased startle response
- Anxiety
- Social withdrawal

### Physical Symptoms:

- Degraded motor skills
- Tenseness and tremors
- Slower reaction time
- Falling asleep at inappropriate times

## Fatigue Mitigation Tips

- Know your own alertness/sleep pattern.
- Eat nutritionally and avoid heavy meals.
- Get regular exercise.
- Ensure a healthy sleep environment (cooler temperature, dark, quiet).
- Try to keep the same schedule on work days and off days to maximize alertness.
- **AVOID** starting call with a sleep deficit.
  - ◆ Get 7-9 hours of sleep.
- **AVOID** heavy meals within 3 hours of sleep.
- **AVOID** stimulants to keep you up.
- **AVOID** alcohol to help you sleep.
- **AVOID** heavy exercise 2-3 hours before sleep.
- During clinical responsibilities, do the following:
  - ◆ Immediately contact a colleague (i.e. upper level resident/fellow, attending, program director) if you are too fatigued to work.
  - ◆ Strategically nap. 20-30 minutes improves alertness and performance. Do not nap longer as you risk extreme grogginess.
  - ◆ Be aware that if you are up all night, your least alert time is often 6am-11am.
  - ◆ Utilize your program's call room/nap room or available transportation.
  - ◆ Take action to relieve a fatigued colleague from patient care duties after ensuring a smooth transition of care.