

Nighttime Episodes / Confusional Arousals Parent HANDOUT

Nighttime Episodes / Confusional Arousals

What are confusional arousals?

Confusional arousals are a type of sleep event that can happen when a child partly wakes up from deep sleep but is not fully awake.

During an episode, a child may:

- Sit up, move around, or seem awake
- Have a blank or “glassy-eyed” look
- Talk, but not make sense
- Seem scared, upset, or confused
- Rub their arms or legs, twitch, or move in unusual ways
- Not respond normally to questions
- Not remember the episode the next morning

These episodes are part of a group of sleep behaviours called parasomnias. Sleepwalking and night terrors are also parasomnias.

Why do they happen?

Confusional arousals are common in children. They often happen when the brain is moving between deep sleep and lighter sleep.

They can be more likely when a child is:

- Overtired
- Not getting enough sleep
- Sleeping at unusual times
- Sick or feverish
- Stressed or anxious
- Sleeping in a new place
- Having disrupted sleep
- Breathing poorly during sleep, such as with snoring or sleep apnea

Sometimes there is a family history of sleepwalking, night terrors, or other parasomnias.

Are they dangerous?

Most confusional arousals are not harmful and children often outgrow them.

The main concern is safety. A child may move around without being fully aware, which can lead to falls or injuries.

What should I do during an episode?

Try to stay calm.

Do:

- Speak softly and simply
- Gently guide your child back to bed if needed
- Keep the room quiet and dim

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- Make sure your child is safe
- Let the episode pass

Try not to:

- Shake your child awake
- Yell or turn on bright lights
- Ask lots of questions
- Argue with what your child is saying
- Restrain your child unless needed for safety

Your child may not be able to understand or answer properly during the episode.

How can we make sleep safer?

To reduce the chance of injury:

- Keep the floor clear of toys and clutter
- Use night lights if needed
- Keep windows locked
- Use safety gates near stairs if there is any wandering
- Avoid top bunks
- Keep sharp or breakable objects away from the bed
- Consider a door chime or monitor if your child gets out of bed

How can we reduce episodes?

Helpful sleep habits include:

- Keep a regular bedtime and wake time
- Make sure your child gets enough sleep
- Use a calm bedtime routine
- Avoid screens before bed
- Avoid caffeine
- Keep the room cool, dark, and quiet
- Treat nasal congestion, snoring, or breathing concerns if present
- Help your child use the bathroom before bed
- Avoid very late nights, especially during travel or busy weeks

If episodes happen around the same time every night, your healthcare provider may suggest “scheduled awakenings.” This means gently waking your child about 15–30 minutes before the usual episode time for several nights in a row. Only do this if your provider recommends it.

Keep a sleep log

A sleep log helps your healthcare provider understand the pattern.

Write down:

- Bedtime and wake time
- Whether your child seemed overtired
- Any illness, fever, travel, stress, or big activity that day
- Time the episode started
- How long it lasted

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- What your child did
- Whether your child responded to you
- Whether there was twitching, shaking, stiffening, or unusual movements
- Breathing concerns, snoring, sweating, or colour change
- Whether your child remembered it the next morning
- Any injuries or safety concerns

If possible, a short video of an episode can be very helpful for the healthcare provider. Only record if it is safe to do so.

When to seek urgent medical help

Seek urgent medical care if an episode includes:

- Trouble breathing
- Blue or grey colour around the lips or face
- Prolonged unresponsiveness
- Repeated rhythmic jerking or stiffening
- Loss of bladder or bowel control during the event
- Injury
- A very long episode that does not settle
- Confusion that continues for a long time afterward
- Episodes that happen many times in one night
- Events that also happen during the day

When to follow up with your healthcare provider

Book follow-up if:

- Episodes are becoming more frequent or more intense
- Your child is very sleepy during the day
- There is loud snoring, pauses in breathing, gasping, or restless sleep
- Episodes include unusual movements
- Your child is very frightened by the events
- The family is losing sleep or feeling unsafe
- You are unsure whether these are parasomnias or seizures

Key points

- Confusional arousals are partial awakenings from deep sleep.
- Children may look awake but are not fully awake.
- Most children do not remember the event.
- Safety and good sleep routines are the most important steps.
- A sleep log and video can help your healthcare provider decide if more testing is needed.