

For more information please contact Dementia and Delirium Team on: 0151 676 5253

Delirium & Delirium Prevention

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What is delirium?

Delirium is a state of mental confusion. It is also known as acute confusion. Delirium is a common condition that can come on suddenly, or over a few hours / days. It is a sign that someone is physically unwell. It usually lifts when the condition causing the delirium is treated. Sometimes it can be prevented, but individual circumstances can make you more susceptible to experiencing delirium.

What are the features of delirium?

Features of delirium can include:

- Restlessness and being upset
- Not making any sense
- Poor concentration
- Forgetfulness
- Sluggishness
- Slurred speech
- Seeing or hearing imaginary things
- Mixing up day and night
- Having trouble staying awake
- Being quiet and withdrawn
- Being more alert than normal

Who is at risk of delirium?

People are at risk of delirium if they:

- Are 65 or older
- Have difficulties with memory or understanding (known as cognitive impairment) or have dementia
- Have a broken hip

References

- NICE Clinical Guideline 103. Delirium: diagnosis, prevention and management (2010)
- Royal College of Psychiatrists. Delirium (Patient Information Leaflet) 2009

Useful websites

- British Geriatrics Society (www.bgs.org.uk),
- European Delirium Association
(www.europeandeliriumassociation.com),
- NICE 103: delirium information for the public
(www.nice.org.uk)
- Royal College of Psychiatrists (www.rcpsych.ac.uk)

Pain

- We will ask if you are in pain and, if you have difficulty telling us about it, we will look for signs of pain
- If you are in pain, we will make sure you have the pain relief you need

Prescribed medication

- Some types of medication can contribute to delirium. We will discuss your medication with you and decide whether it is possible to stop any medication that could contribute to delirium

Seeing or hearing properly

- We will ensure you have hearing aids or glasses if you need them

Sleep

- You should be able to sleep at night without being disturbed
- We will try to keep noise to a minimum at night

For more information about your care please speak to the nurse looking after you.

What is it like to have delirium?

You may:

- Behave in ways that are unusual for you. you may be slow or sleepy, you may be agitated.
- Be unable to follow a conversation, you may ramble or jump from one topic to another
- You may not know where you are, you may think you are somewhere else
- You may see people or things which are not there
- You may be more confused at some times than others

What causes delirium?

The most common causes of delirium are:

- A urine or chest infection
- Having a high temperature
- Side-effects of medicine
- Dehydration
- Liver or kidney problems
- Suddenly stopping drugs or alcohol
- Major surgery
- Epilepsy
- Brain injury or infection
- Terminal illness
- Constipation
- Being in an unfamiliar place

Often there is more than one cause and sometimes we do not find what caused the delirium.

How is delirium treated?

If someone suddenly becomes confused, they need to see a doctor urgently.

The person with delirium may be too confused to describe what has happened to them, so it is important that the doctor can talk to someone who knows the patient well.

To treat delirium, you need to treat the cause. For example, an infection may be treated with antibiotics.

Sometimes people with delirium can become distressed and can behave in a way that is thought to be a risk to themselves or others. In this case we will try to calm and reassure the person without the use of medication.

However, sometimes this may be inappropriate or may not work.

In these cases we may need to use medication. If medication is required, it will be reviewed regularly and should usually be administered for a week or less. In these cases we will take into consideration the person's medical history.

How long does it take to get better?

Delirium usually gets better when the cause is treated.

You can recover very quickly, but it can take several days, weeks or months.

People with dementia can take a particularly long time to get over delirium.

Most people will slowly get better, but if you are concerned, please speak to your GP.

Drinking and eating enough

- We will encourage you to drink so you do not become dehydrated or constipated. If necessary, you can be given fluids through a drip
- If you wear dentures, we will make sure they fit properly
- We will encourage relatives or friends to visit at meal times and to help when appropriate

Difficulty breathing

- We will check to make sure you are getting enough oxygen and you will be given extra oxygen if required

Infection

- If you have an infection we will identify and treat it
- You will not be offered a urinary catheter, unless absolutely necessary
- We will follow advice published on infection control

Staying physically active

- We will encourage you to walk around if you can, and give you walking aids if you need them
- We will show you exercises to help reduce stiffness and keep your joints flexible whether you can walk or not

Eating enough

- Bring in dentures and encourage your friend/relative to wear them
- Tell us about any food likes and dislikes
- If your relative/friend is reluctant to eat or needs help eating, sit with them at mealtimes to encourage them to eat. You can talk to us about arranging this
- Bring in snacks that you know they enjoy

What should staff do?

Patients at risk of delirium;

- Should not be moved to a different room, ward, or bed on a ward unless absolutely necessary
- Should be looked after by a team of professionals they are familiar with
- Should have a health check to find out about any problems that could contribute to delirium developing

Keeping mentally active

- We will talk to you and explain who we are and what care we are giving you
- We will make sure you understand where and who you are and what is happening to you
- We will work with you to improve your understanding and memory
- Family and friends should be able to visit regularly
- There should be appropriate lighting and signs should be clear
- You should easily be able to see a clock and a calendar

How will I feel afterwards?

Sometime you may not remember what has happened, particularly if you had memory problems beforehand.

Some people may be left with unpleasant and frightening memories.

This could be a family member, a carer or your doctor.

The team caring for you will be able to explain to you what has happened and why.

We encourage patients, relatives and carers to talk openly about their experiences following delirium.

Will it happen again?

It may happen again if you become medically unwell again.

However, if medical problems are recognised and treated early this may be prevented.

Preventing delirium

An older person's risk of developing delirium in hospital is reduced if they keep mentally and physically active, can see and hear properly and can eat and drink enough.

There are things you and your relatives/friends can do to help reduce the risk of developing delirium.

What can I do?

- Keep as mentally and physically active as you can. For example, read or do a puzzle. If you can, get up for a walk.
- Try to make sure you wear your glasses and hearing aids if you use them.
- Tell us if you are in pain, are constipated, have trouble sleeping or have any worries or concerns.

What can my relatives/ friends do?

Tell us if you think your relative/friend seems different from their normal self. This could indicate delirium.

The earlier delirium is identified, the earlier it can be managed.

What can my relatives/ friends do to help?

Seeing and hearing properly

- Bring in glasses and hearing aids
- Check glasses are clean
- Check hearing aids are working
- Encourage their use

Staying physically active

- Encourage your relative/friend to walk with you around the ward if they can do this safely. Check with staff if you are unsure about this: they will be happy to advise you
- Talk to us about how you can help with exercises and safe activities

Keeping mentally active

- Arrange for familiar people to visit
- Talk about current events and surroundings
- Engage in some enjoyable activity together, for example, puzzles, cards, bring family photos to reminisce about
- Bring in items that can help occupy the day e.g. magazines, books, handicrafts

Drinking enough

- Offer and encourage a drink when you visit
- Provide a supply of drinks that you know they enjoy
- Tell us about their preferences