

# Delirium

Information for patients, relatives and carers



**Nursing and Patient Experience**

## What is delirium?

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Delirium is a word used to describe a condition of severe confusion. It often starts very suddenly and may occur when someone is very ill or after they have had surgery. The signs and symptoms of delirium can change from one day to the next. Although they will usually, gradually improve after a few days or weeks with the appropriate treatment.

Delirium is not the same as dementia. However, people who are frail and / or may have an undiagnosed illness or who have a cognitive impairment or dementia are more likely to develop the condition when they are ill. People living with a cognitive impairment or a dementia can take a particularly long time to recover from delirium.

People who develop delirium can be at risk of other problems such as falls and they may need to stay for longer in hospital.

## What causes it?

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It often has more than one cause which can make it difficult to diagnose and treat. Sometimes the cause is not found. Some of the common causes of delirium are listed below:-

- Infection – for example urinary / chest infection
- Side effects of some medications
- Dehydration (not drinking enough)
- Suddenly stopping / withdrawing some drugs or alcohol
- Uncontrolled pain
- Heart disease (for example heart attack, heart failure)
- Lung disease (for example when there are low oxygen levels in blood)
- Stroke
- Major surgery
- Epileptic seizures
- A disproportion of natural chemicals in the body (salt and calcium)

It can be made worse by poor eyesight or hearing, constipation, pain, poor nutrition and unfamiliar surroundings.

## Who is at risk of developing it?

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Although the condition can affect anyone it is more likely to occur:-

- In people over the age of 65 years (40% of elderly patients may become delirious in hospital).
- In people who have either a cognitive impairment, a dementia or who have had delirium before.
- When the person becomes very unwell, particularly if they are being treated in the Intensive Care Unit (ITU) or the High Dependency Unit (HDU)
- In people who have had surgery, especially hip or heart surgery.
- In people who are nearing the end of their life.

## What are the signs or symptoms?

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Delirium is not a mental illness although the symptoms may be similar.

People with delirium often become confused and disorientated. They can have problems focusing and they may have trouble recognising familiar faces (even close family members). Sometimes people may behave out of character and they can have hallucinations (see or hear things that are not really there). People with the condition may be restless and tense (which can be frightening to those around them) or they may be unusually drowsy, quiet and lose interest in doing activities that they would normally do.

If you notice a change in your relative's or friend's condition / behaviour please notify a member of staff.

**The following examples have been provided through patient and carer stories as examples of what might happen if someone is suffering from delirium...**

***“After my dad had his operation he said that he was worried and frightened because he was talking to and seeing people that weren’t really there”.***

***“After her hip operation, my mother became very confused and aggressive. She kept pulling out her drip and shouting at the nurses. It was a shock as she is usually so polite.”***

***“We can often tell that my father is getting a urinary infection because he starts to get slower and becomes quiet and withdrawn. He also sleeps much more.”***

***“My wife has mild dementia, but we usually manage fine at home. She still recognises most of our neighbours and friends. When she was in hospital though, she didn’t even recognise me or our daughter.”***

***“The nurses told me that my grandmother had been up all night, wandering around the ward and trying to leave. However, when I visit her on the ward in the daytime, she is nice and quiet and seems okay.”***

***“In the days leading up to my father’s death, he became very confused. He was sleepy at times, and agitated and restless at other times. The nurses gave him medication to help control his symptoms.”***

Permission given by Guys and St Thomas’ NHS Foundation Trust to use this extract from their Delirium leaflet 2012

## How is it managed?

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The doctors and nurses will do tests to find the cause or causes for the delirium and will then start the appropriate treatment, for example antibiotics for infection.

When caring for a patient who has delirium it is important to make sure that the person is as comfortable as possible and that they are cared for in a supportive, calm, quiet place. We try not to move patients with delirium between or around the ward because this can make the person more confused. However, unfortunately sometimes we do have to move people with delirium for example when we have to abide by infection control rules. If we have to move the person with delirium we will try to do this during the daytime which is less likely to add to their confusion.

Our nursing staff will assess, encourage and monitor the person with delirium to ensure that they eating and drinking appropriately, that their pain is being controlled and that they are not constipated.

We will also try to get the person up and moving as quickly as possible. If appropriate the person will be assessed by the physiotherapist and if required they will have physiotherapy to help get them back on their feet.

Sometimes the person may be referred to the Psychiatric Liaison Team.

This is a team of doctors and nurses who can provide expert advice and treatment when dealing with patients with delirium, dementia and / or other mental health problems. Occasionally and on a short term basis (for example when a patient is upset or a danger to themselves or others) the doctor may prescribe a sedative or medication whilst the cause of the delirium is being treated. This medication will be monitored and reviewed by the doctor prior to discharge.

## What can I do to help?

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It is important that the doctors and nurses know about the person with Delirium including any medication they are taking and their usual state of mind. Our staff will ask you to complete a document called This is me, my care passport.

### This is me My Care Passport

It should be kept with me and brought with me into any care setting, including hospital.



Click here to add your photo from your computer

**My name is:**

**I like to be known as:**

Please return my passport to me when I go home.

This is essential reading for all staff working with me. It gives important information about me. This passport should be kept visible and used when you talk to me or think about me.



Things you must know to keep me safe



Things that are important to me



My likes and dislikes

This passport is a pdf file that can be typed into, saved and updated using Adobe Acrobat Reader. Go to: [www.surreyhealthtrust.org](http://www.surreyhealthtrust.org) to download if free of charge. You could also print it off and write on it.

The information in this document helps our staff to provide care that is specifically tailored to the person with the delirium.

Families and carers can also help the person with delirium by:-

- Ensuring that familiar people (family and friends) visit regularly. This helps to calm, orientate and reassure them. This is often most important during the evening, when confusion can often get worse.
- Ensure that the person has their usual glasses, working hearing aids and dentures with them.
- Talk slowly and clearly about familiar, non-threatening topics and use a calm, reassuring tone of voice.
- When giving information or instruction, please break the information down into one fact or one instruction at a time.

- Remind them often where they are and what the time and date is.
- During visiting time, keep the number of visitors to a minimum; avoid long tiring visits, loud chatter and laughter.
- If they have hallucinations, explain that they are not real and be reassuring. If they insist that the hallucinations are real do not argue as this may make matters worse.
- Help them to eat and drink.
- Bring in familiar objects from home for example photographs or mementos that can help reassure them.
- Please talk to the ward staff if you would like any advice or have any concerns, worries or difficulties about the person who has delirium.

## **How long will the Delirium last?**

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Generally the delirium will gradually improve over the first few days once the cause has been identified and the appropriate treatment started. However, delirium can last for anything up to three months or longer. Sometimes people with delirium do not always return fully to their previous level of functioning once the cause(s) of the delirium have been treated, (Siddiqi, House and Holmes, 2006).

## **How will the person feel afterwards?**

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Having this condition can be very upsetting, and worrying not only for the person with delirium but also their families, friends and carers.

The person may not remember what has happened, particularly if they have had memory problems / dementia prior to the delirium. Sometimes people can be left feeling frightened or have unpleasant memories and may recall that they were confused or 'behaved oddly'.

It can be reassuring for the person who suffered with the delirium to talk to a doctor or nurse and be given an explanation as to what happened to them.

## **Follow up care**

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When you go home your GP will receive a letter telling them why you were in hospital, what treatment was given and the medication you have been prescribed to take home.

People that have suffered with delirium are more likely to have it again if they become unwell. It is important that someone knows the warning signs/symptoms and if they are worried to contact the persons GP as soon as possible.

## **What should I do if I have a concern or complaint about the care my relative or friend is receiving?**

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In the unfortunate event that you have a concern or a complaint about the care that your relative is receiving please contact the senior nurse on the ward.

## **Where can I find further information about delirium?**

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European Delirium Association:

[www.europeandeliriumassociation.com](http://www.europeandeliriumassociation.com)

Delirium: Prevention, Diagnosis and Management (published 2010 and reviewed 2015)

<https://www.nice.org.uk/Guidance/CG103>

The Royal Surrey County Hospital cannot accept responsibility for information provided by other organisations.

## Reference source(s):

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- NICE Guidelines CG103 (2010) Delirium: Diagnosis, prevention and management
- Royal College of psychiatrists (2012). Delirium Information Leaflet
- Siddiqi N, House, A and Holmes, J (2006) "Occurrence and outcome of delirium in medical in-patients: a systemic literature review". Age and Aging 35 :350-364



## Contact details

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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