

Understanding Delirium for Patients, Relatives & Carers

An information guide



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What is delirium?

Delirium is a change in a person's mental state or consciousness, which is often shown as confusion, difficulties with understanding and memory, or personality changes. There are different kinds of delirium – some people may be agitated and restless or have delusions and hallucinations, others may just become unusually sleepy.

Delirium is a common and serious condition which can affect people in hospital. However, it can be prevented and treated if dealt with urgently.

It usually develops over 1 or 2 days and is usually temporary. Some people may have delirium when they first come to hospital, or it may develop during a hospital stay.

People who develop delirium can be at risk of other problems such as falls and pressure sores. People who are already in hospital may need to stay for longer and are more likely to go into long-term care.

Who is at risk of developing delirium?

You are at risk of delirium if you are 65 or older, already have difficulties with memory or understanding (known as cognitive impairment) or have dementia, have a broken hip, or are seriously ill.

When you go to hospital you should be assessed to see if you are at risk of developing delirium. This is so that your care team can try to stop delirium developing

Finding out if you have delirium

Whilst in hospital you should be assessed daily to see if your behaviour has changed in a way that suggests you might have delirium. You and your family or carers should be asked about these changes, which might be:

- In the way you understand things or make decisions (for example, reduced concentration, slower responses, increased confusion)
- In what you think you hear or see (for example, hallucinations)
- How you behave physically (for example, if you are moving around less, if you are restless or agitated, if your appetite changes, or if your sleep is disturbed)
- In the way you behave socially (for example, changes in what you say to people and how you say it, if you are unusually quiet and withdrawn, or changes in your mood or attitude).
- If changes in your behaviour are noted, you should have a formal assessment to confirm whether or not you have delirium. This involves asking you specific questions to test your responses. If delirium is diagnosed, this should be recorded in both your hospital records and your GP's notes.

Preventing delirium

If you are at risk of delirium you should not be moved to a different room, ward, or bed on a ward unless absolutely necessary because you could become confused about where you are. You should be looked after by a team of professionals you are familiar with.

Confusion

To help stop you being confused about where you are there should be appropriate lighting where you are staying and any signs should be clear (for instance, showing where the toilets are). You should also be able to easily see a clock and a calendar.

Your care team should talk to you and explain who they are, and what care they are giving you. They should make sure you understand where and who you are, and what is happening to you. They should also work with you to improve your understanding and memory. Family and friends should also be able to visit regularly.

Dehydration, poor diet and constipation

You should be encouraged to drink so you don't become dehydrated or constipated. If necessary, you can be given fluids through a drip.

If you have problems with your diet (for instance, if you are not eating enough or the right kinds of foods, or have problems eating or swallowing), your care team should provide further support.

Difficulty breathing

You should be checked to make sure you are getting enough oxygen and be given extra oxygen if you are not.

Infection

If you have an infection it should be identified and treated.

Difficulty moving around

You should be encouraged to walk around if you can, and be given walking aids if you need them. If you have had an operation, you should be encouraged to get moving as soon as possible. You should be shown exercises to help reduce stiffness and keep your joints flexible – these can be done whether you can walk or not.

Pain

You should be asked if you are in pain and, if you have difficulty telling your care team about it, signs of pain should be looked for. If you are in pain your care team should make sure you have the pain relief you need.

Prescribed medication

Some types of medication can contribute to delirium. Your healthcare team should discuss with you what medication you are taking and decide whether it is possible to stop any medication that could contribute to delirium.

Difficulty hearing or seeing

If the cause of your hearing or sight problems can be treated, it should be (for instance, if your ears are blocked with wax). You should have hearing aids or glasses if you need them.

Sleep

You should be able to sleep at night without being disturbed so noise should be kept to a minimum during this time. Medication rounds and nursing or medical procedures should be timed so that they don't disturb your sleep, if possible.

Treating delirium

If you are diagnosed with delirium, your care team should find out what could be causing the delirium and treat it (for example, a urine infection).

Your care team should explain what is happening and what treatment you are having. Your family, friends or carers may be able to help with this. It is also important that while you are being treated for delirium, you are not moved to a different room, ward, or bed unless necessary because you could become confused about where you are. You should be looked after by a team of professionals you are familiar with.

Occasionally 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 the care team should first try to calm them down without using medication. If this doesn't work or if it isn't appropriate, treatment with medication may be used but this should usually be for 1 week or less. These medications can reduce the severity of delirium in some people. They should be used with caution in people who have particular illnesses, such as Parkinson's disease or a type of dementia called dementia with Lewy bodies.

If a person's delirium does not get better, despite treatment, they should be assessed again to see if any underlying problems were missed the first time. They should also be assessed for Dementia

More information

The organisations below can provide more information and support for people with delirium or at risk of delirium. The Northern Care Alliance is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Alzheimer's Society - www.alzheimers.org.uk

Telephone: 0845 300 0336

The Intensive Care Society (ICS) - www.ics.ac.uk

Telephone: 020 7280 4350

ICU steps - www.icusteps.com

You can also go to **NHS Choices** (www.nhs.uk) for more information.

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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