

What is Delirium?

Delirium (acute confusion) is a common medical problem that is described as changes in mental function. It occurs more often in older people.

With delirium people are confused and may be either very agitated or quiet and drowsy.

The onset of delirium is always sudden. It usually only lasts for a few days but may continue for longer periods of time.

Who is at risk of developing delirium?

People who:

- Are very unwell
- Have memory problems or dementia
- Are 70 years of age or more
- Suffer from depression
- Have eyesight problems
- Are taking lots of medicines
- Are having surgery e.g. heart or hip surgery
- Patients who have neurological problems e.g. stroke, Parkinson's disease or head injury

What are the symptoms of delirium?

People with delirium may:

- Appear confused and forgetful
- Be unable to pay attention
- Be different from their normal selves
- Be either very agitated or withdrawn and quiet
- Be disorientated, unsure of the time, day or where they are
- Have changes to their normal sleeping habits e.g. staying awake at night and being drowsy during the daytime
- Feel emotional, fearful, irritable, angry or sad
- See things that are not there, but that seem real to them
- Lose control of their bladder or bowels

Delirium can lead to serious complications e.g. falls, pressure ulcers or a longer length of stay in hospital.

What causes delirium?

Common causes of delirium in older people include:

- Infection
- Multiple physical illnesses
- Constipation
- Dehydration or malnutrition
- Severe pain
- Medications, including 'over the counter' medicines
- Withdrawal from medications, particularly sleeping pills
- Heavy alcohol consumption or withdrawal from alcohol

How does delirium start?

The symptoms happen very quickly, usually over hours or days. The person's behaviour can also vary during the course of a single day.

How long does delirium last?

Delirium usually only lasts for a few days but sometimes it will continue for weeks or even months.

CCDHB commitment to patients, their relatives and carers

- We will try to find and treat any causes of delirium e.g. infection
- We will make sure the patient is pain free by looking for non-verbal signs of pain e.g. facial expressions
- We will try to avoid sedating the patient and wherever possible we will manage any agitated behaviour without using medicines. However medication may

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sometimes be necessary to avoid harm to the patient or others, or enable us to provide essential treatment

- We will make sure the patient knows what day and time it is by having clocks showing the correct date and time in their room. You may be able to help by bringing in daily newspapers, telling them what day and time it is or by reassuring them that they are being cared for in hospital
- We will have the patient's name clearly visible above their bed
- We will take care to reduce the risk of any patient falling while they are staying in the ward
- We will make sure the patient has enough fluids so they do not become dehydrated or constipated

How can I help someone with delirium?

- Visit them as often as you can. They find it reassuring to see familiar people. Try to limit visitors to one or two at a time
- Identify yourself and address them person by their name
- Talk slowly and clearly about familiar, simple things. Avoid too much chatter or noise e.g. music, laughter or TV
- Use a calm tone of voice and a sense of humour. You may need to repeat yourself
- A gentle touch can also reassure and calm
- Encourage and assist help someone with delirium them to drink plenty of fluids and to eat well
- Knowing the time of day can help reduce confusion. Remind them where they are and what day and time it is
- Bring in their glasses or hearing aids (if needed and help them to put them on
- If they are agitated or aggressive, do not try to restrain them. Let them walk around if they want to, making sure they are safe. Call staff for help if you need to
- Bring personal items that help remind the person of home, such as photos, their

dressing gown, radio or any portable device that they use to play their favourite music

- Let the staff know of any special personal information that may help calm or orientate them e.g. names of family, friends, hobbies and significant life events
- Ask the staff if there is something you can do to help. Sometimes one person staying quietly in the evening may help the person go to sleep
- Keeping a person moving can help resolve delirium. However as delirious patients are at high risk of falls please check with the nurse first to see how you can help

Note

People with delirium may behave out of character, saying and doing things that are upsetting or embarrassing. Try not to take any of this personally, it is a common part of the condition and will resolve as the delirium settles.

Try to steer a person with delirium in the right direction without arguing with them.

The ward team are here to help do not hesitate to ask to speak to someone if you need them

Contact us

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