

Delirium

Information for patients, relatives and carers

What is delirium?

Delirium is a condition where people have increased confusion, changes in thinking and a reduced attention span. Symptoms can develop quickly and often fluctuate during the day and night. Delirium is also called 'acute confusion'. It is curable, and at times preventable, but if undetected it can be a life-threatening condition.

How common is delirium?

It is quite common, affecting around 1 in 10 of patients in hospital. It can affect anyone of any age. Delirium is more common for people in certain situations, for example, if they need intensive care, have a hip fracture, or have surgery to arteries or veins. It is also more likely to affect older people being treated for a medical condition. People living with dementia are at a high risk of developing delirium.

What are the symptoms of delirium?

People are affected in different ways but people with delirium can:

- Become restless, agitated or may appear aggressive.
- Be withdrawn, quiet or more sleepy.
- Be less aware of what is going on around them or where they are.
- Struggle to think clearly.
- Find it hard to concentrate, for example keeping track of a conversation.
- Hear or see things that aren't there.
- Have vivid dreams.
- Be more confused at certain times of day, especially in the evening and at night time.
- Feel an urge to wander around.
- Suddenly not be able to control their bladder or bowel movements.

Who gets delirium?

It can happen to anyone but there are some things that put a person at higher risk of developing delirium.

These include:

- Older age
- A diagnosis of dementia
- Having a lot of other health problems
- Being in hospital with a broken hip or serious illness

If someone has dementia, the symptoms of delirium can sometimes be mistaken for the dementia getting worse, but this is not likely. Therefore, it is important to recognise and treat delirium

What causes delirium?

Delirium has many causes. Often more than one thing can lead to a person developing delirium.

Some causes are:

- Infection (e.g. urine or chest infection)
- Dehydration and/or malnutrition (not eating and drinking enough)
- Pain
- Medicines (e.g. codeine, morphine, diazepam)
- Constipation
- Being unable to pass urine
- Being in an unfamiliar place
- Sleeplessness
- Surgical problems (such as appendicitis)
- Alcohol use or withdrawal
- Fever

How is delirium diagnosed?

Delirium is diagnosed by identifying that the symptoms of it are present, and can't be explained in other ways. In this hospital we screen patients aged 65 and over for possible delirium by asking a relative or carer if the person has become more confused in the last 3 days.

If delirium is suspected, tests will be carried out to look for possible causes. For example, blood tests, urine tests, a heart tracing (ECG), and X-rays. If you notice symptoms of delirium please let a doctor or nurse know immediately. You may wish to show them this leaflet to help explain your concerns.

Is a brain scan needed?

Brain scans don't usually help to find a cause for delirium so they are not usually needed. In some situations a brain scan may be helpful, for example, after a head injury.

How is delirium treated?

There is evidence that delirium can be prevented by targeting the potential causes. For example, avoiding unnecessary urinary catheterisation to reduce the risk of infection, avoiding constipation and encouraging good food and fluid intake.

Any drugs that may be contributing to delirium should be reviewed.

Ward and bed moves should be avoided where possible.

To prevent delirium:

We will try to avoid using any medical equipment that may disturb patients, such as urinary catheters (small tubes inserted into the bladder to help patients pass urine without leaving their bed) or intravenous cannulas (drips) unless they are necessary for their treatment.

We will make sure the patient has enough fluids so they do not become dehydrated or constipated. Please let staff know if you think your relative is constipated.

We will ensure that the patient has enough food. We will check that they can feed themselves, and also find out if they have any favourite foods to encourage them to eat. You can also help by bringing in preferred snacks and food. A member of staff will assist patients who are unable to feed themselves.

We will make sure that the patient has easy access to their glasses, hearing aids or any other aids they need. Please bring in any aids that your relative might have left at home.

We will try to get the patient up and moving about as quickly as possible. If necessary they will be given physiotherapy to help them get mobile again.

We may ask you to bring day clothes, including sensible shoes that fit. This helps people with delirium to differentiate between night and day, and to feel more comfortable in the hospital environment.

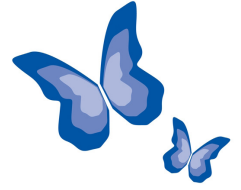
We will avoid moving patients around the ward or to another ward where possible. However, some moves, for example to comply with infection control requirements, may be unavoidable.

We will try to keep the patient stimulated through low-level activity such as listening to the radio or television. You can help by talking to your relative or friend about their past experiences and memories as this may be calming and reassuring for them. You may even want to bring some photographs or any other mementos.

We will ask you to complete a 'see who I am' information sheet. This will help staff to understand the individual needs of your relative or friend, and enable them to provide dignified and person centred care. Please ask a member of staff who will be happy to help you to fill it in.

The Butterfly Scheme

The Butterfly Scheme makes sure that hospital staff can identify each person with, or at risk of, delirium so that they can provide special care. The scheme is summarized in an information leaflet. Please ask staff for a copy of the leaflet.



How can relatives and carers help someone with delirium?

- Keep calm and speak in short, easy to understand sentences.
- Remind them where they are and why they are there.
- Reassure them.
- Don't argue with them.
- Remind them of the date and time, and make sure they can see a clock and calendar if possible.
- Encourage them to eat and drink – bring them food/drinks if that helps.
- Bring some familiar photos or objects from home.
- Limit the number of visitors and reduce noise as much as possible – stimulating the person too much can make things worse.

If someone has delirium and is behaving with agitation or aggression, what will help?

We aim to treat the symptoms that cause delirium because these can contribute to agitated or aggressive behaviour.

We welcome relatives and carers to visit regularly and stay with the patient because patients often feel very frightened when they are in hospital. Visits are not restricted to visiting time.

If the person is very aggressive and may be a risk to themselves or others, they might be prescribed some medicine for a short time to help calm them down. This type of medicine is called a sedative.

This is the last resort and will only be used:

- So that essential tests can be done
- To give essential treatments
- To protect the patient or others from harm

If this type of medicine is needed the lowest possible dose will be given for the shortest possible time.

How long does delirium take to get better?

Once the cause of the delirium is found and treated, most people start to improve within a few days. For a small number of people delirium may take weeks, or occasionally even months, to get better. People who also have dementia are more likely to take longer to get better.

Some people who have delirium might continue to have symptoms. This might be a sign of early dementia. If so, the person's GP will be asked to refer the patient to the memory clinic for a full assessment.

If a person has had one episode of delirium they are more likely to have another one in the future.

What about when patients leave hospital?

Some patients may still be a little more confused or less able than usual to carry out their daily tasks when they leave the hospital, and in a small number of cases the symptoms do not completely go away. When planning for a patient to leave hospital, we will arrange a follow-up appointment for them and ensure they receive the right level of support.

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

We encourage patients and relatives to talk openly about their experiences following delirium as this may help to speed up the patient's recovery.

This leaflet has been produced to give you general information about delirium. If you have any other questions please do not hesitate to discuss this with a member of the healthcare team who has been caring for your relative or friend.

For more information about delirium:

National Institute for Health and Care Excellence (NICE) information for people with delirium, carers and those at risk of delirium:

<http://www.nice.org.uk/guidance/CG103/InformationForPublic>

Royal College of Psychiatrists information leaflet:

<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/delirium.aspx>

If you have any comments about this leaflet or the service you have received you can contact:

Nurse Consultant for Older People
Huddersfield Royal Infirmary
Telephone No: 01484 355819

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

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