Calderdale and Huddersfield
NHS Foundation Trust

Delirium

Information for patients, relatives and carers

What is delirium?

Delirium is a sudden change in the way a person thinks and understands what is happening around them. It can cause confusion, difficulty focusing or thinking clearly. These symptoms can appear quickly often within a few days and may come and go throughout the day or night.

Delirium is sometimes called **"acute confusion".** It is often **treatable** and sometimes **preventable**, but if it's not recognised and treated early, it can become serious or even life-threatening.

How common is delirium?

Delirium is quite common — it affects about **1 in 4 people in hospital**. Anyone can get delirium, but some people are more likely to experience it. Delirium is more common in:

- People who are **older** or **frail**
- People who have **dementia** or other memory problems
- People with **learning disabilities** or **sensory difficulties**
- Patients who have been **intensive care** or have had **surgery**
- Anyone who has had **delirium before**

What are the symptoms of delirium?

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

- Be restless, agitated or may appear aggressive
- Be withdrawn, quiet or appear more sleepy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 (hallucinations)
- Have Vivid Dream
- Feel an urge to walk around
- Be more confused - which may be worse at different times of the day
- Have changes to their behaviour

compassionate care

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
- Frail people
- Having lots of health problems
- Being in hospital with broken hip or another serious illness

If someone has dementia, the symptoms of delirium can sometimes be mistaken for the dementia getting worse. It is important to recognise and treat delirium: a sudden change in confusion is likely to be a delirium.

What causes delirium?

Delirium has many causes.

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
- Surgery
- Alcohol use or withdrawal
- Fever
- Falls
- Changes to environment

How is delirium diagnosed?

In this hospital, we use a simple test called the **4AT** to help check for signs of delirium. We also talk to a **relative or carer** to find out if the person has become more confused over the past few days.

If delirium is suspected, doctors will do some **tests** to find the cause. These may include:

- Blood tests
- Urine tests
- A heart tracing (ECG)
- X-rays
- Head scan

If you notice any signs of delirium, please tell a **doctor or nurse** straight away, you can also **show them this leaflet** to help explain what you've noticed. In the community, please contact your GP.

How is delirium treated?

Sometimes delirium can be **prevented** by reducing the risk of possible causes. For example:

- Preventing constipation
- Encouraging good food and fluid intake to stay well hydrated and nourished
- Ensuring pain is managed

Doctors and nurses will also **review any medicines** that might make confusion worse. Whenever possible, we try to **avoid moving patients between wards or beds**, as this can sometimes increase confusion.

To prevent delirium:

How we help prevent and manage delirium

To help patients stay well and reduce the risk of delirium, we will:

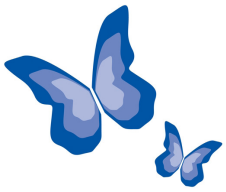
- **Limit medical equipment** such as urinary catheters (small tubes to help pass urine) or IV drips unless they are really needed.
- **Make sure patients get enough fluids** to prevent dehydration or constipation. Please tell staff if you think your relative may be constipated.
- Assess and **manage pain.**
- **Support nutrition and eating:** We will check if patients can feed themselves and find out their favourite foods. You can also bring in preferred snacks or meals. Staff will assist anyone who cannot feed themselves.
- **Provide necessary aids:** We will make sure patients have easy access to glasses, hearing aids, or other equipment. Please bring in any aids your relative uses at home.

- **Encourage movement:** Patients will be helped to get up and move as soon as possible. Physiotherapy may be provided if needed. Please bring day clothes and sensible shoes, which help patients feel more comfortable and distinguish between day and night.
- **Minimise ward moves:** Patients will be moved only, when necessary, for example for infection control.
- **Provide gentle stimulation:** Low-level activities, like listening to the radio or TV, can help. You can also talk with your relative about their life, bring photographs, or other personal items to help them feel calm and reassured.
- **Complete a 'See Who I Am' care plan:** This helps staff understand your relative's personal needs and provide care that is respectful and tailored to them. Staff will be happy to help you 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.
- 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. Please ask about the Keep Carers Caring campaign for information about carers lanyards, and how to stay overnight alongside your relative.

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 a 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 months to get better. Those with a diagnosis of dementia or a cognitive impairment may take longer to recover from a delirium.

Some people who have had delirium might continue to have symptoms. This might be an early sign of a memory impairment. If so, please speak to your GP who may refer to the memory clinic for a full assessment if needed.

A person who has had delirium, can be more at risk of having delirium 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. Being in a familiar environment is beneficial for someone with delirium.

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

Family Course on Delirium
https://deliriumsupport.com/course-for-families/

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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