

Delirium

Information for relatives, carers and patients

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Part A

Introduction

This leaflet explains more about delirium, its symptoms, what can be done to help avoid it and how to manage it when it happens.

It aims to help relatives or carers of people who have suffered from delirium understand the condition better and to provide a guide as to the important role they can play.

It may also be useful to some people who have suffered from delirium.

If you have any further questions please speak to a doctor or a nurse.

What is delirium?

Delirium is a common condition that usually affects peoples' brains for a short period of time.

It can cause a number of problems. Confusion is common, and people who are delirious often find it difficult to concentrate. They may be particularly drowsy, or alert and agitated. There may be a complete change in personality, or unusual behaviour. Sometimes people may not recognise even their closest family. They may become paranoid, developing an extreme fear or distrust of others, and they may have hallucinations (seeing or hearing things that are not there).

Up to one in three people admitted to hospital become delirious at some time during their stay.

Usually it gets better. In around half of people the symptoms disappear within six days. Others may still continue to experience some symptoms when leaving hospital. A small number will suffer from delirium more than a month after they first experienced the symptoms. It is always a serious condition and while many people make a complete recovery, some people unfortunately do not get completely back to how they were.

Delirium often has multiple causes, which can make it difficult to recognise and treat.

The chances of suffering from delirium increase with age. People who are over 80 years old, and have already been diagnosed as having some form of dementia, are particularly at risk. However, delirium can occur in younger patients as well, especially in a major illness or after surgery.

Delirium is a condition that can be frightening for those suffering from it, their carers and relatives. Not everyone remembers delirium, but those that do may find the memories distressing.

Relatives and carers have an important role to play, not only in helping prevent delirium when people are admitted to hospital, but also in helping to manage it, if it occurs.

The following quotes offer examples of what might happen if someone is suffering from delirium:

"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. We were told the slowness, quietness and withdrawal are actually delirium symptoms that have happened as a result of a urinary infection".

"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."

"My father 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."

How do I know if someone is delirious?

There are a number of symptoms that can help a relative or carer recognise delirium. These include:

- **A sudden change** or worsening of mental state and behaviour over a short period.
- **Disorientation.** People will sometimes not know where they are, or what time of day it is.
- **Unusual thoughts.** People may become paranoid and distrustful of the people around them. These thoughts can sometimes become quite hurtful and distressing.
- **Poor concentration.** People may find it difficult to follow what is being said to them.
- **Memory loss.** Short term memory in particular. People with delirium may not remember what has happened or where they are.
- **Sleepiness** – which can be excessive.
- **Agitation or restlessness** – people may shout or become aggressive. They may get out of bed unexpectedly, increasing the risk of falling.
- **Hallucinations** – for example seeing and hearing things that are not there.
- **Changeability** – delirium can change within the space of a day. People may be delirious, then appear normal, then be delirious again. Often symptoms are worse at night.
- **Physical changes** such as reduced appetite, mobility or swallowing.

If you see any of these symptoms, please alert a doctor or nurse. Relatives and carers are often the first to notice subtle changes.

Part B

How can I prevent delirium?

Certain people are more at risk from delirium than others. You may have been given this leaflet because there is a risk you or your relative will become delirious as part of an admission to hospital. Although delirium cannot be prevented in everyone, there are things that can be done to help reduce the risk.



If you smoke, talk to a doctor or nurse about nicotine patches while you're in hospital as nicotine withdrawal can contribute to delirium.



If you drink several alcoholic drinks most days, discuss it with a doctor or nurse as alcohol withdrawal can cause delirium.



If you need glasses or hearing aids, please ensure you have them with you. People with hearing and vision problems are more at risk of delirium.



Good sleep helps protect you from delirium. Sleep can be difficult in hospital, but an eye-mask or ear plugs may help. If you don't have any, ask a nurse. Try to avoid caffeinated drinks in the evening.



Try to stay mobile – this is especially important after surgery. You may be able to walk about or do mobility exercises in a bed or chair. Discuss your mobility with your nurse or a physiotherapist.



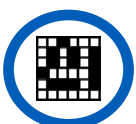
Drinking and eating enough is important to prevent delirium. If you need dentures, please ensure you have them. Discuss your fluid intake with a doctor or nurse if you have heart or kidney failure.



Try to avoid constipation by eating plenty of fruit and vegetables and staying as mobile as you can. You can ask for laxatives.



Discuss your medication regime with your doctor – many drugs such as strong painkillers, sedatives and bladder medications can contribute to delirium as a side effect, and adjustments may be necessary.



Anything interesting or enjoyable stimulates the brain and can help prevent delirium – consider what you may enjoy, such as reading or puzzles. Visits from family and friends may also help.

Part C

What can I do when someone is delirious?

It can be very distressing to see someone you know with delirium. However, there are a number of measures that can be taken by the doctors and nurses, as well as friends and family that can help people when they are delirious.



The first thing to do is to inform the nurse or a doctor looking after the person. They may not have been aware that anything was wrong, and friends and family may be the first to notice subtle changes.

The doctors and nurses will test for and manage any causes of delirium that can be treated, such as infections, abnormal blood results, constipation, the inability to pass urine, dehydration or the side effects caused by different medications.

In some cases it might be necessary to give calming or sedating drugs, especially if the person remains extremely distressed or unsafe because of their delirium after everything else has been tried.



If you can, visit often. Talk to the nurses about coming outside of visiting hours. Just being with them is likely to be very reassuring and help in the treatment of the delirium.



If the person needs their glasses, hearing aids or dentures, please make sure they have them. In addition, please consider bringing in any familiar items such as photos of loved ones or other comforting objects.



Stimulating activities can help delirium. Reminiscing about the past can be beneficial, as can radio or television. If they are well enough, a short supervised trip out of the ward might help – discuss this with the nurses.



Eating and drinking well is important in delirium recovery. We will try to ensure mealtimes are supervised if necessary but if there are any favourite or comforting foods, please bring them in.



If the person is a heavy smoker, drinker or regularly uses sleeping pills or sedatives, please let staff know. Sometimes withdrawal from these drugs can worsen delirium and specific treatments may be needed.



Please feel part of the team. Your contribution to the delirium care is very important and, as you know the person best, your insights into who they are and what might work may be very helpful to all the staff.



We would be grateful if you could fill in **Getting to know you** (Part E) and give it to a member of staff to allow us to deliver care that is as personalised as possible.

Part D

Leaving hospital after delirium

Delirium is distressing for everyone, but usually once the underlying causes have been managed, and with time, the distressing symptoms improve.

While some people get completely back to normal, others may still be a little more confused and less able than usual to carry out their daily tasks when they leave hospital. Some will have unpleasant memories of their experiences. Some will slowly get better with time and in fact just being at home can allow a quicker recovery. However, some of these problems never completely go away.

We will try to ensure that people get the right level of support when they leave hospital, including rehabilitation to improve, restore and maintain their everyday skills and mobility. If you remain concerned after going home please speak to staff at your outpatient appointment or your GP.

We encourage people who have suffered from delirium and their relatives to talk openly about their experiences as this may help speed up their recovery.

Useful sources of information

Alzheimer's Society provides advice and support on all forms of dementia.

t: 0300 222 1122 **w:** www.alzheimers.org.uk

Carers UK provides information and support for carers.

t: 020 7378 4999 **w:** www.carersuk.org

Age UK provides advice, information and support for older people.

t: 0800 169 6565 **w:** www.ageuk.org.uk

Contact us

If you have any questions or concerns about delirium, please speak to a nurse or doctor. If the patient is not in hospital, you should speak to community nurses or their GP.

You can also contact the delirium and dementia team from Monday to Friday, 9am to 5pm. Call the hospital switchboard on 020 7188 7188 and ask for bleep 1582.

Out of hours, please call the hospital switchboard on 020 7188 7188 and ask to speak to the site nurse practitioner on duty.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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A list of sources is available on request

Part E

Getting to know you

This form is designed to help support people with delirium (a change in mental state over days or weeks).

When people have delirium, they may think or act differently from normal.

The **Getting to know you** form helps us get a better picture of the person when they are their normal self. It should be completed by the person with delirium, or on their behalf by the individual(s) who knows the person best, ideally with their input.

Please give it to a member of staff. We will file the document in the notes and use it to help personalise our delirium care.

This form is similar to **This is me** which is used in our trust to help people with dementia. Although **Getting to know you** may be used with someone with delirium **and** dementia, it is also used with people who just have delirium.

Name of patient

Person completing the form (if different)

Name

Relationship

<input type="text"/>	<input type="text"/>
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Date

Who's who

My full name	Name I like to be called
Person who knows me best	Relationship

Background

Where I live (the area, not the exact address)
My family and home, my job or previous jobs
Hobbies and interests, what I enjoy talking about

My usual self

My personality
My memory
What is different at the moment? (What problems might the delirium be causing?)
Things that may worry or upset me (for example: health problems, being apart from loved ones, loud noises)
Things that might reassure me if worried or anxious (for example: comforting words, familiar faces, re-assuring activities)

Routines

What routines are important to me?

My sleep routines

How I take my medication

My eating and drinking likes/dislikes and needs

My personal care requirements

Communication and vision

My hearing (including any need of aids)

My vision (including any need of glasses)

How we can communicate

Other notes about me

Please include anything you feel is important