

Delirium

Information for people who have experienced delirium, their carers and families.

Delirium is a common medical problem characterised by changes in mental function. It occurs more often among those who have a cognitive impairment (intellectual disability, brain injury, dementia or mental illness) or in older people.

When delirium occurs people become confused and may be either very agitated and/or quiet and drowsy.

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

It can be a serious condition.

Who is at risk of developing delirium?

People who:

- have a cognitive impairment including dementia, intellectual disability, brain injury or other neurological impairment
- have had delirium before
- are very sick, especially due to infection or medical complication
- are 65+ years of age
- are Aboriginal and Torres Strait Islander 45+ years of age
- suffer from depression
- are taking multiple medications or having changes made to their medications
- are having a surgical procedure, especially cardiac or orthopaedic surgery
- have had a fall.

What are the symptoms of delirium?

People with delirium may:

- appear confused and forgetful
- be unable to pay attention
- be different from their usual selves
- be very agitated, quiet and withdrawn, sleepy, or a combination of all
- be unsure of the time of day or where they are

- have changes to their sleeping habits, such as staying awake at night and being drowsy during the day
- feel fearful, upset, irritable, angry and/or sad
- see things that are not there, but seem very real to them
- lose control of their bladder or bowel.

How common is delirium?

About one-fifth of people aged 65 and older admitted to hospital, and close to half of the residents in aged care facilities, will experience delirium at some stage of their care.

Delirium is not limited to older people – it may occur at any age.

What causes delirium?

Common causes of delirium include:

- infection (especially urinary tract and chest)
- multiple physical illnesses
- hospitalisation and multiple relocations
- constipation and/or urinary retention
- dehydration/malnutrition
- severe pain
- medications, including 'over-the-counter' medicines
- heavy alcohol consumption
- withdrawal from alcohol or medication (delirium tremens), particularly sleeping pills.

How does delirium start?

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

Delirium is sometimes mistaken for dementia or depression, so it is important for family and friends to notify medical and nursing staff of any sudden change in a person's mental state.



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How long does delirium last?

Delirium usually only lasts for a few days but sometimes it will continue for weeks or even months. If delirium is not resolved quickly, it can lead to serious complications such as falls, pressure ulcers, longer lengths of stay in hospital, and even death.

Will delirium recur?

People who have experienced delirium do have a higher risk of experiencing delirium again.

How is delirium treated?

Delirium is generally associated with an underlying physical illness. However it is not always possible to identify the cause.

Staff will do a thorough medical assessment to look for and treat the underlying cause of the delirium. Treatment also includes reducing the risk of complications and lessening symptoms.

Role of family/carer

- The family/carer know the person well and can provide valuable information to staff caring for a person with delirium.
- It is important to notify staff of any sudden change in a person's mental or physical condition.
- A carer or family member is encouraged to stay, and can be provided with meals and a recliner for their comfort.
- Carer Support is available.

How can you help care for someone with delirium?

It is reassuring for people with delirium to see familiar people. Visit as often as you can and try to be available to help with their care.

Encourage other family members or friends to help as well.

- Speak slowly in a clear voice when talking to someone who has delirium. Identify both yourself and the person by name.
- Do not argue.
- Encourage and assist your family member to have adequate food and fluids.
- Knowing the time of day can reduce confusion. Gently remind them where they are, and what day and time it is. Open the curtains in their room during the day.
- Visual or hearing impairment can make their confusion worse. If someone with delirium usually wears glasses or hearing aids, help them to put them on and ensure they are working.

- If someone with delirium is agitated or aggressive, do not try to restrain them. If they want to walk around, let them, but try to make sure they are safe from falling and that the area is free from hazards.
- Bring personal mementos that help remind the person of home, such as photos, their dressing gown, pillow, favourite blanket, radio or music player with their favourite music.
- Please complete a Communication & Care Cues form (NS09829 nursing staff can give you a copy) which will give us information that may help settle and orient your relative.



Contacts

Carer Support NSLHD

Ph: 9462 9488

www.nscarersupport.com.au

A carer is the family member, partner or friend of a patient with:

- a longer term illness
- disability – sensory/physical/intellectual
- frail aged
- cognitive impairment
- mental illness
- palliative or end of life

Connect with Carer Support NSLHD on Facebook:

www.facebook.com/NSLHDcarersupport

Carers Gateway

Ph: 1800 422 737

NDIS

Ph: 1800 546 532

My Aged Care

Ph: 1800 200 422

National Dementia Helpline

Ph: 1800 100 500

REACH – a Call for Medical Response

Is your family member **in hospital**? Are you worried about a deterioration in their current medical condition?

Our hospitals respond to requests from family members for a “Clinical Review”.

Ask the nurse to help you make a REACH call or if there is a phone by the bedside you may call 9 for our switchboard who will direct your call.

At home call 000 for an ambulance.