

Delirium:

A Guide for Families

What is delirium?

Delirium is a sudden change in mental state that occurs in a few hours or days.

Delirium is a serious medical condition that usually gets better with treatment.

How common is delirium?

Delirium is common in older adults and people with serious or chronic medical illness in the hospital, residential care, and the community.

What are the symptoms of delirium?

- New or sudden inability to focus - the person may be easily distracted
- Forgetful with their name, where they are, or the day, month, and year
- Interruptions in their sleeping patterns
- Changes in their usual activity - they may become restless, agitated, or withdrawn
- Emotional responses may be different than usual

There are 3 types of delirium:

1. Hyperactive delirium: Severe behavioural changes

- Agitation or hostility - may be visible in facial expressions and movement
- Restlessness, irritability or combative behavior
- Paranoia - feelings of fear or mistrust
- Hallucinations - seeing, hearing, feeling, and smelling things which are not there

2. Hypoactive delirium

- Decreased level of consciousness or awareness of surroundings
- Lethargy - drowsiness, lack of energy, and activity

3. Mixed delirium: a combination of the behaviours above

- Symptoms can vary from agitation to lethargy, to a combination of behaviors

What causes delirium?

There are many causes of delirium. Some of the different causes, or risk factors, that a person may have are listed in the table below.

What are the risk factors for delirium?

Risk factors are conditions or other causes that increase the risk for developing a disease.

Person and Environment	Health	Medications
<ul style="list-style-type: none">• Age over 75 years• Male• Change in surroundings, such as lack of daylight or isolation• Change in thinking or memory• Decreased activity• Lack of sleep• Vision or hearing loss• Previous history of :<ul style="list-style-type: none">• delirium• depression• dementia	<ul style="list-style-type: none">• Sudden illness or serious injury• Some surgeries• Infection, constipation, or dehydration (lack of fluids)• Advanced illness, such as cancer• Two or more medical conditions, such as liver or kidney failure• History of interrupted blood flow to the brain, such as a stroke• Poorly managed pain• Low blood pressure	<ul style="list-style-type: none">• Taking more than five medications at the same time• Some medications used to treat pain, heart disease, muscle spasms or convulsions, sleep, asthma, Parkinson's disease, or mood disorders• Alcohol or substance misuse

How do you know if a person has delirium?

The health care team will use a tool called the "Confusion Assessment Method" (CAM) to assess for delirium. Once it has been identified, other tests will be done to identify the causes.

How long does delirium last?

It is important to understand that delirium is often reversible by treating the underlying cause. However, severe or prolonged delirium has been linked to poor health outcomes. For example, there may be a change in thinking, memory or slower thought processes after recovery.

How is delirium treated?

If delirium is suspected, the health care team will:

- ensure the person is safe and comfortable, to prevent endangering themselves or others
- do a physical exam
- assess and monitor the person's thinking, mood, and behavior
- order lab and other diagnostic tests
- treat the cause of delirium (such as pain, sleep, medication, hydration (fluids), and environment)
- treat the symptoms of delirium
- involve family and friends to determine the person's baseline and assist with their plan of care
- offer reassurance and support to the person, family and friends

How can I support the person with delirium?

The health care team understands that delirium can be scary. Your involvement is important to the person's recovery. You can help the person by:

Talking to them

- Speak slowly, clearly, and with a calm voice.
- Keep ideas short and simple.
- Avoid arguing with the person, even if they do not make sense, or see or hear things that are not real. What the person is experiencing is real to them. Instead, provide emotional support.
- Use reassuring, familiar nicknames or phrases.

Supporting them

- Visit whenever possible to help the person stay calm.
- Acknowledge the person's emotions by letting them know that you understand that they are frightened. One way to do that is to tell them that they are experiencing delirium.
- Gentle hand-holding or a hug communicates your feelings and can help calm the person.
- If you can, distract them from what is upsetting them. You can do things like point out pictures in a magazine or read to them.
- Provide activities to help orientate the person. Talk about current events or things you have done together in the past.
- When the delirium has resolved, avoid reminding them of how they acted. They may be embarrassed or upset about what happened.

How can I support, *continued*

Promoting calmness and keeping them oriented

- Bring in familiar items from home that they enjoy, like books, photos, and music.
- Bring a clock and calendar from home to help orientate them.
- Keep their space clean and tidy.
- Keep their familiar objects nearby; avoid clutter.
- Remove any harmful or unfamiliar objects.
- Ensure their room is quiet, with adequate lighting.
- Encourage the person to wear their eye glasses, hearing aids, and any other supportive aids. (e.g. dentures)

Working with the health care team

- Introduce yourself to the person's health care providers, nurses and clinical nurse leader of the unit. They can tell you more about their plan of care.
- Don't be afraid to ask for more information and tips to help.
- Speak up for the person with delirium and tell the health care team:
 - if you notice sudden changes in their mood, thinking or behavior.
 - if you have concerns about their care.
 - about language barriers and cultural considerations.

You can find more information about delirium
on the internet at:

<http://www.mayoclinic.com/health/delirium/DS01064>

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