



Delirium information

For patients, whānau and friends



Delirium is a common medical condition, often caused by physical illness.

It can start suddenly. Delirium causes a person's thinking to become confused. The affects can vary; the person may be quite upset or loud, others may be quiet or drowsy. Delirium usually lasts for a few days, but sometimes last longer.

What are the signs of delirium?

The person may show some or all of the following signs:

- act differently from usual
- appear confused and forgetful
- be unsure of the time of day or where they are
- be unable to pay attention
- function changes such as loss of mobility, lack of self-care; loss of control of bladder or bowel
- be very agitated, sleepy, quiet and withdrawn; or a combination of these
- sleep habit changes; for example being awake at night and drowsy in the day
- feel fearful, upset, irritable, angry or sad
- see things that are not there, but that seem very real to them (hallucinations).

How is delirium treated?

- First, by finding out the most likely cause (or causes) and treating them, for example treating an infection with antibiotics.
- By controlling specific symptoms if they cause distress, for example medications for severe agitation or distress.

How can I help with the distress?

- A calm, safe, secure and comfortable environment will help.
- The person may say unusual or hurtful things to you; keep calm, and try not to feel angry or upset. Confusion can be a common symptom.



How long does it take to get better — will it happen again?

- It can take several days or weeks to get better once the cause is identified and treated.
- When a person has had an episode of delirium, there is a higher chance of it happening again. Be alert to the signs of delirium.
- People with dementia can take longer to recover from delirium and are at a higher risk of getting it again.
- A person with dementia may not return to the level of function they had before having delirium.

How will it be afterwards?

- They may not remember what happened or they may have distressing memories.
- It may be helpful for the person to sit with their doctor or nurse to explain what happened. This can give reassurance and reduce fear attached to any distressing memories.
- Good nutrition and hydration can help prevent a recurrence.
- **If there are any signs of delirium; seek medical attention immediately.**

What can you do to prevent delirium?

Whānau, friends and caregivers can all help to prevent the onset of delirium. Be patient if they repeat themselves.



- Keep watch for the signs and symptoms of delirium and if you see any new signs of delirium, talk with your health care team right away.
 - If they have completed a health passport, life story document or an advanced care plan, provide a copy to the hospital staff as it gives information about what is important to them such as likes and dislikes.
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- Make sure they have their hearing aids or glasses.
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- Help with healthy eating and drinking.
 - Make sure they have their dentures, if needed.
 - Ask the health care team about how much they should drink (there may be limits to what or how much they can eat or drink).
 - Encourage them to drink often if it is right for them.
 - Feel free to bring their favourite foods from home but check first with the health care team about any foods they should not eat.
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- Ask the health care team about what is right for them before starting any activities.
 - Talk to the health care team about helpful and safe activities.
 - Help them sit, stand and walk (follow the recommendations of the health care team).
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- We try to reduce noise and distractions.
 - Limit the number of visitors who come to see your loved one until the delirium goes away.
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- Make a schedule for whānau, friends or caregivers to visit.
- Speak to them in a calm, reassuring voice. For example, if they are confused or scared, gently try to correct and reassure them.
- If they become frustrated or agitated, reassure them that you are there to support them and ask the health care team for help. The key is to remain calm and help them feel calm and in control.
- Tell them where they are and why they are there throughout the day. There maybe a sign in their room outlining the day and date and where you are.
- Do not give too much information. Give instructions one at a time
- Bring in a few familiar objects from home such as photos and music.
- If your loved one needs special care to prevent the spread of infection, check with the health care team first.
- Open the room curtains during the day.
- Talk about current events.
- Read out loud.



- It is not easy to be with a person with delirium, even though you may understand the problem.
- Make sure to look after yourself and get some rest. Go out for short walks, remember to eat, and drink fluids to keep up your energy level.
- It may help to share your thoughts and feelings with someone.
- Feel free to speak with the health care team.
- Try not to become upset about the things your loved one with delirium may say. People with delirium are not themselves. In many cases, they will not remember what they said or did.

Who is at risk of developing delirium?

Anyone can develop delirium but it is more common in people who:

- have a diagnosis of dementia
- are over 65 years, or over 55 years for Māori/Pacific
- are physically frail
- are taking five or more medications
- have had recent surgery
- are acutely unwell or sick, for example have an infection
- are dehydrated
- have had a previous brain injury, stroke or Parkinson's disease
- have had a previous delirium.

What can cause delirium?

It is often caused by a physical illness but it is not always possible to pinpoint the exact cause.

Many things may contribute including:

- heavy alcohol use
- blood glucose levels (high or low)
- low oxygen levels in the blood
- inability to pass urine (urinary retention)
- new or different medications
- pain
- infection e.g. chest or kidney infection
- recent change in environment
- dehydration
- lack of sleep
- noisy/busy environment
- recreational drug use.

What kind of tests might be needed?

- A full health history including any recent medication change(s).
- Infection screening, for example urine sample
- Chest exam such as chest x-ray
- X-ray, such as a chest x-ray.
- Blood tests.
- Oxygen levels.
- Monitoring nutrition, fluid intake, bowel history and pain levels.

Need further information?

The information in this leaflet is a guide. It is not intended to replace professional medical advice, diagnosis or treatment.

Every patient's care plan is based on an individual assessment of their needs.

Who can I talk to if I have more questions or any concerns?

Many members of the health care team who can offer help and support. Talk with your doctor or nurse and any other member of the team, including Spiritual Care or Social Work.

For further information please contact

06 878 8109

All Hawke's Bay District Health Board sites are smokefree,
for free advice and support to quit phone 0800 300 377

