How can I help?

• Speak slowly, in short clear sentences
• Do visit if possible and re-orient the person to time and place
• Provide familiar objects (e.g. photos of family & friends)
• Help the ward staff understand the patient and what they might be communicating. (Completing “This is Me” can help staff better know them)
• Avoid contradicting the person if they are distressed
• As the patient recovers, they may recall distressing thoughts – reassure them that they had delirium and that they are getting better now

The healthcare team involved

• **Nurses** – deliver best practice care (e.g. pain control)
• **Doctors** – co-ordinate medical management (e.g. treating underlying infections)
• **Physiotherapists** – promote mobility
• **Occupational therapist** – engage with activities
• **Pharmacists** – help rationalise medications
• **Dieticians** – ensure good nutritional intake
• **Healthcare assistants** – support the patient by helping with washing, eating and drinking
• **Liaison Psychiatry** – in complex cases advise on treatment

Further information:
European Delirium Association www.europeandeliriumassociation.com
What is delirium?

- Delirium is a severe disturbance in brain function that happens when a person is medically unwell
- The person appears more confused, distractible and may exhibit unusual behavior
- Each person’s delirium is different; however we know that for many patients delirium is a very frightening experience
- Symptoms of delirium fluctuate and often come on suddenly. They can be worse at night
- Delirium is common, occurring in 20% of hospital patients
- Patients with memory problems and those who are severely ill are more likely to become delirious
- Delirium is not the same as dementia
- Delirium is treatable and preventable
- Delirium typically resolves over days
- In some cases delirium can persist for longer and worsen memory function

Who gets delirium?

Anyone can get delirium if their illness is sufficiently severe

Older frail people, those with dementia and patients with hearing or visual impairment are more vulnerable

Common medical causes:
- Infection – e.g. urine/chest
- Medications
- Surgery
- Pain
- Constipation
- Falls
- Malnutrition and dehydration

Often delirium has more than one cause

Symptoms

- Sudden onset of confusion
- Behavioural changes
- Hallucinations
- Abnormal or paranoid beliefs
- Agitation (and sometimes aggression)
- Emotional instability
- Rambling speech
- Changes in alertness e.g. sleepiness
- Difficulty following conversations

Management

- The team will identify and treat underlying causes of delirium
- We will ensure minimal use of sedative drugs which can worsen delirium
- We will try to prevent delirium where possible by reducing risk factors (e.g. avoiding catheters, physical restraint, unnecessary hospital moves)
- We will create a calm, well-lit environment, free from loud noises
- You will be provided with reassurance by the Team if you are distressed