

DELIRIUM AWARENESS RESOURCES USER GUIDE

Click on an image or word below to navigate to further information

WHAT ARE THE DELIRIUM AWARENESS RESOURCES?

THINK DELIRIUM

Prevent it, Suspect it, Stop it.
Delirium can be prevented and treated.
Remember the causes of delirium.

TIME AND SPACE		
T - Toilet	A - Anxiety/Depression	S - Sleep
I - Infection	N - Nutrition/Hydration	P - Pain
M - Medication	D - Disorientation	A - Alcohol/Drugs
E - Electrolytes		C - Constipation
		E - Environment

- Assess toileting needs frequently. Monitor for urinary retention avoiding catheters if at all possible
- Treat and monitor any underlying infection if present
- Review medication
- Check for electrolyte disturbance
- Assess and manage anxiety and depression
- Provide adequate attention to nutrition and hydration
- Be aware of disorientation, orientate wherever possible
- Minimise sleep disturbances
- Identify and manage pain
- Be aware of withdrawal from alcohol/drugs
- Prevent and where necessary treat constipation
- Remember that environmental changes can increase the severity of delirium. Where possible, avoid moving people between care settings.

Always remember to be kind, calm, patient and mindful of emotional needs.

THINK DELIRIUM

Delirium Care

The staff in this organisation aim to deliver excellent delirium care. You can expect that:

- You will always be treated with respect
- Your privacy and dignity will be respected at all times
- Staff are aware that people who are unwell may also develop delirium and know what to do to help prevent this
- Staff will listen to any concerns raised and take action where needed
- If you have delirium or may develop it in future, you will be given information to help. This information will help you to understand what delirium is, it will help you understand how delirium is treated. And it will help you understand how you can help to prevent further problems in future.

Family and friends - Your Role as Care Partners

- You can help by letting staff know if your loved one doesn't seem themselves. They might seem more confused or agitated than usual. They might be more withdrawn and quiet than usual. Please let a staff member know if you notice any of these changes
- You will be treated as equal partners in care.

THINK DELIRIUM

How long does delirium take to get better?

Some people who have delirium might continue to have symptoms. This might be a sign of early dementia. If the person of will be asked to refer the patient to the memory clinic for a full assessment.

If a person has had one episode of delirium they are more likely to have another one in the future.

Prevent it, Suspect it, Stop it.
Information for patients, relatives, carers and staff

[POSTER](#)

[CHARTER](#)

[LEAFLETS](#)

THINK DELIRIUM

Delirium can be prevented and treated.
Delirium is a medical emergency!

Prevent it <ul style="list-style-type: none"> Calculate risk Assess for clinical factors Daily care plan and actions 	Suspect it <ul style="list-style-type: none"> New or worse confusion/drowsiness/behaviour Do SOD, 4AT or CAM 	Stop it <ul style="list-style-type: none"> Treat causes Explain and reassure Physical needs
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Single Question in Delirium - 'Do you think [patient] has been more confused lately?' ask a friend or family member.

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[PROMPT CARDS](#)

[BUSINESS CARDS](#)



WHAT ARE THE THINK DELIRIUM AWARENESS RESOURCES?

What is delirium?

Delirium is a condition where people have increased confusion, changes in thinking and a reduced attention span. Symptoms can develop quickly and often fluctuate during the day.

Delirium is also known as 'acute confusion'. It is treatable - but if it is undetected then it can be a life threatening condition.

How common is delirium?

It is quite common - it affects around 1 in 10 patients in hospital. It can affect anyone of any age. Delirium is more common for people in certain situations, for example, if they need intensive care, have a hip fracture, or have had surgery to their arteries or veins. It is also more likely to affect older people being treated for a medical condition.

Who gets delirium?

It can happen to anyone but there are some things that put a person at higher risk of it. These include:

- Older age
- Hearing and sight loss
- A diagnosis of dementia
- Having a lot of other health problems
- Being in hospital with a broken hip or serious illness.

These **THINK DELIRIUM** resources are aimed to increase general awareness of delirium in the hope that it can be prevented or treated quickly when found early so that any serious complications can be avoided.

The aim is to have the **posters** displayed in any care setting where staff will be able to see them.

We encourage all organisations to sign up to and display the **delirium charter** which sets out what each organisation will do to help to prevent delirium when possible and to treat it quickly when it is found. The charter posters should be displayed where everyone can see them, in particular where patients, carers and members of the public can see them.

The **leaflet** is there to highlight a bit more detail about delirium, what it is, what the symptoms are, what causes it, how it is diagnosed and lots more. We encourage organisations to ensure that all staff receive a leaflet and encourage them to offer the leaflets to patients and carers. We also suggest that some are left on display in public areas so that they can be picked up and taken away.

The **prompt cards** are aimed at being a quick reference to the Key messages **Prevent It—Suspect It—Stop It** on one side and **TIME AND SPACE** on the reverse side. They also display the Single Question In Delirium (SQID) on the front side. We recommend these are given to staff members and left out on tables where staff are able to see them.

The **business cards** are also designed as a quick reference to the Key messages **Prevent It—Suspect It—Stop It** on one side and **TIME AND SPACE** on the reverse side. Suitable for carrying around in a purse, wallet or in a pocket as a handy easy to access reminder of the key messages. We recommend that each staff member receives one and some are left out in accessible places where staff can see them.

Electronic copies of all resources can be found [HERE](#)



DELIRIUM POSTER

West Yorkshire and Harrogate Health and Care Partnership

Yorkshire and the Humber Clinical Networks

THINK DELIRIUM

Prevent it, Suspect it, Stop it.
Delirium can be prevented and treated.
Remember the causes of delirium.

TIME AND SPACE

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- Assess toileting needs frequently. Monitor for urinary retention avoiding catheters if at all possible
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Always remember to be kind, calm, patient and mindful of emotional needs.

DELIRIUM CHARTER

West Yorkshire and Harrogate Health and Care Partnership

Yorkshire and the Humber Clinical Networks

THINK DELIRIUM

Delirium Care

The staff in this organisation aim to deliver excellent delirium care. You can expect that:

- You will always be treated with respect
- Your privacy and dignity will be respected at all times
- Staff are aware that people who are unwell may also develop delirium and know what to do to help prevent this
- Staff will listen to any concerns raised and take action where needed
- If you have delirium or may develop it in future, you will be given information to help. This information will help you to understand what delirium is. It will help you understand how delirium is treated. And it will help you understand how you can help to prevent further problems in future.

Family and friends - Your Role as Care Partners

- You can help by letting staff know if your loved one doesn't seem themselves. They might seem more confused or agitated than usual. They might be more withdrawn and quiet than usual. Please let a staff member know if you notice any of these changes
- You will be treated as equal partners in care.

POSTER

What are they for?

The poster is aimed at raising awareness of delirium in any care setting.

What should we do with them

Display at least one poster in a place where it is visible to your staff

CHARTER

What are they for?

The Charter is to re-assure patients/carers and the general public that the organisation is aware of delirium and how to spot it and treat it.

What should we do with them

Discuss with your staff and ensure they are all aware of delirium and that the organisation is signed up to the delirium charter

Display at least one poster in a place where it is visible to patients/carers and the general public



DELIRIUM LEAFLETS

How long does delirium take to get better?

Once the cause of the delirium is found and treated, most people start to improve within a few days. For a small number of people, delirium may take weeks, or occasionally even months, to get better. People who also have dementia are more likely to take longer to get better.

Some people who have delirium might continue to have symptoms. This might be a sign of early dementia. If so, the person's GP will be asked to refer the patient to the memory clinic for a full assessment.

If a person has had one episode of delirium they are more likely to have another one in the future.

West Yorkshire and Harrogate Health and Care Partnership

Yorkshire and the Humber Clinical Network

THINK DELIRIUM

A unique health and social care partnership made up of the NHS, councils, Healthwatch, voluntary and community organisations, serving 2.6 million people. Covering Bradford including Airedale, Wharfedale and Craven; Calderdale; Harrogate; Kirkstoes; Leeds and Wakefield.

West Yorkshire and Harrogate Health and Care Partnership

Yorkshire and the Humber Clinical Network

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01924 317659
www.wyhcpartnership.co.uk
@WYHPartnership

The leaflet has been produced to give you general information about delirium. If you have any other questions please do not hesitate to discuss this with a member of the healthcare team who has been caring for your friend or relative.

For more information about delirium:
National Institute for Health and Care Excellence (NICE) information for people with delirium, carers and those at risk of delirium.
www.nice.org.uk/guidance/CG103/informationForPublic
Royal College of Psychiatrists information leaflet:
www.rcpsych.ac.uk/healthadvice/problemsandorders/delirium.aspx
Original Authors: Dr A Clegg (Consultant Geriatrician), Dr A Jolley (Geriatric medicine registrar)
Adapted by: Yorkshire and the Humber Clinical Network Delirium Steering Group.

THINK DELIRIUM

Prevent it, Suspect it, Stop it.
Information for patients, relatives, carers and staff

What are they for?

The leaflets are to help give Information for patients, relatives, carers and staff to understand delirium in a bit more detail including what it is, how common it is, who gets delirium, what the symptoms are, what the causes are etc.

What should we do with them?

The leaflets should be given out to all staff members and staff should give the leaflets to patients, carers, family members if the patient has a delirium or they are at high risk of developing delirium.

Extra leaflets should be left on display in waiting areas, in particular in easy view and reach for patients, carers and family members so they can pick up and take away if they want to.





DELIRIUM PROMPT CARDS



West Yorkshire and Harrogate Health and Care Partnership

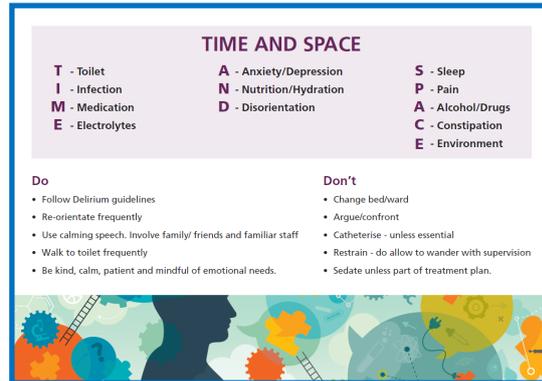
YORKSHIRE AND THE HUMBER NHS Clinical Networks

THINK DELIRIUM

Delirium can be prevented and treated.
Delirium is a medical emergency!

Prevent it	Suspect it	Stop it
<ul style="list-style-type: none">Calculate riskAssess for clinical factorsDaily care plan and actions	<ul style="list-style-type: none">New or worse confusion/drowsiness/behaviourDo SQID, 4AT or CAM	<ul style="list-style-type: none">Treat causesExplain and reassurePhysical needs

Single Question in Delirium - 'Do you think [patient] has been more confused lately?' ask a friend or family member.



TIME AND SPACE

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Do

- Follow Delirium guidelines
- Re-orientate frequently
- Use calming speech. Involve family/ friends and familiar staff
- Walk to toilet frequently
- Be kind, calm, patient and mindful of emotional needs.

Don't

- Change bedward
- Argue/confront
- Catheterise - unless essential
- Restrain - do allow to wander with supervision
- Sedate unless part of treatment plan.



What are they for?

The Delirium prompt cards are designed as a quick reference to the Key messages **Prevent It—Suspect It—Stop It** on one side and

TIME AND SPACE on the reverse side. They also display the Single Question In Delirium (SQID) on the front side

Suitable for when time is short, it provides a helpful alternative and highlights key messages about delirium.

What should we do with them?

They should be given out to staff members and left out on tables in areas where staff can access them e.g. recreation areas such as canteens or shared areas for staff to use for breaks etc.





DELIRIUM BUSINESS CARDS



Delirium can be prevented and treated.
Delirium is a medical emergency!

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<ul style="list-style-type: none">• Calculate risk• Assess for clinical factors• Daily care plan and actions	<ul style="list-style-type: none">• New or worse confusion/drowsiness/behaviour• Do SQID, 4AT or CAM	<ul style="list-style-type: none">• Treat causes• Explain and reassure• Physical needs



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