Stop Delirium
Background

• Delirium has been recognised for millennia as a distressing condition associated with increased morbidity, mortality and healthcare costs.
• It is a common health problem in older people
• Research suggest that delirium affects up to 65% of older people admitted to hospital and that this is estimated to be as high in care home settings.
What is it

• Delirium is the name of a Cirque du Soleil show that premiered in Montreal, Canada on February 26, 2006.
What is it

- **Delirium** (acute confusional state) is most often caused by an acute physical illness or change to their circumstances.

- **Delirium** is a condition that affects the patients brain for a short period of time. It is completely reversible if detected and treated quickly.
What is it

• A sign that something is wrong
• It’s a sudden change in a person mental state over a few hours or days and tends to vary during the day
• People with delirium typically have difficulty paying attention to what is going on around them

• DELIRIUM CAN LAST FOR WEEKS AND EVEN MONTHS IN OLDER PEOPLE
Prevalence

- Delirium is a **common** problem
- More than 30% of patients who suffer a stroke will also suffer from Delirium
- 40-60% of patients who have a hip fracture will also suffer a Delirium
- 20-40% of patients who have coronary or vascular surgery will also suffer Delirium
- Delirium is as high as 80% among patients who are dying
Why is it Important

• It is a sign that they may be physically ill
• It can be stress for the person, their visitors and the staff caring for them
• Delirium is often mistaken for worsening dementia or just old age
Risk Factors

- Dementia- people with dementia are 5 times more likely of having delirium
- Poor Vision or hearing problems
- Disorientation
- Dehydration
- Constipation
- Poor nutrition
- Urine catheters
- Illness
- Immobility
- Falls
Causes

- Infection – commonly Urine, Chest
- Withdrawal – alcohol, drugs
- Trauma – falls
- Acute vascular – in early days following a stroke
- Constipation
- Unstable blood sugars – for diabetics
- Drugs – prescribed but side effects present
- Environment – significant changes i.e. bereavement
Considerations

• How can I help prevent falls
• How can I help prevent dehydration
• How can I prevent problems with medication
• How can I help prevent disorientation
• How can I help prevent constipation
Falls

- Make sure residents can see properly, wear glasses if needed, adequate lighting
- Remove clutter so residents don’t trip
- Check that shoes fit correctly
- Don’t give to much sedating medication
- Make sure you do regular checks on residents known to get up often in the night.
Constipation

• Allow privacy while toileting
• Encourage residents to drink more fluids
• Encourage appropriate regular exercise to help movement of intestine
• Encourage eating fibre in the diet
• Record bowel movements
Disorientation

• Make sure residents use their glasses and hearing aids. Check that they are clean and working
• Make sure that clocks, calendars and orientation boards can be easily seen and that they display correct information
• Ensure adequate lighting
• Encourage a good nights sleep; minimise day time napping if night sleep is a problem/no caffeine after teatime and provide a relaxing bedtime routine.
Infection

• Wash your hands after each intervention with residents is especially important for those who have an infection
• Make sure injections are up to do i.e flu jabs
• Follow infection control procedures
• Minimise the use of catheters.
Dehydration

- Make sure water or juice is within easy reach all the time, in a cup the resident can manage.
- Prompt to drink a little every 30 minutes.
- If a resident is reluctant to drink find out why— they may be worried about incontinence.
- Stress importance of fluid intake and arrange prompts to use the toilet frequently.
Medication

• Review medications regularly with the residents GP or pharmacist
• Make sure that residents take their medication. Stopping suddenly could bring on withdrawal symptoms
• Make sure residents don't take someone else's medication.
• Be aware of polypharmacy practice
• Medication can be seen as a quick fix to an immediate issue, but in the longer term drugs themselves can cause delirium
• i.e codeine, Tramadol, Steroids
Hyperactive delirium

• Most commonly recognised delirium common features are
• Agitation
• Aggressive behaviours
• Hallucinations
• Restlessness
Hypoactive delirium

- Less frequently recognised and often misdiagnosed as depression characterised by
- Withdrawal
- Low motivation
- Generalised misery
- Can often be environmental non clinical interventions such as offering time, support and familiarity can help.
Management of Delirium

- Management of delirium can only occur if it is recognised
- Essential to identify the cause and address them
- Use of de-escalation skills is essential
- Provide a suitable care environment
- Effective communication
- Orientation
- Ongoing re-evaluation
Any Questions

01302 796505
07786312690
joanne.hirst@rdash.nhs.uk