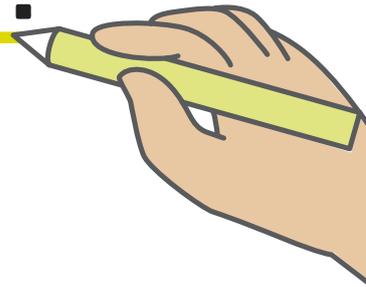


WHAT IS DELIRIUM?

Information on how to recognise
delirium and what to do about it



Introduction

This leaflet is useful for those who are at risk of developing delirium. It is also useful if you are diagnosed with delirium, or for family members and carers. You are being provided with this leaflet because you are either at higher risk of developing delirium, you have a current delirium, or your loved one has experienced delirium.

This leaflet is designed to explain the following questions:

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Delirium causes a short term confused state, and can develop over hours or days. It is a common condition. 20% of adults in hospital experience delirium, 50% of people who have a hip fracture will experience delirium. People can develop delirium anywhere such as in hospital, care homes and living at home.

Delirium can affect memory, concentration and personality. It is a sign of an underlying illness. Delirium will usually improve, once the underlying illness is treated, but sometimes it can last for a while.

Who gets delirium?

People who have one or more of the following are at a higher risk of developing delirium:

- **Age 65+**
- **Diagnosis of dementia**
- **Having sight or hearing loss**
- **Being in an unfamiliar environment**
- **Having had delirium before**
- **Having more than one illness**
- **Having had recent surgery, for example, for a broken hip**

What causes delirium?

There are many things that can trigger a person to develop delirium. These are called underlying illnesses or triggers, for example: pain, infections, not eating or drinking enough, constipation and side effects of medicines.

The following can reduce the risk of someone developing delirium:



Encourage the person to eat little and often if they are struggling to eat a big meal. Six small meals are as good as three big meals.



Encourage the person to drink six to eight cups, for example water, a day. A normal cup or glass size counts as one drink.



Ensure the person has their glasses. Encourage regular eye tests to ensure that the prescription is still correct.



Ensure the person has their hearing aids and check these are working. Encourage regular hearing tests.



Encourage exercise, for example to sit out from bed, get up and walk.



Make sure the person has a good night's sleep. Avoid alcohol or caffeinated drinks (such as tea and coffee) before bedtime.



Make sure the person is going to the toilet regularly, to avoid becoming constipated.



Monitor for pain and keep this under control.



Keep the person's mind active by encouraging them to do things they enjoy. Try to find a way they can continue with a hobby.



Explain where the person is and provide reassurance if they are in an unfamiliar place.



Provide familiar objects such as pictures of family to chat about with the person.



Write things down, using clocks and newspapers as cues for date and time. Ensure there is a clock within their sight.



Review tablets with a doctor or pharmacist. Some medications increase the risk of developing delirium, or sudden withdrawal of some medications will do too.

To reduce the possible impact of delirium it's important to spot the signs that someone is developing it as early as possible.

To help spot delirium look out for the following signs:

Changes in behaviour that develop over hours or days:

- They may become restless and agitated – we call this **HYPERactive** delirium.
- They may become withdrawn and drowsy – we call this **HYPOnactive** delirium.
- They may present with both hyperactive and hypoactive delirium at different times over the day and night.
- They may not know where they are or recognise someone they would usually know.
- They may struggle to hold a conversation or have poor focus and attention.
- They may see or hear things that are not there (hallucinations) or may be suspicious of people close to them.

If you spot any of these signs, then seek prompt medical advice.

How does it feel to have delirium?

There are many different experiences of delirium. Some people find it harder to process information. Some people felt frightened and distressed, as they had problems remembering things, or they experienced hallucinations or mistrusted people around them. Other people do not remember any of the time that they experienced the delirium. Being told about it or having memories of it return gradually may be upsetting, and it is important to reassure the person that they are all right.

How does the health and care team assess and manage delirium?

If the team notice any new confusion or drowsiness, or are alerted that this is the case, they will assess for delirium. The team will ask them simple questions to measure their attention, memory, and alertness. A diagnosis of delirium will be recorded in the person's medical notes. They will also make sure that the person diagnosed with delirium and their family are informed of the diagnosis and have information about the condition.

To manage delirium, the health and care team identify any underlying illness or triggers causing it. They then:

- **Treat any underlying triggers causing the delirium**
- **AND provide supportive care**

Example of how the team treat the causes of delirium:

- If someone is in pain – they will give medicine to ease this.
- If there is an infection – they will treat this appropriately.
- If someone is constipated – they will encourage drinking more and consider a laxative.

Providing supportive care

As the family and carer of somebody with delirium you can help manage the condition by following the advice below:

- You can help **represent the person you care for** as you know the person best and will recognise sudden changes in behaviour.
- Have a friendly, smiling approach and **talk in short simple sentences**, making sure you repeat what you said, if necessary.
- Try to provide a calm and supportive environment with **adequate rest and sleep**.
- Provide reassurance and **re-orientate** people to their surroundings – reminding them where they are and why they are there.
 - Keep a clock and calendar within reach.
 - Have family pictures or recognisable familiar objects within sight of the person.
 - Try to make sure someone who knows the person well can spend time with them. Share a document such as **'This is me'*** with the health and care team if the person goes into hospital.
 - If the person goes into hospital ensure the person **has their glasses and hearing aids (check these are working)** with them.
 - Provide **familiar stimulating activities** such as music the person likes.
 - Encourage and help the person to **eat and drink regularly**.
 - Encourage **activity and physical exercise**, with the goal of lowering the risk of falling and developing pressure sores.

How can you help someone to recover from delirium?

Most people do recover. As we treat the underlying illness or trigger of delirium, the person will slowly come back to their normal self. Some people will find that they are struggling with usual activities while they are still recovering. Most people recover over a few days but sometimes it can take weeks or even months.

The health and care team will review and monitor the person with delirium to see that they are improving. You should also raise concerns or report significant changes to a member of the health and care team. If they are not improving a referral may be required for specialist advice.

We know that some people have no memory of delirium once they have recovered. However sometimes people are left with an uneasy or unhappy feeling of what has happened. Talking about what happened can be an important step in helping recovery, whether that be with family members, a doctor or someone else.

Once someone has had delirium, they are at risk of developing it again. It is important to follow the guidance at the start of this guide on how to prevent delirium developing.

Please refer to the end of this leaflet for a person-centred plan.

There are some people for whom symptoms do not completely go away. They may need to be followed-up medically. If any problems with thinking or memory continue in the months after having delirium then advice should be sought from a GP or other healthcare professional as further assessment may be needed.

Further information

(Organisations which support those with delirium also help people living with dementia, who are at higher risk of developing delirium.)

- ***Alzheimer’s Society:** “This is Me” form can be downloaded from alzheimers.org.uk. You can also call Dementia Connect on **0333 150 3456** for support.
- **Age UK:** Information and resources on frailty and delirium: ageuk.org.uk/our-impact/policy-research/frailty-in-older-people/common-conditions-frailty/. You can also call the Age UK Advice Line on **0800 678 1602**.
- **Dementia UK:** Dementia UK provides specialist dementia support for families. Their delirium booklet can be downloaded from dementiauk.org. They also have a helpline: **0800 888 6678**
- **Together in dementia everyday – tide:** This is a UK wide network for carers of people affected by dementia. tide.uk.net
- **National Institute for Health and Care Excellence (NICE):** Has a clinical guideline for delirium including a section regarding information for the public nice.org.uk/guidance/cg103
- **Scottish Intercollegiate Guidelines Network (SIGN):** Their delirium booklet can be downloaded from sign.ac.uk
- **Yorkshire and the Humber clinical networks:** They have many delirium resources that can be found here: yhscn.nhs.uk/mental-health-clinic/dementia/delirium

You can download this leaflet and a shorter version from the Dementia United website:

dementia-united.org.uk/delirium-toolkit-training-resources/

On the next page of the leaflet there is a section that can be filled in by the health and care team managing the care of a person diagnosed with delirium. This is intended to be a person-centred plan that relates to their specific needs, treatment, management and support whilst they are experiencing delirium and after it has settled.

It will allow the person to share the information about their delirium with other health and social care professionals in the future.

Person-centred delirium plan for **(enter name)**:

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If there has have been a diagnosis of delirium, the health and care team can complete the below.

Completed by **(staff name, role and/or name of health and care team)**:

.....

Date diagnosis of delirium made **(dd/mm/yyyy)**:

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This is what we think is causing the delirium:

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Treatment plan and any additional support needs:

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Phone number/ name of service to contact if not improving from delirium:

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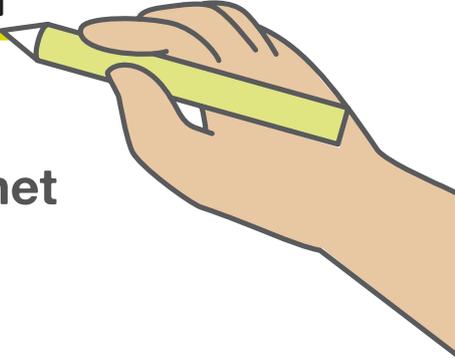
Prevention plan to reduce the risk of delirium returning:

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GET IN TOUCH



Email

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Website:

www.dementia-united.org.uk

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Manchester
Health and
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