

# What is Delirium?

## A Carer's Handbook



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## What is delirium?

Delirium is a temporary state of confusion that makes paying attention and focusing thoughts difficult. People with delirium may be irritable and restless, quiet and sleepy or a mixture of both. Delirium can last for a few days or weeks, but it can slow the healing and recovery process.

Delirium (a reversible condition) is not the same as dementia or Alzheimer's disease (chronic progressive disease). A person with Alzheimer's or dementia can develop delirium.

For most people Delirium is like a waking dream. Some people remember parts of the experience or nothing at all. Other people have no memory of their delirium which can be upsetting and traumatic.

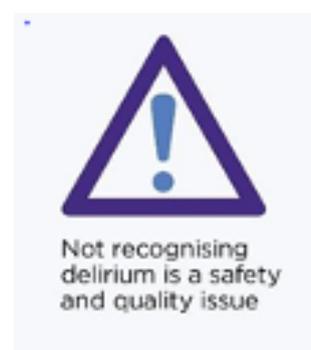
## What causes delirium?

- Infections, bladder, chest infections, flu
- Alcohol
- Alcohol / Drugs Withdrawal
- Surgery
- Injury (Trauma)
- Organ Failure e.g. kidneys / heart
- Stroke
- Dehydration
- Medication
- Constipation
- Urinary Retention
- Lack of sleep over several days
- Unrelieved pain and stress
- Stress
- Terminal illness
- Malnutrition
- New places / unfamiliar environment

Often there will be more than one cause. In about 30% of cases, no cause will be found.

## Who is at risk of developing delirium?

- Older patients
- Women are at higher risk
- Taking multiple medicines
- Recent surgery
- Recreational drug users
- Physically frail
- Acute unwellness
- Dementia



## What does delirium look like?

- Trouble paying attention; poor / low concentration
- Restlessness and upset / distress
- Withdrawn / lack of interest
- Slurred speech
- Be more alert than normal
- Not make any sense
- Not know where they are
- Seeing and hearing imaginary things (hallucinations)
- Trouble staying awake
- Mix up day and night
- Drifting between sleep and wakefulness
- Sometimes be confused and then suddenly ok



## The Delirium Scale - what to look for?

### Hyperactive

Pacing

Aggression

Swearing

Hitting Out

Removing Clothes

### Mixed

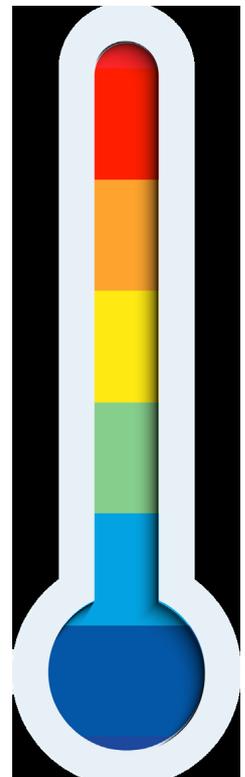
A mix of Hyperactive and Hypoactive behaviours seen at different times

### Hypoactive

Slow speech and movement

Sleepy

Not Interested



## Delirium / Dementia / Depression - How to tell them apart?

Observation	Delirium	Dementia	Depression
Onset	Acute	Gradual	Variable
Orientation	Impaired	Impaired	Intact
Short-Term Memory	Impaired	Impaired	Intact
Attentiveness	Impaired	Variable	Usually Intact
Delusions (e.g. Paranoia)	Common	Sometimes	Rare
Hallucinations	Visual, tactile or	Uncommon	Rare
Duration	Short	Chronic	Variable

### HOW YOU CAN HELP

Help the person you are supporting in hospital to hear and see, be mobile, drink and eat enough, sleep well and avoid boredom or over stimulation. Please share information with staff about them.

Evidence shows 10 days in a hospital bed can lead to 10yrs worth of loss of muscle mass in people over the age of 80.

### Hearing and Vision

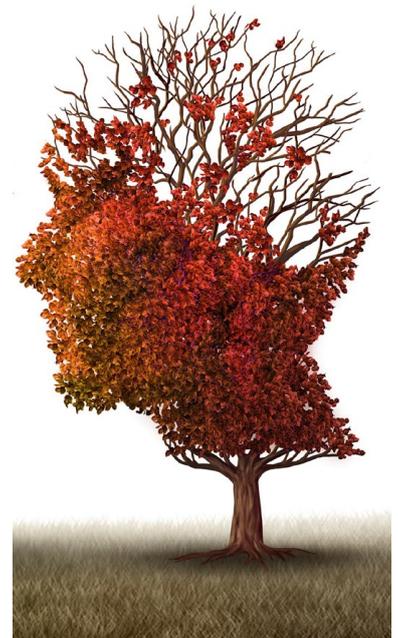
If the person you are supporting has glasses or a hearing aid, please bring them into hospital and check that they are being used.

Make sure the hearing aid is working and has a spare battery and that the glasses are clean.

### Exercise and mobility

Please bring equipment such as walkers or canes from home, and slippers/shoes for safe walking.

The staff team will assess if a person needs help walking or may be at risk of falling.



## Get Up, Get Dressed, Get Moving

(as soon as a person / patient is well enough)

Keeping moving helps recovery. Walk at least 3 times a day if possible, even if only for a short distance in the hallway. Walking with others can make it more enjoyable and shows your support.

Getting dressed can also help with recovery by establishing normal routines. Bring in named loose fitting clothes.

Encourage your loved one to be up and out of bed for every meal. We will take out urinary catheters (tubes into the bladder) and IV tubes as soon as we can. Please talk with us if they continue to be used.

## Food and Fluid:

Help to avoid constipation by encouraging enough to drink, lots of fiber and exercise.

Tell a staff member right away if you notice coughing while eating or drinking. This may mean there is a swallowing problem.

A clean fresh mouth helps food to taste better. Offer to help clean your loved ones teeth or dentures and offer mouthwash.

Drinking 4 to 6 glasses of fluid each day can help prevent dehydration and constipation.

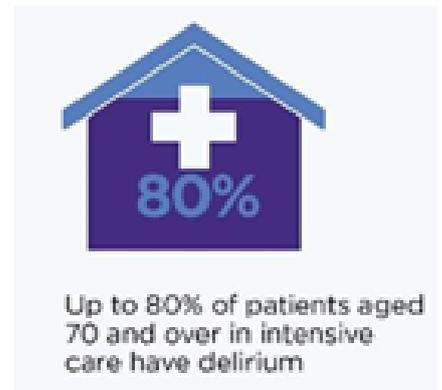
Sometimes how much a person can drink is restricted because of medical conditions.

Please ask us if the person you are supporting can drink normal amounts.

To help with them drink enough:

- Offer drinks that the person likes, it doesn't have to be plain water.
- Offer frequent sips during your visit. Keep conversations going as you offer the sips in a relaxed way.
- Have a drink yourself as well. People drink more when someone is drinking with them.
- After 3:00pm encourage drinks that don't have caffeine. You may want to bring in a favorite non caffeinated drink.

Encourage a warm drink and a little snack an hour or so before their usual bedtime.



Many people lose interest in eating when they become ill.

- Try to arrange visits at meal times
- Encourage sitting in a chair for meals / bring your meal in and eat with your family member.
- Bring in favorite foods (unless there are dietary restrictions)
- Let us know if the person you are supporting has lost a lot of weight.

## Sleep

Sleep is disrupted in hospital. Being ill, noise, decreased exercise, pain and many other conditions can interfere with sleep.

If there are routines at home that help the person to sleep, you may be able to encourage these in hospital. Limit daytime sleeping to short naps and let nursing staff know.

- Offer a backrub if visiting at night.
- Earplugs are available please ask the nurse
- Sleeping pills can cause confusion, falls and drowsiness the next day.  
Try to encourage sleep in other ways rather than asking for sleeping pills.
- Normally prescribed pills to help sleep should continue under staff supervision to monitor side effects.



Patients with delirium have more falls, pressure injuries, functional decline and ongoing cognitive difficulties

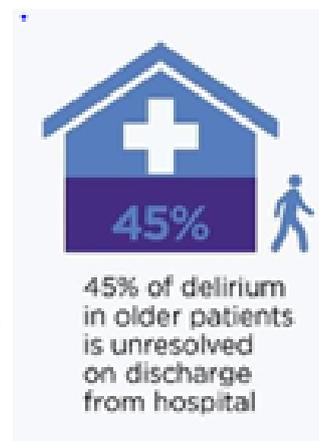


## Activities and mental stimulation

Activities that the patient enjoys are an important part of recovery. Simple tasks can help with reducing the chance of delirium developing in hospital.

Consider bringing in:

- Favorite music
- Magazines, newspapers, cross word puzzles, photos, photocopies of valuable photos, crafts.
- A large print or talking book.
- Favourite blanket / Pillow



Visit regularly. Co-ordinate visits with friends and relatives so they don't all come at once. Lots of visitors can be stressful and tiring.

Discuss happy events from the past or present.

If the person you are supporting is confused you can help them understand about where they are and why, and what is going on. Drop gentle reminders into your conversations.

Ask us if the ward has an activity trolley/corner with things to keep people interested.

## If delirium develops

Continue to use the helpful strategies described in this brochure when you visit.

- The calm presence of familiar people can help relieve distress.
- Too much stimulation can add to confusion. You may want to limit the number of visitors to one or two familiar people until the delirium goes away.

Minimise background noise such as TV.

- Try to be calm and reassuring. Speak slowly and clearly about familiar simple things. Sometimes just being there is the best thing.
- Sometimes one person staying quietly in the evening may help the person go to sleep.
- Help to remind them where they are and what the time and date is.
- Being with a person who has a delirium can be difficult.

Avoid arguing with them. Try not to get upset about the things they may say. People with delirium are not themselves. In many cases they will not remember what they said or did while they had a delirium.

- Make sure to look after yourself and get some rest. Go out for short walks, and remember to eat and drink to keep your energy levels up.

- It may help to share your thoughts and feelings with someone. Feel free to talk with the health care team, and ask us about any questions or concerns that you have.

## Sharing information about the person

Family members are a valuable source of knowledge and expertise about their loved one, which can be especially important when the person has developed a delirium or is living with dementia or Alzheimers.

This knowledge can help the staff understand the needs of the person and provide reassurance in an unfamiliar environment.



- Please complete the “Getting to know me” poster with staff – see next page.
- Are there things that may cause your loved one distress?
- When they are unsettled, are there things that you do that help settle them?
- Are there set routines that help keep you love one reassured?
- Are there repetitive questions that may need specific answers?

Does your loved one have any special signs that indicate that they may have a need or want something?

Bring a complete list of all medications to the hospital. It may help to bring medication bottles.

Sometimes people may not say that they are in pain, but may show it in other ways.



Please talk to us if you think your loved one is in pain or discomfort.

**Getting to Know Me**  
**Kia mōhio ai**

LAKES DISTRICT HEALTH BOARD

Waenganui pō  
Midnight

22:00 02:00

20:00 04:00

18:00 06:00

16:00 08:00

14:00 10:00

Noon  
Poupoutanga o te rā

Things I like...  
Ngā mea ka rata ahau...

Things that worry me...  
Ngā mea ka whakātāuteute i ahau...

I need help with...  
Me whai āwhina ahau...

About my Family/Supports...  
Mō tōku whānau/ōku taituarā...

Interesting Facts about me...  
Etahi meka ngahau mōku...

My Favourite Activities...  
Aku tino mahi...

I prefer to be called:  
Ko te ingoa pai mōku ko:

Family/Friends/Staff: Can you help my Carers to 'Get to Know' me?  
Please add information to this poster.

Whānau/Hoa/Kaimahi: Āwhinatia aku kaitiaki 'Kia mōhio ai' ki a au.  
Tēnā, tāpirihia ngā mōhiohio ki tēnei pānui whakaahua

Acknowledgements: BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

“Getting to know me” Poster

## Additional Resources:

Dementia Lakes  
Ph: 07 3490053  
[www.dementialakes.org.nz](http://www.dementialakes.org.nz)

Alzheimers Support Group  
Alzheimers Centre  
116, 13th Avenue, Tauranga 3112  
1st and 3rd Tuesday of the month  
1:30pm - 3:30pm

Alzheimers Taupō  
Waiora House, 129 Spa Road, Taupo 3330  
**Postal Address:** PO Box 595 Taupo 3351  
**Phone:** (07) 377 4330  
**Contact Email:** [taupoalzheimers@gmail.com](mailto:taupoalzheimers@gmail.com)







**ACKNOWLEDGMENTS:**

Information in this booklet was sourced from:

Waikato DHB – *The prevention, detection, assessment and management of Delirium 2014*

Midland DHBs – *Delirium information for patients, family and friends, What you need to know*

Canterbury DHB – *THINK delirium, tips and strategies and preventing delirium while in hospital resources*