

## Patient information

# Delirium

### Information for patients, carers and relatives

This information booklet includes information about:

- what delirium is
- the symptoms of delirium
- who is most likely to develop delirium
- how relatives and carers can support someone with delirium whilst they are in hospital
- what Barts Health NHS Trust has in place to support individuals with delirium and their carers.
- how relatives and carers can support someone with delirium whilst they are in hospital



## What is delirium?

Delirium is when someone becomes acutely confused because of a physical problem or a change in environment. Delirium is commonly known as "an acute confused state".

Delirium can last a few days, weeks, or even months from when the first symptoms developed.

Someone with delirium may not recognise their family or friends. They may become paranoid and develop an extreme and irrational fear or distrust of others. It is also common for those with delirium to experience hallucinations, where they hear or see things that are not really there.

### Common symptoms include:

- a sudden change in the person's mental state or behaviour over a short period of time
- memory problems - usually affecting their short term memory, e.g. forgetting they are in hospital
- disturbed level of consciousness - this may be restless and agitated behaviour, or sleepy and lethargic behaviour, or the person may switch between the two
- disorientation - where the person becomes unsure of the time, person or place. This often develops slowly for someone with dementia, but with someone with delirium it tends to happen quickly.
- a disturbance to the person's sleep / wake cycle

### Who is most likely to develop delirium?

- Individuals over the age of 65 - the risk increases with age
- people with an infection or individuals who are dehydrated
- individuals living with dementia
- people physically frail
- people who have experienced a stroke, a head injury or brain surgery
- people who have a fractured hip
- individuals who have undergone surgery
- people who are taking several different medications, particularly sleeping tablets or sedatives
- people who have difficulties with hearing and/or eyesight
- individuals who consume excessive amounts of alcohol or who take illegal drugs
- people who present as severely unwell
- individuals towards the end of their life

### Common causes of delirium

There are a number of things that can cause delirium in an individual who has one or more of the above risk factors. The causes of delirium are often complex:

- environmental
- pain
- urinary or chest infection
- malnutrition

- medications
- fluid and electrolyte abnormality
- faecal or urinary retention
- use of a bladder catheter
- surgery

## **The Barts Health pledge to people affected by delirium**

- We will find and treat any causes of delirium, such as an infection, uncontrolled pain, constipation or inability to pass urine, and the side effects caused by different medicines.
- We will carry out a medication review for people taking multiple drugs.
- We will ensure that the patient is pain-free by looking for non-verbal signs of pain, such as facial expression or how they are holding their body.
- We will try to avoid sedating the patient and manage their agitated behaviour without using drugs. However, drugs may sometimes be necessary to avoid harm to the patient or others, or to enable us to provide essential treatment.
- We will ensure that the patient knows what day and time it is by making sure they can see clocks with the correct date and time. We will also ensure that the patient's name is clearly visible above their bed.
- We will break tasks down into manageable chunks and use short sentences when talking to patients to aid communication.
- We will try to avoid using any medical equipment that may disturb patients, such as urinary catheters (small tubes inserted into the bladder to help patients pass urine without leaving their bed) or intravenous cannulas (drips), unless they are necessary for their treatment.
- We will make sure that the patient has enough fluids so they do not become dehydrated or constipated.
- We will make sure that the patient has easy access to their glasses, hearing aids or any other aids they need.
- We will try to get the patient up and moving about as quickly as possible. If necessary they will be given physiotherapy to help them get mobile again.
- We will avoid moving patients around the ward or to another ward where possible. However, some moves, for example to comply with infection control requirements, may be unavoidable.
- We will ensure that the patient has enough food. We will check that they can feed themselves, and also find out if they have any favourite foods in order to encourage them to eat.

- We will help the patient to restore and maintain their normal sleep pattern. For example, we will help them to avoid taking naps during the day, keep noise to a minimum and ensure that there is low lighting at night.

### **How can relatives and carers help?**

If you recognise any of the signs and symptoms described above in your relative whilst they are in hospital, please inform one of the doctors or nurses on the ward. If your relative is in the community, please seek advice from your GP or community health staff involved in your relative's care.

Whilst your relative with delirium is on the ward, we encourage you to visit regularly. This is because patients often become distressed or frightened when they are in an unfamiliar environment.

You can also help by doing the following:

- bringing in daily newspapers, telling the patient what day and time it is, or by reassuring them that they are being cared for in hospital.
- bringing in their favourite snacks and food. A member of staff will assist patients who are unable to feed themselves.
- talking to your relative or friend about their past experiences and memories as this may be calming and reassuring for them. You may even want to bring some photographs or other mementos.
- letting staff know if you think your relative is constipated or in pain.
- assisting with caring for the individual - this may include carrying out practical tasks such as personal care, help with eating and drinking or staying with the individual to provide support and reassurance when these tasks are being carried out by nursing staff. This may also involve support and company during the day/night. If you would like to assist the individual whilst they are on the ward you should discuss and agree specific roles and tasks with the nurse in charge and record this in the "carer's plan".
- ensuring that the individual you care for has their glasses, hearing aids and dentures close to hand. Where possible, ensure that they are in working order and are being used.

### **Dementia and Delirium Team**

There is a Dementia and Delirium Team on site. Please ask staff if you would like more information or to contact them.

### **National Helplines**

- **Carers UK** - 0808 808 7777
- **Age UK Advice Line** - 0800 169 6565

## Patient Advice and Liaison Service

If you need general information or advice about Trust services, please contact the Patient Advice and Liaison Service (PALS) on 020 3594 2040 or visit [www.bartshealth.nhs.uk/pals](http://www.bartshealth.nhs.uk/pals). Alternatively please contact staff who are providing your care if you require clinical advice.

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