

What can you do to help a person with delirium?

- Speak in short, simple sentences.
- Reassure the person by repeating what you have said if necessary.
- Be patient if they are repeating themselves.
- Make sure to bring in their hearing aids or glasses to them.
- Do not get into an argument with them by correcting them. They really believe any delusions or hallucinations they may be having and arguing may cause upset and further confusion.
- Remind them of the time and day.
- Assist and encourage them to eat and drink.
- It may be helpful to bring in familiar items from home to settle their anxiety. If bringing a photograph please bring a copy – unfortunately items may get lost while in hospital.
- Bring their favourite music and a means to play this to them. E.g. music player and headphones.
- If the person has completed a life story document, such as “This is me”, it would be helpful to provide to staff as it gives information about the person’s likes and dislikes, hobbies and important people in their life.
- It may also be reassuring to have someone familiar to stay with them when they are feeling anxious. Speak with the nurses to arrange this.

Who to Contact for Further Information

Hospital Consultant/Team:

Ward Manager:

GP:

Alzheimer’s Society of Ireland (ASI) **1800 341 341**



This leaflet is intended to provide information only.

It does not replace the need for professional medical advice, diagnosis or treatment.

Every patient’s care plan is based on an individual assessment of their needs.

What is Delirium?



Information about delirium for patients, family members and friends

Delirium is a common medical condition.

It causes a person to become confused in their thinking.

The onset is sudden.

In some cases the person is agitated, while others may appear quiet or drowsy.

It is often caused by a physical illness.

It usually only lasts for a few days but can last for longer.

What are the signs of delirium?

The person may experience some or all of the following:

- A sudden change in behaviour and thinking occurring over hours or days.
- Confusion i.e. things are mixed up or do not make sense to the person.
- Easily distracted, unable to pay attention to what is happening or being said.
- Difficulty remembering names and important information.
- Seeing and/or hearing things which are not real (Hallucinations).
- Thinking or believing things which are not true (Delusions).
- Restlessness – not able to stay still, climbing out of bed repeatedly.
- Changing levels of energy – from very drowsy to very alert and agitated.
- Speech is sluggish or slow.
- Day and night may become mixed up.

Who is at risk of developing delirium?

Anyone can develop delirium but it is more common in people who:

- Have a diagnosis of dementia
- Are older (over 65)
- Are physically frail
- Have had recent surgery
- Are acutely unwell or sick
- Have had a previous brain injury, stroke or Parkinson's disease.

What can cause Delirium?

Delirium is usually associated with underlying physical illness but it is not always possible to pinpoint the exact cause.

Often many things contribute to a person developing delirium including:

Infection e.g. kidney or chest infection	Using recreational drugs
Pain	Heavy alcohol consumption
Constipation	Lack of sleep
Dehydration	Recent change in environment
Noisy and busy environment	Low oxygen levels in the blood
Urinary retention (unable to pass urine)	Blood glucose levels high or low
Medications started or changed	

What kind of tests might be needed?

- Full health history will be taken including any recent change in medications.
- The medical and nursing team will screen for signs of infection (urine sample, examining chest etc.)
- X-Ray, such as a chest x-ray
- Blood tests will be taken and assessed
- Oxygen levels will be checked
- Monitoring nutrition, fluid intake, bowel history and pain levels.

How is Delirium treated?

- Delirium is treated by first finding out the most likely cause (or causes) and then treating them. For example treating an infection with antibiotics.
- Sometimes it is necessary to control specific symptoms if they are causing distress e.g. giving medications for severe agitation or distress.

How can I help with the distress?

- Keep the person safe, secure and comfortable in a calm environment.
- The person with delirium may say unusual or hurtful things to you while they are unwell, but try not to feel angry or upset with them. This confusion can be a common symptom of delirium.

How long does it take to get better - will it happen again?

- Delirium should get better when the cause is identified and treated.
- It can take several days or weeks.
- People with dementia can take a longer time to recover from delirium and will be at a higher risk of getting it again.
- The person with dementia may not return to the level of functioning they had prior to having delirium.
- When a person has had an episode of delirium, there is a higher chance of it happening again, so be alert to the signs of delirium (given in this leaflet).



How will it be afterwards?

- The person may not remember what happened or they may have unpleasant memories.
- It may be helpful for the person to sit with their doctor or nurse and have what happened explained. This often gives reassurance and reduces fear attached to any distressing memories.
- It is important to ensure good nutrition and hydration to help prevent a recurrence and **if there are any signs of delirium - seek medical attention immediately.**