

What can you do to help?

Regular contact with familiar people is often very helpful for people with delirium. Family and loved ones can help to calm and reassure confused patients.

Too much noise can often increase the confusion. It is important not to have too many people visit at once. Limiting visitors to one or two people at a time avoids over-stimulating the patient.

If at all possible, it is often helpful to have a loved one stay with the patient if they are anxious and/or having particular difficulty sleeping. Staff may need to contact you by phone at times if this is helpful to reassure the patient.

Bringing some personal items into hospital can also assist in reassuring the patient. E.g. photographs, a clock.

It is very important that fluid and nutritional needs are met. Encouraging the patient to drink while you are present will ensure the patient is receiving enough to drink.

For further information contact

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Cognitive Impairment Identifier



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Delirium

Information about delirium
(acute confusion) for
patients, families and carers

Cognition Service



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What is delirium?

Delirium, or acute confusion as it is sometimes called, is a state of altered consciousness (fluctuating state of confusion) that occurs suddenly (usually over hours to days) in response to physical illness or its treatment.

Important points to keep in mind

Delirium is not the same as dementia or Alzheimer's disease. The difference between delirium and other diseases that affect a person's memory and thinking is that delirium is usually short lived (hours to days, sometimes weeks) and the person usually makes a full recovery.

It is, however, important to remember people with diseases such as dementia and Alzheimer's disease are at greater risk of developing delirium if they become physically unwell. Delirium is not a sign of mental illness.

What should you look out for?

- Muddled thinking and unusual behaviour
- Emotional upset, especially anxiety, bewilderment, and/or suspiciousness
- Disorientation (confusion about the time of day or where they are)
- Poor concentration (unable to keep track of what is said in conversation)

What should you look out for?

Continued

- Excessive sleeping throughout the day (unable to keep their eyes open and other times restless or agitated.)
- Unable to sleep at night-time, wandering and wanting to get out bed.
- Misunderstanding of what has been seen or heard
- Seeing, hearing or believing things that are not real (ants crawling on bed clothes, believing people are stealing from or poisoning them)

What causes delirium?

There are many different causes of delirium (see below). It is important to keep in mind that what may be responsible for causing delirium in one person, may have no affect on another person. Also, a number of small illnesses may combine to cause delirium.

Common causes:

- Infection (particularly chest and urinary infection)
- Stroke
- Some medications (or some combination of medicines)
- Suddenly stopping some medications
- Surgery
- Epileptic seizures
- Sleep deprivation

What can make delirium worse?

- Dehydration (not getting enough to drink)
- Pain
- Poor eyesight or hearing
- Poor nutrition
- Urinary retention
- Constipation

Change in environment (moving from the familiar setting and routine at home into the unfamiliar ward environment)

How is delirium treated?

Delirium is treated with a number of different approaches

- a. The medical and nursing staff will look for and treat any new illness or condition which may be causing the delirium. If the delirium is causing agitation they may prescribe medication to reduce this.
- b. Hospital staff will do all they can to make sure the environment is quiet and adequate fluids are taken. They may also ask families/carers to participate in providing care or be present during this time.