

# **Delirium**

## **A Guide for Patients and Families**

**Cardiac Intensive Care  
Patient Information Leaflet**



# Introduction

The aim of this leaflet is to explain delirium including: symptoms, how to avoid it and how to manage it.

We aim to help patients suffering from delirium understand what is happening to them, and for their relatives to understand their role and that of the nurse during this period.

If you as a friend or relative have any questions please speak to the nurse looking after your loved one.

## What is delirium?

'Delirium' is a term used to describe a severe state of confusion. This usually affects people for a short period of time. It is particularly common in Intensive Care.

It should be recognised and treated as early as possible.

## Delirium is different from dementia

### Delirium

- Comes on quickly (hours-days). Symptoms may vary from one day to the next.
- Can make memory and thinking problems worse.
- Usually improves, but the timescale for this may vary from hours to weeks.

### Dementia

- Is usually permanent.
- Is a disturbance of thinking developing over months / years.
- Patients with dementia are more likely to develop delirium.

# Symptoms of delirium

A number of symptoms indicate a patient has delirium. These include:

- **A sudden change** or worsening of mental state and behaviour.
- **Disorientation.** People sometimes do not know where they are, or the time of day.
- **Unusual thoughts** with paranoid and distrust. These thoughts can sometimes be hurtful and distressing.
- **Poor concentration.** Difficulty in understanding what is being said.
- **Memory loss.** Short term memory in particular. Patients may not remember what has happened or where they are.
- **Sleepiness**, which can be excessive.
- **Agitation or restlessness.** People may shout or become aggressive.
- **Hallucinations.** Seeing and hearing things that are not there.
- **Changeability.** Delirium can change within the space of a day. People may be delirious, then appear *normal*, then be delirious again. Often symptoms are worse at night.
- **Physical changes** such as reduced appetite and mobility.

**As a relative or family member may be the first to recognise these subtle changes in your loved one. If you (as a patient or relative) recognise any of these symptoms, please alert your nurse.**

## How the nurse may identify delirium

Nurses continually assess neurological capacity and will assess your delirium status at least 3 times per day. Assessment of task attention and level of consciousness (agitated v's drowsy) are reviewed in a process known as the CAM ICU score. This reveals disorganised thinking and other symptoms of delirium.

Please remember that the CITU staff are very experienced at dealing with delirium. Staff will not blame you (the patient) for your behaviour during this period or consider it a reflection of your character.

## How can patients prevent delirium?

Certain people are more at risk from delirium than others. You may have been given this leaflet because there is a risk you or your relative will become delirious during admission to hospital. Although delirium cannot be prevented in everyone, there are things that patients, relatives and staff, can do to help reduce the risk.



If you **smoke**, talk to a doctor or nurse about nicotine patches while you are in hospital, as nicotine withdrawal can contribute to delirium. Ask for a referral to our stop smoking service.



If you drink several **alcoholic drinks** most days, discuss it with a doctor or nurse as alcohol withdrawal can cause delirium.



If you need **glasses or hearing aids**, please ensure you have them with you. People with hearing and vision problems are more at risk of delirium.



Good **sleep** helps protect you from delirium. Sleep can be difficult in hospital, but an eye-mask or ear plugs may help. These should be provided during your stay. If not please feel free ask your nurse about them. Try to avoid caffeinated drinks in the evening.



Try to stay **mobile** – this is especially important after surgery. You may be able to walk about or do mobility exercises in a bed or chair. Discuss your mobility with your nurse or a physiotherapist.



**Drinking and eating** enough is important to prevent delirium. If you need dentures, please ensure you have them. If you have any specific dietary requirements please notify your nurse.



Try to **avoid constipation** by eating plenty of fruit and vegetables and staying as mobile as you can. Laxatives are usually prescribed as a routine for our post-surgical patients.



Discuss your **medication** regime with your doctor – many drugs such as strong painkillers, sedatives and bladder medications can contribute to delirium as a side effect, and adjustments may be necessary.



Anything interesting or enjoyable **stimulates the brain** and can help prevent delirium – consider what you may enjoy, such as reading, music or puzzles. Visits from family and friends may also help.

## What can relatives do to support a patient with delirium?

It can be very distressing to see someone you know with delirium. However, there are a number of measures that can be taken by the doctors and nurses, as well as friends and family that can help people when they are delirious.



First **inform the responsible nurse or a doctor** looking after the patient. They may be unaware that anything is wrong as friends and family often notice subtle changes first.

The doctors and nurses will test for and manage treatable causes of delirium, such as infections, abnormal blood results, constipation, or the side effects of different medications.

In some cases it might be necessary to give calming or sedating drugs, especially if the person remains extremely distressed or unsafe.



If you can, **visit often**. Just being present is very reassuring and helps in the treatment of the delirium. You may be contacted during the night if your loved one becomes particularly distressed to help calm them.



If the person needs their **glasses, hearing aids or dentures**, please make sure they have them. In addition, please consider bringing in any familiar items such as family photos or comforting objects.



**Stimulating activities** can help delirium. Reminiscing about the past can be beneficial, as can radio or television.



**Eating and drinking** well is important in delirium recovery. We will try to ensure mealtimes are supervised if necessary. If you wish to bring in any favourite or comforting foods, please discuss this with a member of staff.



If the person is a **heavy smoker, drinker or regularly uses sleeping pills or sedatives**, please let staff know. Sometimes withdrawal from these drugs can worsen delirium and specific treatments may be needed.



Please **feel part of the team**. Your contribution to the delirium care is very important and, as you know the person best, your insights into who they are and what might work may be very helpful to all the staff.



We would be grateful if you could fill in our **'Getting to know you'** form and give it to a member of staff to allow us to deliver care that is as personalised as possible.

## Leaving hospital after delirium

Delirium is distressing for everyone, but usually once the underlying causes have been managed it resolves with time.

While some people return to normal, others may still be a little more confused and less able than usual to carry out their daily tasks. A few will have unpleasant memories of this experience but most will gradually get better with time and in fact just being at home can allow a quicker recovery. However, some of these problems never completely go away.

We try to ensure that our patients are appropriately supported upon discharge from hospital with rehabilitation to improve, restore and maintain their everyday skills and mobility. If you have any concerns about delirium in the weeks following discharge contact your GP. If your delirium was identified while in Intensive Care your GP will have received a letter documenting that you experienced delirium during your hospital stay. This should enable your GP to provide you with appropriate support.

We encourage people who have suffered from delirium and their relatives to talk openly about their experiences as this may help speed up their recovery.

## Useful contact details

Useful Numbers	internal	external
Cardiac Intensive Care 1	<b>57773</b>	<b>01253 957773</b>
Cardiac Intensive Care 2	<b>57771</b>	<b>01253 957771</b>

Any general queries about this guidance can be sent to;  
Unit Manager  
Cardiac Intensive Care, Whinneys Heys Rd,  
Blackpool FY3 8NR

# Other sources of information:



**Hospital switchboard**  
Telephone: **01253 300000**

## Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives.



You can contact them via tel: **01253 955589**  
or by email: **bfwh.patientrelations@nhs.net**

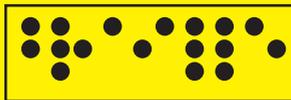


You can also write to us at: Patient Relations Department, Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR



Further information is available on our website: **www.bfwh.nhs.uk**

If you'd like a large print, audio, Braille or a translated version of this booklet then please call: **01253 955520**



□ → □ → □ → **01253 955520**