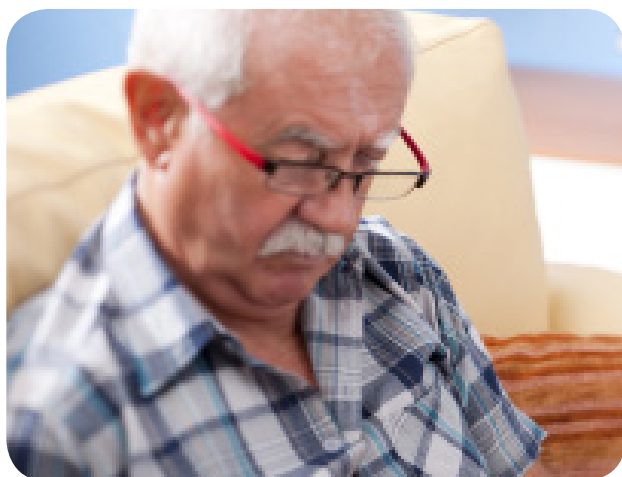


Delirium



Information for patients, families, friends and caregivers

This booklet will help you to learn more about:

- what is delirium
- the signs and symptoms
- how it can be prevented and treated
- what families, friends and caregivers can do to help
- where to find more information



What is delirium?

Delirium [dih-leer-ee-uhm] is a condition that causes a person to become confused. It is a physical problem (a change in the body) that can cause a temporary change in a person's thinking. Delirium usually starts over a few days and may last only a few hours or as long as several weeks or months. It often gets better with treatment.

Delirium can happen to anyone, including at home before coming into hospital. But, it often happens when someone is in hospital.

At University Health Network (UHN), we treat delirium as a serious medical problem. We need to identify and treat it right away because it can be a risk to patient safety.

What causes delirium?

Delirium can be caused by:

- **A physical illness**

Someone who is ill can have changes to their body chemicals, become dehydrated (not enough water in the body) or get an infection, such as a bladder infection. These kinds of problems can cause delirium.

- **Medications**

The medications used to treat illness or control pain can cause delirium.

Is delirium the same as depression or dementia?

No. Delirium happens more often in people who have dementia, but it is a different disorder.

Delirium happens quickly. It can come and go at any time. This does not happen with dementia and depression. Dementia and depression tend to develop over a longer time.

People with delirium cannot focus their attention. This is different from patients with dementia or depression.

People with dementia experience a slow progression of issues with memory, performance of daily activities and communication. People with depression experience low mood, feelings of sadness and/or loss of interest in activities once enjoyed.

What are the signs and symptoms of delirium?

- **Disorganized thinking**
Saying things that are mixed up or do not make sense.
- **Difficulty concentrating**
Easily distracted or having difficulty following what is being said.
- **Memory changes**
Not able to remember names, places, dates, times or other important information.
- **Hallucinating**
Seeing or hearing things which are not real.
- **Having delusions**
Thinking or believing things which are not true or real.
- **Feeling restless**
Not able to stay still, trouble sleeping, climbing out of bed.
- **Changing energy levels**
Changes from being restless to being drowsy or sleepier than usual.

How can delirium be prevented?

Patient safety at UHN includes preventing delirium from happening to any patient.

All patients are carefully screened (checked) for these factors that may raise the risk for developing delirium:

- hearing problems
- vision problems
- not enough water in the body (dehydration)
- not being able to sleep or other sleep problems
- uncontrolled pain
- certain medications
- history of alcohol or recreational drug use
- chemical changes or imbalances in the body
- low oxygen level
- surgery or other medical procedures that include anesthesia
- infections, such as a pneumonia

The health care team then works to prevent delirium by addressing these factors.

How is delirium treated?

1. The health care team helps the patient stay safe and calm.
2. They try to find the cause of the delirium. Often, there is more than one cause. They also make sure any factors they find are not caused by another medical condition.

3. Then they address the factors or ease the symptoms. This could include:
 - reviewing and changing medications
 - providing fluids
 - correcting chemical problems in the body
 - treating infections
 - treating low oxygen levels

What can family, friends and caregivers do to help?

Family, friends and caregivers can all help to prevent the onset of delirium for the patient while in hospital and recognize the symptoms if they start.



Keep watch for the signs and symptoms of delirium

- If you see any new signs of delirium, talk with your health care team **right away**. Family and friends are often the first to notice these small changes.
- Use the **signs and symptoms listed** on page 3 and **factors list** on page 4 to help you learn about delirium.



Help with healthy eating and drinking

- Ask the health care team about how much the patient should drink (there may be limits to what or how much a patient should eat or drink). Encourage them to drink often if it is right for them.
- Make sure they have their dentures, if needed.
- Encourage and help with eating. Feel free to bring their favourite foods from home but check first with the health care team about any foods they should not eat.



Keep track of medications

- Share a complete list of their prescriptions and any over the counter medications they take with the health care team. Include how much they take and how often they take them.



Help with activity

- Ask the health care team about what is right for the patient before starting any activities.
- Talk to the health care team about helpful and safe activities.
- Help them sit, stand and walk (follow the recommendations of the health care team).



Help with keeping the mind active

- Make a schedule for family, friends or caregivers to visit. This will help the patient to feel safe and comforted.
- Speak to them in a calm, reassuring voice. For example, if the patient is confused or scared, gently try to correct and re-assure. If they become frustrated or agitated, reassure them that you are there to support them and ask the health care team for help. The key is to remain calm and help the patient feel calm and in control.
- Tell them where they are and why they are there throughout the day. If possible, place a large sign in their room or write this information on a whiteboard. For example, you could write:

Today is Wednesday, June 24th. You are at Toronto General Hospital.

This will help them to stay connected.

- Give instructions one at a time. Do not give too much information.
- Bring in a few familiar objects from home such as photos and music. If your loved one needs special care to prevent the spread of infection, check with the health care team first.

- Open the room curtains during the day.
- Talk about current events.
- Read out loud or use talking books..



Help with eyesight and hearing

- Make sure they wear their hearing aids or glasses, if they need them.
- Make sure there is enough light in the room to see.
- Help them use a magnifying glass, if they need one.



Help them rest and sleep

- Reduce noise and distractions.
- Use comfort items like a pillow and blanket.
- Limit the number of visitors who come to see your loved one until the delirium goes away.

Take care of yourself

It is not easy to be with a person with delirium, even though you may understand the problem.

- Make sure to look after yourself and get some rest. Go out for short walks, remember to eat, and drink fluids to keep up your energy level.
- It may help to share your thoughts and feelings with someone. Feel free to speak with the health care team.
- Try not to become upset about the things your loved one with delirium may say. People with delirium are not themselves. In many cases, they will not remember what they said or did.

**Delirium should go away or be greatly reduced
with the right kinds of treatment**

Who can I talk to if I have more questions or any concerns?

Many members of the health care team who can offer help and support. Talk with your doctor or nurse and any other member of the team, including the Psychiatry service, Spiritual Care or Social Work. They will answer any questions or concerns you have about delirium.

More help

Ask a Spiritual Care professional for information about ways to cope with delirium.

Read more about delirium

“Preventing delirium in the hospital: clocks and calendars may help patients stay oriented” Article from Harvard Health Letter, October 2011.

- Ask for this article or more information at any of the UHN Patient & Family Libraries

Using S.E.A.T.S. to Help with Delirium: Information for families, friends and caregivers of patients who experience delirium.

- Ask for this article or more information at any of the UHN & Family Libraries

Helpful websites

- [Mayo Clinic](#)
- [MedlinePlus](#)
- [Resources Vancouver Island Health Authority](#)
- [Delirium](#) (includes a guide for patients and families) from [ICUdelirium.org](#) – Vanderbilt University Medical Center

Videos

Youtube – [How to recognize Delirium](#)

Adapted from: Registered Nurses' Association of Ontario (RNAO). (2005). Caregiving Strategies for Older Adults with Delirium, Dementia and Depression. Toronto, Canada. Registered Nurses' Association of Ontario.

Original prepared by: Dr. Elizabeth Latimer, Professor, Department of Family Medicine, McMaster University and Palliative Care Physician, Hamilton Health Sciences.

Reprinted with permission, from the author and the Canadian Journal of CME first printed in Managing Delirium in Seriously Ill and Dying Patients, Journal of CME, September 1999, (133), 91-109. Aria

Visit www.uhnpatienteducation.ca for more health information.

Contact us to provide feedback or request this brochure in a different format, such as large print or electronic formats: pfep@uhn.ca

© 2019 University Health Network. All rights reserved.

Use this material for your information only. It does not replace advice from your doctor or other health care professional. Do not use this information for diagnosis or treatment. Ask your health care provider for advice about a specific medical condition. You may print 1 copy of this brochure for non-commercial and personal use only.

Form: D-5155 | Author: UHN Delirium Committee – Education Sub Group | Revised: 12/2019