



*Waitemata*  
District Health Board

Best Care for Everyone

# Delirium

(Acute Confusion)

*Information for patients,  
family & friends*

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*What you need to know*

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## About the booklet

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This booklet has been developed to provide information to family/whanau and visitors of people with delirium.

Delirium can be alarming for the person and families, and it is hoped this booklet will provide helpful information to allow you to understand the condition.

## Index

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<u>Topic</u>	<u>See Page</u>
About delirium (Acute Confused State).....	2
What causes delirium?.....	2
What should you look out for? .....	3
Who is at risk of developing delirium? .....	4
Things that make delirium worse .....	4
How is delirium treated?.....	4
What can I do to help?.....	5
Long term effects .....	6
Remember.....	6

## About delirium (acute confusion)

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Delirium is a state of altered consciousness that occurs suddenly (usually within hours) as a result of physical illness or sometimes in response to treatment.

Delirium (acute brain failure) is **not** the same as dementia (chronic brain failure) or Alzheimer's disease – but people with this condition have a greater risk of developing delirium if they become physically unwell.

Delirium is **not** a sign of ongoing mental instability; it indicates an acute, generally reversible, condition.

Delirium results from a disturbance in the brain's ability to attend to information when someone is very unwell. For most people it is rather like a waking dream; afterwards they will often only remember parts of the experience, or sometimes nothing at all.

For others the experience can be quite upsetting and traumatic.

## What causes delirium?

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Some common causes are:

- infections of all kinds, most commonly, bladder (UTI), chest or skin infections;
- strokes;
- medications, or a combination of medications, including those purchased over the counter;
- heavy alcohol consumption ;
- withdrawal from drugs and/or alcohol.

- surgery or serious injury; bone fractures;
- out of control diabetes;
- heart failure (inefficient pumping action of the heart), kidney failure, liver failure;
- dehydration;
- prolonged lack of sleep;
- constipation;
- unrelieved pain;
- stress.

In many cases of delirium there will be more than one cause – this is usually so in older people. In about 20% of all cases a clear cause cannot be established.

## What should you look out for?

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**Sudden** and **new** development of:

- Confusion – the patient may seem jumbled and not their usual self.
- Disorganised thinking or behaviour.
- Emotional upset especially anxiety, bewilderment and/ or suspiciousness.
- Disorientation (not being aware of the correct time and place).
- Lack of attention and concentration.
- Loss of interest.
- Restlessness or agitation.
- Altered sleeping pattern – tendency to sleep at times that are unusual for them.
- Withdrawn, drowsy, sedated, lethargic.
- Misunderstanding what is seen and heard.
- Delusions (false beliefs).
- Hallucinations (seeing, hearing or believing things which are not real).
- Poor short term memory.
- Loss of bowel/ bladder control.
- A combination of these.

## Who is at risk of developing delirium?

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Anyone can potentially develop delirium but it is especially likely in people who:

- are older;
- are physically frail;
- are taking multiple medications;
- are acutely unwell;
- have had recent surgery;
- have a pre-existing brain trauma/disease - including dementia, stroke, Parkinson's Disease;
- use recreational drugs; or
- young children.

## Things that can make delirium worse

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- Constipation.
- Dehydration (not drinking enough water).
- Fatigue.
- Noisy, busy environment.
- Pain.
- Poor eyesight or hearing.
- Poor nutrition intake (lack of healthy food).
- Unfamiliar surroundings.
- Unmet needs.
- Urinary retention (not able to pass urine).

## How is delirium treated?

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There are two main approaches:

### **1. *Keep the person safe, secure and comfortable.***

Nursing care is aimed at:

- keeping the patient safe;
- reducing confusion, disorientation and agitation;
- improving comfort; regular food and fluid intake;
- monitoring bladder and bowel function;
- treating pain.

Calming medicines may need to be given for a short time if the patient is severely frightened, agitated, angry, exhausted through lack of sleep or distressed.

All medicines can have good and bad effects (side effects). Medicines for delirium need to be given very carefully.

**While medicines may help, they do not “cure” delirium.**

## **2. Find and give treatment for the underlying condition.**

Doctors will try to find the cause/s of the condition. Often some tests will be needed. Once the cause/s are identified, specific treatment can be started.

## **What can I do to help?**

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Delirium can be a frightening experience, and the calm presence of familiar people can make a big difference in relieving distress. Some ways that you can help include:

- Visit the person regularly; limit visitors to one or two at a time.
- Make eye contact.
- Identify yourself and address the person by name.
- Speak slowly and clearly about familiar, simple things.
- Use a calm tone and a sense of humour; gentle touch can also reassure and calm.
- Orientate them often about where they are and what the time and date are.
- Minimise background noise such as music, laughter or TV.
- Bring in personal mementos: a photograph, favourite clothing, or a favourite meal.
- Bring in hearing aids/ glasses if the patient needs them.
- Adjust lighting as needed.
- Encourage and assist with meals and fluids.
- Inform nursing staff of any special information relating to the person.

- Too much stimulation can add to confusion. It's best to avoid tiring chatter; just being there is often the best thing.
- Ask staff if there is something you can do to help. Sometimes one person staying quietly in the evening may help the person go to sleep.
- Tell the staff if the patient has had any particularly distressing or frightening experiences in the past, that could be recalled or re-experienced during their delirium.

## **Long term effects**

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Most people will make a full recovery but in severe cases elderly people, in particular, may not recover completely.

Medically ill individuals who develop delirium have greater risks of post-operative complications, long recuperation periods and longer hospital stays.

Delirium in medically ill people may be an indicator of an increased risk of death during hospitalisation and following discharge.

Recurrence is more common with further illness or admission.

## **Remember**

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People may behave out of character, saying and doing things that are upsetting or embarrassing.

- Try not to take any of this personally, it is a common part of the condition and will resolve as the delirium settles. It is better to just accept unusual speech or behaviour.
- Try to steer people in the right direction, but do not waste time arguing fruitlessly.
- It is OK to talk about these difficulties confidentially with staff or others who can support you.
- If you have concerns, contact a member of your ward team. If at home, contact your family doctor.

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