



Waitematā  
District Health Board

Best Care for Everyone

# Delirium

(Acute Confusion)

*Information for patients,  
family/whānau & friends*

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*What you need to know*

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## About the booklet

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

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

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## Is delirium the same as dementia?

No - Delirium is where the **function** of the brain is impaired by another process. Most cases of delirium recover fully.

Dementia is an **irreversible** condition, caused by a disease that directly affects the brain.

## About delirium

Delirium is an **acute** and **fluctuating** mental state that can occur when someone is ill or injured. It can be thought of as “acute brain failure”, where a person’s brain no longer functions as it usually would. It usually develops over one or two days.

People with delirium may experience the following:

- being more confused than normal
- feeling they are not sure what is happening around them
- feeling unsure of where they are or what they are doing
- difficulty following a conversation
- hearing or seeing things that are not there
- feeling more sleepy than normal
- changes to sleep patterns – asleep by day, awake at night
- vivid dreams which may be frightening and seem real
- feeling restless or agitated.

Often people have no recall of being delirious and it can feel like a dream. For others the experience can be quite traumatic.

## What causes delirium?

Delirium is a mental disturbance that is triggered by an underlying physical condition. Many conditions can trigger delirium but some of the more common are:

- infections and fevers– e.g. urinary (UTI), chest or skin
- surgery – especially major surgery
- trauma - serious injury including bone fractures
- stroke or head injury
- new medications, stopping medications or changes to medications including supplements
- substance use/withdrawal (common examples are alcohol and sleeping tablets)
- constipation
- dehydration
- low oxygen levels
- being unable to pass urine
- prolonged lack of sleep
- stress or anxiety (physical or emotional).

There may be more than one thing causing delirium, and sometimes no clear cause can be found.

## Who is at risk of developing delirium?

While anyone can experience delirium, advanced age, dementia and frailty are major risk factors. The following vulnerable people can become delirious:

- physically frail
- Taking lots of medications

- pre-existing brain disease - including dementia, stroke, Parkinson's Disease
- young children.

## How is delirium diagnosed?

The diagnosis is made on the basis of a mental state assessment. There is no specific blood test or X-ray to diagnose delirium, although these may be helpful to look for underlying causes.

A key part of the mental state assessment is that the person is different from their usual state – so information from someone who knows the person well is very important.

## How is delirium treated?

Once delirium has been identified and diagnosed, it is important to treat all the potential causes, manage symptoms and reduce distress. Delirium usually gets better when the cause/ causes are treated. Some people recover very quickly, others take several days or weeks.

People living with dementia can take a longer time to recover.

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

To treat delirium we need to find and treat the cause, e.g. antibiotics may be given for an infection. You may need some tests such as bloods, urine or X-rays.

### **2. Maintaining safety security and comfort.**

People with delirium are at high risk of falls, physical condition deterioration, developing infections or pressure injuries.

Care is aimed at:

- maintaining dignity and privacy at all times
- ensuring your basic needs are being met by supporting continence, nutrition and mobility
- reducing confusion, disorientation and agitation
- encouraging food and drinks
- preventing complications such as pressure areas, dehydration and falls
- correcting sensory impairment – using glasses/ hearing aids if required
- monitoring bladder and bowel function
- treating pain
- maintain a good sleep pattern.

Medications may help for a short time if the patient is severely frightened, agitated, angry, exhausted through lack of sleep or distressed. However medications do not cure delirium.

### **Things that can make delirium worse**

- fatigue
- noisy, busy or unfamiliar environment
- multiple room changes
- pain
- poor eyesight or hearing
- poor nutrition
- immobility
- catheters or intravenous lines.

## What can carers do to help?

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

- Visit the person regularly but limit the number of visitors at one time as too much noise can be overwhelming.
- Identify yourself and address the person by name “Morning Mum, it’s Peter”.
- Orientate them often about where they are and why they are here i.e. “you are in hospital because you have an infection” or “Today is Wednesday and it’s breakfast time”.
- Speak slowly and clearly about familiar things.
- Use a calm tone and a sense of humour; gentle touch may also reassure and calm.
- Minimise background noise such as music, laughter or TV.
- Bring in personal items such as photographs, favourite clothing, familiar blanket or duvet or a favourite meal.
- Bring in things to help re-orientate such as a calendar or small clock.
- Bring in hearing aids/ glasses if usually required.
- Ensure access to natural lighting e.g. ask staff if you can take your loved one outside in a wheelchair.
- Encourage and assist with meals and drinks.
- Encourage sitting out of bed for meals if able.
- Try not to argue with unusual thoughts or comments, tactfully disagree or distract. If they are confused don’t contradict them.

- Do not physically restrain people.
- Try distraction techniques including fiddle mitts, reading, massage or music.
- Sometimes staying at bedtime or if they are distressed helps.

Let staff know:

- If the patient has had any particularly distressing or frightening experiences in the past as that could be recalled or re-experienced during their delirium.
- Any special information relating to the person e.g. likes/dislikes, familiar routines or people.
- If you are happy to be contacted if your loved one is particularly distressed and want to help with calming them.

## Recovery

Once the causes of delirium are found and treated most people make a good recovery. Sometimes older people or those with dementia take longer or they may not recover completely.

If you or your family/whānau member has had an episode of delirium then they are more likely to develop another one in the future.

## Notes





Classification No: 0180-01-043 (Date Issued: September 2019)