

Delirium: Information for Patients and Families

Resources

- Delirium in the Older Person Family Guide: search delirium at viha.ca
- Go to myhealth.alberta.ca and search for “palliative care confusion”
- Go to virtualhospice.ca and search for “When Death is Near”
- To learn more about programs and services for seniors with health issues, call Health Link at 811.

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This material is for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have questions, speak with your doctor or appropriate healthcare provider.

What is delirium?

Delirium is a sudden, confused state of mind that may come and go over the day. People with delirium may have changes in the way they think. Their personality and behaviour may change quite a lot. They may have trouble paying attention to what's going on around them or doing the things they normally can do.

Delirium is a warning sign that the person needs help right away. Call your family doctor, nurse, healthcare provider, or Health Link at 811.

What causes delirium?

There may be more than one possible cause of delirium.

Some causes may be:

- medicine: prescription and over-the-counter (especially if more than 5 types of medicine are taken)
- dehydration or not drinking enough fluids
- constipation or diarrhea
- infection, fever, pain, or an illness that's getting worse
- a recent fall
- not eating well
- a recent surgery or procedure
- problems with their blood sugars if they have diabetes
- a recent change in where they live or where they're staying
- withdrawing from alcohol
- blood levels (e.g., potassium, vitamin B12) that aren't in the normal range

In the Hospital or Care Home

- Visit often, but keep the visits short. In the early days of a delirium, someone may be asked to stay with the person as much as possible. Take turns so no one gets too tired.
- Visit at mealtimes so you can help make sure they eat and drink enough. Check with the nursing staff if you want to bring in food.
- Bring in items the person knows and may find comforting.
- Bring in a book for family and friends to sign whenever they visit, including the date and time they visited. This may help the person remember their visitors.

At Home

- Offer light and nourishing meals. Make sure they drink enough fluids to keep their urine pale.
- Help them move around or get some light exercise.
- Make sure someone is with them at all times.
- Remove anything that could be a safety risk.

Will the person ever be back to how they were before?

Delirium often clears in a few days or weeks. Some people may not respond to treatment for many weeks. Others may never go back to the way they were. The sooner the cause can be found and treated, the better the chance of recovery.

You may see memory or thinking problems that don't go away. Everyone is different. Please talk with your healthcare provider if you have questions or concerns.

If staff say it's okay, you can offer to go for a walk with the person and help make sure they're eating well and drinking enough fluids. Before you leave, please make sure items like water and the call bell are close by.

How is delirium treated?

The goal is to keep the person as comfortable as possible and treat the causes of delirium. Finding the causes usually means doing some tests and asking about any recent changes in the person's health. The cause of delirium may never be known.

Delirium can also happen in the last days and hours of life. The focus at the end of life is to keep the person comfortable.

How can I help the person with delirium?

- Speak clearly and use fewer words. Allow time to respond.
- Don't argue with or correct them.
- Comfort them. They may be confused and frightened, so tell them you're there to help and to keep them safe.
- Make sure they're wearing their aids (like their glasses, hearing aids, or dentures).
- Keep the area around them calm and soothing.
- Use a clock to help them remember the time and a calendar or whiteboard to help them remember the date.
- Play their favourite music, as long as it's quiet and light.
- Leave the radio or TV off, as the added voices and images may add to the confusion.

What's the difference between delirium and dementia?

Delirium comes on suddenly over a few hours, or a few days. It may be temporary, but can last from a few days to several weeks. It may take weeks or months to recover.

Dementia is a slow, steady decline in function over several months or years. Alzheimer's disease is one type of dementia.

Delirium in someone with dementia can be harder to see. You may notice a sudden change in behaviour (e.g., the person is more agitated). You may also notice that the person may not be able to do things as well, or has trouble paying attention. Telling a doctor, nurse, or other healthcare provider about the changes you see is very helpful because you know the person best.

What puts someone at risk for delirium?

There are many risks for delirium. Some include:

- increased age
- history of a brain injury, dementia, or having had delirium before
- depression
- many health issues or they're sick right now
- stressful events
- taking many types of medicine
- a recent change in any medicine they take
- problems with hearing or sight
- problems moving or getting around on their own

How do you recognize delirium?

Staff members regularly look for signs of delirium. However, you may be the first to notice the person is different than usual.

The questions below may help you recognize delirium. If you check off more than 1 question, please tell the nurse, doctor, or other healthcare provider.

- Is there a sudden change in their ability to do things?
- Do they have more trouble paying attention to what's going on around them?
- Has their behaviour changed in the past few days?
- Does their speech ramble or do they jump from topic to topic? Are their words garbled and hard to understand?
- Do they have more trouble understanding what you say?
- Are they more forgetful than usual?
- Do they have more trouble recognizing people they know?
- Are they more confused about where they are or what time it is?
- Are they more worried, angry, troubled, or sad than usual?
- Does their mood change suddenly?
- Have they started to see or hear things that aren't there?
- Are they more restless or quiet than usual?
- Do they fall asleep during your visits or are they harder to wake up?

Can delirium be prevented or avoided?

For some people, delirium can be prevented. Here are some ways to try to prevent delirium:

- review and reduce medicine if possible
- make sure the person stays hydrated and eats a healthy diet
- try to reduce stress (e.g., pain, restraints, noise)
- support the person's needs (e.g., going to the bathroom)
- make sure the person gets enough sleep at night

How can Comfort Rounds help?

Comfort Rounds (also called intentional rounding) are a way staff in hospitals or care homes can offer supportive care at regular times during the day and evening. It means staff check in often, which helps reassure the person that they aren't alone.

During rounds, staff talk to the person to help keep them aware of what's going on around them and assess for any signs of delirium.

Staff check to see if the person is in pain. They'll also help them to the bathroom, offer a drink, and take them for a walk if the person is able. Staff will make sure items such as water and the call bell are close by before they leave.

You can help by talking to the person about their memories, interests, and everyday events.