

Information for patients and relatives

Delirium



Safeguarding

Introduction

Relatives and carers can have a hugely important role in helping with the delirium, so the aim of this leaflet is to provide information its symptoms, ways to try and avoid it and ways of management if it does develop. It can also assist people who have suffered from delirium understand what has happened. If you have any further questions please speak to a doctor or a nurse.

What is delirium?

Delirium is a short-term condition where people have increased confusion, difficulty concentrating and changes in their thinking. It can develop over hours or days. It is a common condition, 20% of adults in hospital experience delirium.

Delirium can affect memory, concentration and personality. It is a sign of an underlying illness. Delirium will usually improve, once the underlying illness is treated, but sometimes it can last for a while.

Higher Risk Groups

Unfortunately being in hospital automatically provides one of the risk factors!!

- Age 65+
- Diagnosis of dementia
- Having sight or hearing loss
- Being in an unfamiliar environment
- Having suffered delirium before
- Having more than pre-existing illness/conditions
- Recent surgery.

Common Causes of Delirium

- Infection
- Post anaesthetic/post-surgery
- Being in a new or strange place (especially the very busy hospital environment)
- Frailty / severe illness
- Pain
- Sleep deprivation
- Poor nutritional intake
- Dehydration
- Constipation
- Some medications (e.g. morphine, codeine)
- Poorly regulated blood sugar levels in diabetes
- Poor kidney function
- Problems with the lungs or heart
- Urinary retention (inability to pass urine).

Signs Someone is Suffering from Delirium

- Struggle to think clearly
- Difficulty concentrating, for example following a conversation
- Not be aware of what is going on around them or of where they are
- Hallucinate (see or hear things which are not there)
- Problems with recent memory
- Become more active; agitated, wandering or even become aggressive
- Become less active; withdrawn, quiet or drowsy.

Treating the cause

The doctors and nurses will test for and manage any causes of delirium that can be treated, such as infections, abnormal blood results, constipation, inability to pass urine, dehydration or the side effects caused by different medications.

In some cases it might be necessary to give calming or sedating drugs, especially if the person remains extremely distressed or unsafe because of their delirium after everything else has been tried.

If you can, visit often. Just being with them is likely to be very reassuring and help in the treatment of the delirium.

Variability

The presentation of delirium can change within hours. People may be delirious, then appear normal, then be delirious again. Often symptoms are worse at night. There may also be physical changes such as reduced appetite, mobility or swallowing. If you see any of these symptoms, please alert a doctor or nurse. Relatives and carers are often the first to notice subtle changes.

Post Delirium

Delirium is distressing for everyone, but usually, once the underlying causes have been managed, the symptoms improve.

Delirium is NOT permanent in most people. In adults who are generally healthy, delirium may only last up to a few days once the cause has been found and treated.

In older people, the effects of delirium can often last longer and they may still be a little more confused and less able than usual to carry out their daily tasks after they leave hospital, but 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 the right level of support is in place when they leave hospital, including rehabilitation to improve, restore and maintain their everyday skills and mobility. If you remain concerned after going home, please speak to staff at your outpatient appointment, or your GP.

Patients and their relatives talking openly about their experiences, may help speed up their recovery.

Quotes from Relatives or Carers

The following quotes offer examples of what might happen if someone is suffering from delirium:

"After her hip operation, my wife became very confused and she was lashing out at the staff. It was a shock and it scared me, I've never seen her like it before."

"We can often tell that my father is getting a urine infection because he slows up, becomes quiet and withdrawn and he sleeps a lot. We were told these changes are actually delirium symptoms that have happened as a result of the infection."

"My wife has mild dementia, but we usually manage fine at home. She still recognises most of our neighbours and friends. When she was in hospital though, she didn't even recognise me and she was much more confused and disorientated."

"The nurses told me that my grandmother had been up all night, wandering around the ward and trying to leave. However, when I visit her on the ward in the daytime, she is quiet and seems sokay."

Useful contacts and information

Other useful contacts and sources of information

Carers Contact Centre

Telford **01952 240209**

Shropshire Carers

Community Council Shrewsbury

01743 360641

Alzheimer's Society

Provides advice and support on all forms of dementia.

0300 222 1122 Telford **01952 250392** Shropshire **01743 341800**

www.alzheimers.org.uk

Carers UK

Provides information and support for carers.

020 7378 4999 **www.carersuk.org**

Age UK

Provides advice, information and support for older people.

0800 169 6565 **www.ageuk.org.uk**

National Institute for Health and Care Excellence (NICE)

Information for people with delirium, carers and those at risk of delirium.

www.nice.org.uk/guidance/CG103/InformationForPublic

If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

Feedback

Tell us what you think of our patient information leaflet.
Please send your comments to the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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