



Delirium in Critical Care

Information for family, friends and carers

This leaflet aims to help you understand delirium. It describes the causes, the main symptoms and how we manage them, as well as how you can help.

We hope the leaflet will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to the doctors or nurses caring for your relative or friend.

What is delirium?

Delirium is a period of short-term confusion. It affects up to 7 in 10 (70%) of patients in Critical Care at some time during their stay.

The patient's state of mind changes very quickly and their personality can change, making them behave out of character. This change in behaviour and personality is temporary. It usually lasts for only a short time.

There are two types of delirium:

- **Hyperactive delirium** is where a patient is agitated or even aggressive. For example, they may try to get out of bed when it is not safe or try to take off their clothes and bed sheets.
- **Hypoactive delirium** is where a patient becomes quiet and withdrawn. They may be sleepier than usual and show no interest in their surroundings.

Patients can have both types of delirium. Sometimes they are withdrawn and at other times they are agitated. They can quickly switch from one state to the other.

What are the symptoms?

Common symptoms include:

- drowsiness
- finding it hard to concentrate
- restlessness

- short-term memory problems. This can include forgetting where they are and conversations that have just taken place.
- not recognising family and friends.

Patients with either type of delirium can hallucinate. Hallucinations are when you see or hear things that are not there. They can also have bad dreams, which may feel real to them. These dreams can make them paranoid. Patients with delirium can even believe that staff or family members are trying to hurt them.

How long does it last?

Delirium is usually temporary and lasts for a few hours or days. In some cases, it can last for several weeks or even months, and symptoms can change depending on the time of day.

It does get better. Most patients recover completely, and do not remember how confused they were.

Does delirium have long-lasting effects?

Although most patients fully recover, some have continued problems with concentration and memory. Some patients have flashbacks and nightmares about their stay in hospital.

It is good for patients with these problems to talk about their experiences of Critical Care. We run follow-up clinics, where we help them to manage these issues.

Is delirium the same as dementia?

No. Delirium is a temporary mental state from which most patients recover. Dementia is a syndrome associated with an ongoing decline in brain function. There are many different causes of dementia and many different types.

Who is at risk of delirium?

All patients admitted to Critical Care are at risk of delirium but some are more likely to develop it than others. They include people who:

- are older
- have a formal diagnosis of dementia
- have learning disabilities
- already have memory problems
- have recently had surgery
- usually drink large amounts of alcohol or take illegal drugs
- have had a head injury.

What causes delirium?

There is no one single cause of delirium. Patients often develop it for many reasons including:

- critical illness, such as infection, liver disease, and kidney, heart or lung failure
- being in an unfamiliar place
- medication, particularly sedatives
- fever (feeling hotter than normal)
- not having enough sleep
- chemical imbalances, such as low levels of salt.

How do you care for patients in Critical Care who have delirium?

Critical Care staff assess and monitor our patients every day, to spot those who have the early signs of delirium. Diagnosing delirium early can help make it less severe.

Please tell us if you think the patient you are visiting has signs of delirium, so we can assess them and help with their symptoms.

Things we do to help

- **Reorientation**

It is essential to help patients with delirium familiarise themselves with their surroundings. This helps them understand where they are and what is happening.

- **Clear and simple words**

We will speak to them clearly, using simple words.

- **Calm reminders**

They may forget what they have just been told, so we remain calm and explain to them what is happening.

- **Normal activities**

Where possible, we still get patients to do normal activities, such as sitting out in a chair or walking. We may also take them out of the unit so they can get away from clinical surroundings. We will try to do this when they have visitors, so everyone can go out together. During the day, patients will also have rehabilitation with:

- physiotherapists
- nurses
- occupational therapists; and
- speech and language therapists.

- **Normal day and night pattern**

To make being in hospital less confusing, we try to keep a normal day and night pattern. We encourage patients to sleep at night. We help them by dimming the lights and keeping alarms to a minimum as much as possible.

- **Medicines**

Certain medications can help to ease delirium. We will prescribe these if suitable. We review each patient's medications every day and try to minimise those that can cause delirium.

How can family, friends, and carers help?

It can be distressing to see a relative or friend with delirium. It is important for you to understand that they are not aware of reality. There are many things you can do to help to ease their delirium.

- Help calm their anxieties and fears by just being with them. Provide them with support and reassurance.
- Talk about simple, familiar topics as this will help the patient re-orientate themselves.
- Keep any information or instructions simple. Give them one fact or simple task at a time.
- Try to stay calm around the bed space, with only two visitors at a time. If too many things are happening at the same time and there is too much activity, it can make the delirium worse.
- You know your relative and friend best, so please tell us what they might like or what might help. Let us know how they usually behave at home.
- Read to them, for example, newspaper articles or their favourite books.
- Make a play list of their favourite music.
- Bring in comfortable clothing for the patient to wear during rehabilitation, so it is more like a normal daily routine for them.
- Use a tablet, so they can watch a TV programme or listen to music. Please ask one of our nurses if you think this may help.
- Bring in their glasses and hearing aids. Not having these will make their delirium worse. Please give them to one of our nurses.
- Bring in photos from home.
- Bring in the patient's own soap, toiletries, and perfumes for them to use.

What happens when patients leave Critical Care?

When patients leave Critical Care they usually go to another ward before they are able to go home. We will pass their medical information on to the new ward, and let staff know if they have had or still have delirium.

Critical Care Follow-up and Rehabilitation Team

The Critical Care Follow-up and Rehabilitation Team will contact you once you are discharged home. A telephone assessment will establish whether you need further help. This could be to help you gain physical strength via physiotherapy, or psychological help.

Further information

The charity 'ICU Steps' offers support for ex-Critical Care patients and relatives. Their booklet **Intensive Care: a guide for patients and relatives** is available on their website (<https://icusteps.org/information/guide-to-intensive-care>).

Who should I speak to if I have any questions or concerns?

If you have any questions or concerns about your relative or friend, please speak to a member of Critical Care staff.

What do you think of this leaflet?

We welcome feedback, whether positive or negative, as it helps us to improve our care and services.

If you would like to give us feedback about this leaflet, please fill in our short online survey. Either scan the QR code below, or use the web link. We do not record your personal information, unless you provide contact details and would like to talk to us some more.

Giving feedback about this leaflet



<https://www.smartsurvey.co.uk/s/MDOBU4/>

If you would rather talk to someone instead of filling in a survey, please call the Patient Voice Team.

- **Patient Voice Team**

Telephone: 01227 868605

Email (ekhuft.patientvoice@nhs.net)

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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