



# Delirium

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## Information for carers and relatives of patients who have been diagnosed with delirium

This leaflet outlines the main symptoms of delirium, and explains which people are at greatest risk of developing it. We hope it will allow you, as a relative and / or carer of a patient with delirium, to understand it better.

### What is delirium?

Delirium is an umbrella term for a sudden change in a person's mental state. A person affected by delirium can:

- become confused
- have difficulties with their memory, and
- experience changes in their sleep pattern or behaviour.

Some people can hallucinate or become more suspicious towards others.

Here is a case study to help illustrate the reality of delirium:

### Case study: part 1

Kate was enjoying life as a relatively independent 87-year-old lady. She was managing on her own and her daughter only helped her out with shopping.

Unfortunately, Kate slipped off the bottom two steps of her stairs on her way to bed. She managed to get herself up and carry on, but with pain. Next morning, the pain was worse. Kate took some paracetamol, which did not help, so she took co-codamol instead. The pain did not go away completely and Kate soon found herself fatigued (very tired), eating and drinking less, struggling to move around, and becoming somewhat muddled. Kate developed abdominal pain and struggled to go to the toilet.

### How long can delirium last?

Delirium is usually a temporary condition that gradually improves after days, weeks, or months with treatment.

## What are the signs and symptoms of delirium?

People with delirium can show one or more of the following signs and symptoms.

- A sudden change in mental state or behaviour over a short period of time (days to weeks, or it can even be hours).
- Disorientation.
- The person is more sleepy, restless, or agitated. Some people will experience all three.
- Memory problems. Often recent memories are more affected. For example, the person may not remember that they are in the hospital, but can remember what happened last year.
- Difficulty concentrating, or following conversations or instructions from staff.
- Hallucinations.
- Paranoia (unreasonable distrust of others).
- A change in personality or unusual behaviour.

You may notice that symptoms come and go, meaning that they change during the day. People can seem their usual self in the morning and symptoms may become worse in the afternoon or during the night.

## Who is more at risk of delirium?

- People living with dementia.
- Older people (over the age of 65).
- People who have had delirium before.
- People living with frailty.
- People who are very unwell or undergoing major surgery (such as a hip replacement).
- People with hearing or eyesight problems.
- People who need a lot of different medications.

## Case study: part 2

After another stumble, Kate was admitted to hospital. Within the first few hours Kate changed from being orientated and content to disorientated and unsettled. Kate was experiencing delirium, a very common clinical condition that develops suddenly and rapidly. Certain people are more at risk and delirium is commonly triggered by falls, pain, certain medications, dehydration, or change in environment, all of which Kate had experienced.

## How is delirium diagnosed?

Delirium is diagnosed through medical assessments of the patient and information from family and carers.

A 4AT test can identify a potential delirium. It does this by looking at:

- changes in a person's alertness
- changes in their attention
- comparing their current presentation to what is normal for them, and
- asking them a series of simple questions about their age, date of birth, place and current year, which are called 4AT.

This test will be completed by a member of your healthcare team.

As a family member or a carer, you have a good understanding of what is 'normal' for the person. This is why it is important that you speak to nurses or doctors if you feel that the person is suddenly more confused or you have noticed other signs of delirium.

### What are the usual causes and treatments for delirium?

There is often more than one cause. Some common causes in healthcare settings include:

	<b>Cause</b>	<b>Treatment</b>
D	Dehydration (not drinking enough)	Encouraging drinks; IV fluids may be given
	Drugs (medication)	Reviewing medication and any recent changes
E	Environment	Aiming for a calm and quiet environment reorienting the person
	Eating (eating less than usual)	Encouraging foods; May need referral to dietitian
L	Level of pain	Making sure pain is well-controlled
I	Infection	Treating any underlying infection
	Immobilisation (not being able to move around)	Supporting the person to walk / keep moving; May need a referral to physiotherapist or occupational therapist
R	Respiratory failure (difficulty breathing)	Treat underlying cause; Oxygen therapy as needed
I	Impaction of faeces (constipation)	Treating underlying constipation
U	Urinary issues (not passing urine normally)	Catheter may be inserted if in retention; Consider infection / bladder scan
M	Metabolic problems (a combination of diabetes, high blood pressure, and obesity)	Monitor blood sugars

### What can I do to help?

Having delirium can be distressing for the person as well as their families and carers, especially if the person is experiencing hallucinations or paranoia.

People who experience delirium often:

- feel frightened
- may not remember what has happened, and
- have gaps in their memory.

As a family member or a carer there are many things that you can do to help, whether at home or in a healthcare setting.

- Visit regularly. Having a familiar face can help to calm, reassure, and reorient the person.
- Talk in a calm, soft manner, using simple sentences and avoiding difficult topics.
- Bring in any glasses or hearing aids normally worn by the person.
- Bring in copies of pictures of family, children, and grandchildren. This can help the staff to reassure the person when you are not there.
- If the person is particularly confused, or they have memory problems, completing a document called **This is me** ([https://www.alzheimers.org.uk/sites/default/files/2020-03/this\\_is\\_me\\_1553.pdf](https://www.alzheimers.org.uk/sites/default/files/2020-03/this_is_me_1553.pdf)) can help staff learn more about their preferences and what is important to them. For more information, please speak to a member of ward staff.
- Remind the person where they are, and what day and time it is.
- Hallucinations and paranoia can feel very real. You may want to reassure the person that these are in fact not real, but sometimes this can make them more upset. You may find it helpful to reassure them that they are safe.
- Encourage them to eat or drink something.

## Case study: part 3

Kate's delirium settled with good nursing care, and treatment of her pain and constipation. Delirium can happen to anyone, but it is more common in people living with known cognitive impairment, and people living with cognitive impairment often take longer to recover. Kate went on to make a good recovery and returned home with increased support from family initially.

### Can people go home with delirium?

Yes. People can be discharged home before delirium has completely cleared, as people will often recover quicker in their own home environment. You will discuss your discharge plan with your medical team.

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

Please always speak to the ward if you have any concerns or are finding visiting difficult.

### Further information

- Carers UK (<https://www.carersuk.org/>)

Information and support for carers.

Telephone: 02073 784 999

- Age UK (<https://www.ageuk.org.uk/>)

Advice, information, and support for older people.

Telephone: 0800 055 6112

- Dementia UK (<https://www.dementiauk.org/>)

Specialist support to families facing dementia.

Telephone: 0800 888 6678

**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 your doctor, nurse or midwife. Or contact the Patient Advice and Liaison Service on 01227 783145 or email ([ekh-tr.pals@nhs.net](mailto: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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