

## Further information

Mersey & West Lancashire Teaching Hospitals have Dementia and Delirium Team who support those living with dementia and those experiencing a delirium during their hospital admission. The teams are available Monday to Friday 08:00-16:00 and can support patients, their relatives and carers as well as Trust staff.

Our service at Southport & Ormskirk service has an Admiral Nurse and three Specialist Nurses can be contacted by telephone: 01704 704 658 – please leave a message and they will return your call as soon as possible, or email: [soh-tr.dementiaanddeliriumteam@merseywestlancs.nhs.uk](mailto:soh-tr.dementiaanddeliriumteam@merseywestlancs.nhs.uk)

## Useful websites:

- ♦ [www.nice.org.uk/Guidance/CG103](http://www.nice.org.uk/Guidance/CG103)
- ♦ [www.sign.ac.uk/sign-157-delirium](http://www.sign.ac.uk/sign-157-delirium)

Newton Hospital  
Bradlegh Road  
Newton-le-Willows,  
WA12 8RB  
01704 547471

Southport & Formby Hospital  
Town Lane, Kew,  
Southport, Merseyside PR9 6PN  
01704 547471

Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
0151 426 1600

Ormskirk Hospital  
Dicconson Way, Wigan Road,  
Ormskirk, Lancashire, L39 2AZ  
01695 577 111

St Helens Hospital  
Marshall's Cross Road,  
St Helens, Merseyside, WA9 3DA  
01744 26633

[www.MerseyWestLancs.nhs.uk](http://www.MerseyWestLancs.nhs.uk)



**Mersey and West Lancashire  
Teaching Hospitals**  
NHS Trust

# Delirium information and how to prevent it

## Patient information

If you need this leaflet in a different language or accessible format  
please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،  
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie,  
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,  
vă rog să discutați cu un membru al personalului să se ocupe  
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق  
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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## Introduction

This leaflet aims to provide information for you if you are a patient who has experienced delirium, or is currently experiencing a delirium. It also aims to provide information for family and/or carers to help them understand the condition.

## What is delirium?

Delirium is a common medical problem. It is a new onset of confusion and can manifest itself in many different ways.

Common symptoms are:

- ◆ Lethargy/lack of engagement.
- ◆ Agitation/aggression.
- ◆ Hallucinations.
- ◆ Poor concentration.
- ◆ Incoherent or rambling speech.
- ◆ Paranoia/delusions.
- ◆ Change in personality.
- ◆ Change in sleep pattern.

Levels of confusion may change throughout the day/night and it can be a very frightening experience.

## How to support someone at home following a delirium

- Maintain a calm and quiet environment.
- Offer reassurance and reorientation but don't argue with them.
- Having a clock or calendar nearby may improve reorientation.
- Encourage them to maintain their normal day to day activities to prevent deconditioning.
- If unable to get out of bed, encourage bed exercises.
- Encourage a healthy diet and fluid intake.
- Observe for any signs of pain and ensure pain relief is working.
- Maintain compliance with regular medications.
- If your loved one is becoming unwell or more confused, seek a GP review as soon as possible.

## How you can support someone with delirium in hospital

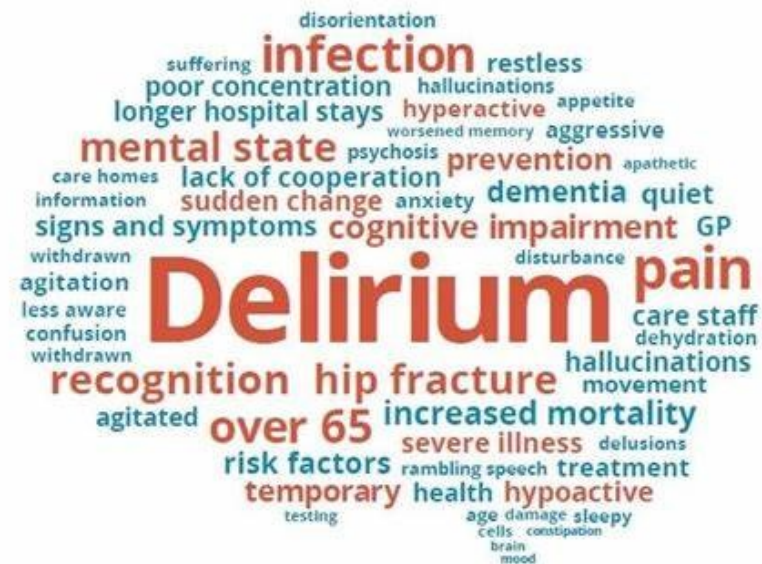
- Remain calm and offer reassurance.
- Remind them what is happening and how they are doing.
- Remind them of date and time.
- Support them to eat and drink.
- Bring in familiar objects from home.
- Ensure they have their glasses and hearing aids.
- Encourage visitors that they know well to be with them, particularly in the evenings as confusion can get worse then.



## Who gets delirium?

Anyone can get a delirium, but patients more likely to develop this condition are:

- ◆ Over 65s.
- ◆ Those who have a severe acute illness.
- ◆ Those who have memory problems.
- ◆ Those who have a fractured hip.



## Causes of delirium

To treat delirium you need to identify and treat the cause. We use the **P. I. N. C. H. M. E.** mnemonic to assist us in identifying the cause.

### Think:

#### P. I. N. C. H. M. E:

- **P**ain/**P**ost-operatively/**P**ost fall
- **I**nfection
- **N**utrition
- **C**onstipation
- **H**ydration/**H**ypoxia (lack of oxygen to your tissues)/**H**yper or **H**ypoglycaemia (high or low blood sugars particularly in diabetes)
- **M**edication
- **E**nvironment/**E**lectrolytes (minerals found in your blood)/**E**xhaustion/**E**limination (bowel/urine output)

## How long does delirium last?

Sometimes a delirium may take weeks or months to completely resolve and in some cases, the delirium never fully resolves. If you are living with dementia and experience a delirium it may also take a longer time to recover.

## Will it happen again?

Once you have experienced a delirium it is more likely to occur again if you become unwell in the future. The key thing is to look out for any signs that someone is becoming unwell and ensure they are treated early.

## Managing distress in delirium whilst in hospital

Occasionally sedation may be necessary in hospital to calm someone enough for hospital treatment and/or investigations to be completed, or if they are endangering themselves or others. This will be carefully monitored and only used as a last resort as sedation can increase the risk of falls, worsen or prolong a delirium, increase length of stay in hospital and/or increase morbidity/mortality.

We may also request a dementia and delirium team, mental health team or geriatrician review.

## Elimination

- Observe for signs of urine infection i.e. pain passing urine, frequency of passing urine and/or suprapubic (lower abdominal) pain.
- Observe for signs of urinary retention i.e. difficulty passing urine and/or suprapubic pain.
- Drink plenty throughout the day.
- If continence aids are used, ensure these are available.
- Ask for assistance walking to the toilet if you need help.
- Maintain personal hygiene.

## Exhaustion

- When recovering from an illness or living with many medical conditions, exhaustion can be disorientating and also make you more at risk of falling.
- Try to maintain a good sleep pattern overnight. If this is difficult, try to take a couple of naps during the day. Avoid disrupting your normal sleep pattern as much as possible.
- Reduce caffeinated drinks in the evening.

## Ways in which we can help to resolve and/or prevent a delirium:

### Pain/Post-op/Post fall:

- Ensure pain is well managed, it may be better to take regular pain relief to keep comfortable and pain free.
- Pre-operatively understand the risk of a delirium occurring post operatively.
- Ensure equipment used is available for mobilising safely.
- Ensure obstacles and clutter are removed from the area.

### Infection

- If antibiotics are prescribed, ensure the course is completed.
- Drink plenty, keep as mobile as possible, keep warm and avoid others who may have cold/flu/covid symptoms.
- If frequent infections occur, it may be worth asking doctors about “rescue pack” medications (a short course of antibiotics and/or steroids dispensed should you identify an infection is recurring). These are most frequently used for recurrent urine infections or exacerbation of Chronic Obstructive Pulmonary Disease (COPD).

## Nutrition

- Eat as healthily as possible whether this is 3 times/day or snacks little and often.
- Try to ensure a healthy balanced diet.
- Request a referral to the dietitian if concerned in hospital or from GP.

## Constipation

- Drink plenty and eat a healthy, well balanced, high fibre diet.
- Avoid opioids (i.e. morphine) for pain, however if these are required, ask your GP to prescribe laxatives to prevent constipation.
- Take regular gentle exercise.
- Consider taking laxatives.

## Hydration/Hypoxia/Hypo or Hyperglycaemia

- Drink plenty, if it's difficult to drink large amounts, try setting goals for yourself i.e. drink one glass/cup an hour.
- Offer foods containing high water content i.e. jelly, ice cream, ice lollies.
- We will monitor oxygen levels and may administer extra oxygen with a mask.
- If you are diabetic, ensure blood sugars are maintained.

## Medication

- New medications, especially strong pain killers can cause a delirium. If you notice changes, discuss this with your doctor or pharmacist. Not all tablets agree with all people.
- As you get older it can become more difficult to swallow tablets, discuss with your doctor or pharmacist alternative routes i.e. dispersible or liquid medications.
- Review medications with your doctor to confirm they are still required.
- Consider a blister pack if you have a complicated medication regime which is difficult to adhere to.

## Environment

- Create a calm and safe environment.
- Avoid moving wards or rooms.
- Provide activities i.e. wordsearches, games or books.
- Having your own things around can help i.e. photos or familiar items from home.
- If visiting is allowed there is nothing better than seeing the familiar face of someone you love, but if this isn't possible consider video-calls.
- Ensure communication aids are available if used i.e. hearing aids, glasses.