

Delirium on the Critical Care Unit

Patient leaflet

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 دسترسپذیر 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 formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

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 أُخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Author: Staff Nurse

Department: Critical care

Document Number: MWL2311

Version: 001

Review Date: 01/08/2027

Contents

- What is delirium?
- Why does delirium develop?
- What staff will do to help a patient with delirium.
- What is Deprivation Of Liberty Safeguards (DOLS)?
- How long does delirium last?
- What can the patient do to help themselves after having delirium?
- Where can I get help? Are there any support organisations?



What is delirium?

Delirium is the name for acute confusion. A patient with delirium can hallucinate, which means they can see, hear or feel things that do not exist outside of their own mind. This can feel very real to patients and is a frightening experience.

They can imagine different situations, such as:

- Not knowing that they are in hospital.
- Seeing things that they think are going to hurt them.
- Believing that they have been kidnapped or are in a foreign country.
- Thinking that staff are not really doctors or nurses.
- Thinking that they have died, or people close to them have died.
- Thinking that staff are trying to hurt them.
- Trying to make sense of noises around them but have a different explanation,. For instance if another patient is upset, they may think someone is being tortured.

The patient with delirium may still recognise friends and family, but may not believe it when they are told that they are imagining these frightening situations. They often find it difficult to understand or remember information.

If the patient has a tracheostomy (where a tube has been put through a hole in the patient's neck), they cannot talk normally and so it is difficult for them to tell staff and their families what they think is happening to them. The staff will use tools to aid communication.

Patients may be sedated, and although there are different levels of being awake, they can still experience delirium.

Why does delirium develop?

Delirium is a well recognised consequence of a Critical Care admission. Guidelines are in place for the nursing and medical team, to recognise and assess delirium.

Sometimes there can be one or more causes for delirium. At other times the cause is unclear.

The following list contains some of the known reasons for the development of delirium.

- Severe illness.
- Age.
- Sedative drugs.
- Pre-existing cognitive disorder such as dementia.
- Reduced mobility or inactivity.
- Sensory impairment.
- Dehydration or malnutrition.
- Metabolic derangements.
- Sleep deprivation.
- Loss of day/night routine.

As you can see from the above list, critical care patients are very susceptible to developing delirium.

What will staff do to help a patient with delirium?

- Orientate the patient to the time and place.
- Give reassurance and support.
- Establish a day/night routine.
- Try to mobilise or encourage purposeful movement.
- Keep sedatives to the minimal requirement to keep the patient comfortable and free from distress.
- Ensure the patient is free from pain.
- Maintain adequate nutrition and hydration.
- Ensure that bladder and bowel elimination is adequate.
- Treat infections.
- Review medications.

What is Deprivation Of Liberty Safeguards (DOLS)?

Your relative may also need a DOLS put in place. This is to ensure their safety so that we can provide treatment. This may consist of;

- One to one observation.
- The use of mitts (so they cannot pull out IV lines, nasogastric tubes or tracheostomy tubes).
- Drugs to keep them calm so staff can provide treatment.

DOLS is only put in place if the patient lacks capacity. Staff will always try least restrictive methods first in order to provide treatment to your relative.

If DOLS is necessary, this will always be discussed with the patient's next of kin.

How long does delirium last?

Delirium is usually temporary and lasts a few days to a week. It may take time for the patient to process what has happened to them and what was real and what was not.

Delirium is serious and although patients recover, they can experience nightmares or vivid dreams for some time afterwards.

Some patients can experience more long-term effects, such as problems with concentration or memory.

What can patients do to help themselves after delirium?

Some patients cannot remember their stay in critical care, whilst others find it very distressing and frightening.

Patients can take some time to recover emotionally from their admission.

Some patients try to piece together what has happened to them and make sense of it.

Patients are called back after discharge to be seen in the Critical Care follow-up clinic, where they can discuss their Critical Care stay and receive a diary that has been written by staff, which may also have input from relatives.

Patients are also given leaflets when discharged from critical care, these contain a lot of information that can help patients understand what has happened to them.

Where can I get help? Are there any support organisations?

ICUsteps is a charity for individuals that have had a stay in Critical Care. They have information on their website; www.icusteps.org

They also provide information about support group meetings for patients & their families at various locations across the country. Our local group is ICUsteps Southport.



ICUsteps Southport is a support group, for patients who have been discharged from Critical Care. The group is also open to the patient's family members and meets once a month at the Salvation Army building in Southport.

The group is run by volunteers from Critical Care and previous Critical Care patients. Patients are sent a letter with the details or you can phone 01704 705 059 and leave your name, number and someone will get back to you. Alternatively, google ICUsteps Southport for an email link.



We also have our own website; "www.lihnnhs.info/icuknowledge" or just search ICU knowledge Southport. The website has a lot of information and some great resources, you can also take a virtual tour of our facilities.

If you wish to contact the Critical Care Matron or Ward Manager call 01704 704 218 for email addresses/ phone numbers.

Southport Hospital Town Lane, Kew, Southport, Merseyside, PR8 6PN Telephone: 01704 547 471

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