Mersey and West Lancashire Teaching Hospitals NHS Trust

Delirium information and how to prevent it

Patient information leaflet

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

Якщо вам потрібна ця інформація іншою мовою або в доступному форматі, зверніться до співробітника, який зможе це для вас організувати

إذا كنت بحاجة إلى هذه المعلومات بلغة مختلفة أو بصيغة ميسَّرة، فيرجى التحدث إلى أحد العاملين والذي سيقوم بترتيب ذلك لك.

如果您需要其他語言或無障礙格式的資訊，請聯繫工作人員，他們將為您安排。

இந்தத் தகவலானது உங்களுக்கு வேறொரு மொழியிலோ அல்லது எளிதில் அணுகக்கூடிய வடிவத்திலோ தேவைப்பட்டால், அதனை உங்களுக்காக ஏற்பாடு செய்துதரக்கூடிய பணியாளர் ஒருவரிடம் தயவுசெய்து பேசவும்.

Dacă aveți nevoie de aceste informații într-o altă limbă sau într-un format accesibil, vă rugăm să vă adresați unui membru al personalului, care va face demersurile necesare pentru dumneavoastră.

اگر به این اطلاعات به زبانی دیگر یا در قالب دسترس‌پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Se necessitar desta informação numa língua diferente ou num formato acessível, por favor fale com um membro da equipa que poderá organizá-la para si

اگر آپ کو یہ معلومات کسی مختلف زبان یا قابل رسائی فارمیٹ میں چاہیے، تو مہربانی کرکے عملے کے کسی رکن سے بات کریں جو آپ کے لیے اس کا بندوبست کر سکتا ہو۔

Jeżeli niniejsze informacje mają być przekazane w innym języku lub dostępnym formacie, prosimy o kontakt z członkiem personelu, który może to dla Państwa przygotować

ئەگەر پێویستیت بەم زانیارییانە هەیە بە زمانێکی جیاواز یان شێوازێکی تر، تکایە لەگەڵ ئەندامێکی ستافەکە قسە بکە کە دەتوانێت بۆت ڕێکبخات

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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:

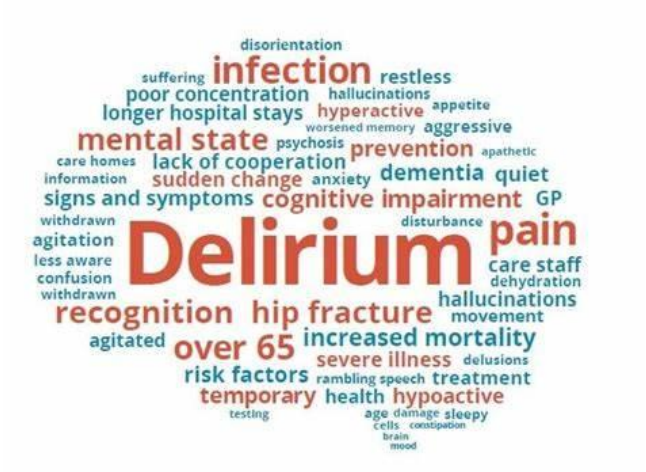
- Lethargy/lack of engagement.
- Agitation/aggression.
- Hallucinations.
- Poor concentration.
- Incoherent or rambling speech.
- Paranoia/delusions.
- Change in personality.
- Change in sleep pattern.

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

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)

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.

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.

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.

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.

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.

Further information

Our dementia and delirium team support those living with dementia and those experiencing a delirium during their hospital admission. The team is available Monday to Friday 08:00-16:00 and can support patients, their relatives and carers as well as Trust staff.

Our teams can be contacted on:

Whiston, St Helens and Newton sites:

Tel: 0151 676 5253
Email: Dementia.Team@merseywestlancs.nhs.uk

Southport and Ormskirk sites

Tel: 01704 704658 – please leave a message and they will return your call as soon as possible.
Email: soh-tr.dementiaanddeliriumteam@merseywestlancs.nhs.uk

If you would like to speak to someone about delirium following discharge, please contact your GP.

Useful websites:

www.nice.org.uk/Guidance/CG103

www.sign.ac.uk/sign-157-delirium

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance

Please ask a member of staff if you would like a chaperone present during your procedure.

MWL has a zero-tolerance approach to any form of abuse, violence or aggression shown to staff and patients, by patients, visitors or members of the public. We will not tolerate any form of bullying, victimisation, harassment, discrimination, unacceptable and inappropriate behaviour and/or unacceptable and inappropriate language.

All instances of abuse, violence or aggression, no matter how big or small, will be investigated and action taken if necessary.

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