

Information for families and friends

Delirium – acute confusion while in hospital





Contents

- What causes delirium? 3
- What are the signs of delirium? 3
- Types of delirium 4
- How common is delirium? 5
- How families and friends can help 5
- What else can I do? 6
- How we will help your relative or friend 6
- Leaving hospital 6
- Going home 7
- For more information 7

This leaflet gives general information about delirium to relatives and friends of patients. It does not replace the need for personal advice from a qualified healthcare professional. Please ask us if you have any questions.

Introduction

Some patients develop a condition called delirium or acute confusion while they are in hospital. Delirium is a condition that usually affects people's brains for a short time. This can cause a number of problems.

Delirium can develop quickly and may 'come and go'. Relatives and carers have an important role to play in spotting delirium if it develops.

It is important to recognise and treat delirium as soon as possible.

This leaflet explains what delirium is, the possible causes, what you can do to help your relative or friend if he / she experiences it, and what we may do to help.

What causes delirium?

Delirium has many causes. These include:

- pain
- infection
- constipation – difficulty with opening the bowels (going to the toilet) along with infrequent or hard stools
- dehydration
- side effects from medication
- and being in an unfamiliar (different) environment

What are the signs of delirium?

The symptoms of delirium can be serious and often happen suddenly. The symptoms can often change too.



Someone with delirium may be:

- Unable to remember recent events and keep track of time, or recognise relatives and friends
- Unsure whether it is night or day, or where they are
- Restless and agitated or withdrawn and inactive (sleepy and slow)
- Anxious
- Suspicious of people and their intentions
- Sleepless or experiencing vivid nightmares
- Have difficulty working out what is real at times or seeing and hearing things that are not there

For most people delirium is mild and may only last hours. However, some people do experience more severe periods of delirium that may last for days.

Types of delirium

There are three types of delirium:

- Hyperactive delirium – symptoms may include restlessness (for example, pacing up and down), agitation or rapid mood changes, and refusal to cooperate with care.
- Hypoactive delirium – a patient may be inactive, sleepy or slow, or seem to be in a daze.
- Mixed delirium – where patient switches between the hyperactive and hypoactive forms of delirium.

How common is delirium?

The Royal College of Psychiatrists estimates that 20 per cent of patients will experience delirium at some point during a hospital admission. Seriously ill patients are more likely to develop delirium. It is estimated that more than 80 per cent of patients who have been admitted to intensive care will develop delirium.

People are at more risk of developing delirium if they:

- are elderly
- already have memory problems
- are having major surgery
- have poor eyesight or hearing
- smoke cigarettes
- drink alcohol
- are underweight
- have had a brain condition, a stroke or head injury, for example
- or have had delirium before

How families and friends can help

In our eyes, you are the experts and the people who know your relative or friend best. Delirium can develop very quickly and there are times when it is clearly happening. But there are other times when it is harder to spot, because it can come and go, and some people can just become withdrawn. If you see any sudden change in your relative or friend's behaviour or attitude, please tell a member staff.



What else can I do?

- Keep talking to your relative or friend about familiar things such as the time, day and date, and explaining that he / she is in hospital. Use short, simple sentences and check you are being understood. You may need to repeat what you are saying.
- If your relative or friend uses glasses or a hearing aid, make sure that the ward staff know.
- Encourage your relative or friend to eat and drink. A lack of fluids (such as water) makes delirium worse.

How we will help your relative or friend with delirium

We will examine your relative or friend and carry out tests to look for the possible causes. For example, carrying out blood and urine tests to check different areas of general health.

We may stop or change the medications the patient is taking.

Your relative or friend may also be given individual 'one to one' nursing care to provide reassurance (comfort), prevent falls if he / she is agitated and to help us to constantly check for symptoms of delirium.

We may also ask our psychological medicine team to carry out a mental health assessment and recommend treatment. The team will also provide advice and help to patients who need follow-up care needed once they leave hospital.

Leaving hospital

Generally, a patient who has delirium will only leave hospital when it stops. However, in some cases, going home can be the best treatment for a person with delirium. We will need to be sure that the condition of a person with delirium is improving and that they will be safely cared for at home before he / she leaves hospital.

Going home

Sometimes people may experience occasional periods of delirium when they get home. In rare cases, periods of delirium can continue 'on and off' for few weeks. If this happens, you should contact your relative or friend's GP for advice.

Some people need time to make sense of their experience of having delirium after they return home. You can help by listening and 'filling in any gaps' in their memory.

For more information

If your relative or friend is still an inpatient, call the main hospital switchboard on **0330 12 88121** and ask to speak to a member of ward staff.

If the patient has left the hospital then contact a GP, dial **111** for advice or in an emergency dial **999** and ask for an ambulance.

Remember: Royal Brompton and Harefield hospitals do not have accident and emergency (A&E) departments.

If you have any concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call Patient Advice and Liaison Service (PALS):

- Royal Brompton Hospital – 020 7349 7715
- Harefield Hospital – 01895 826 572

Alternatively email pals@rbht.nhs.uk. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
Tel: 0330 12 88121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
Tel: 0330 12 88121

Website: www.rbht.nhs.uk

Royal Brompton and Harefield hospitals are part of Guy's and St Thomas' NHS Foundation Trust

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Türkçe tercemesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercemenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

