

treatment or to relieve distressing hallucinations. If used, they will be used in the smallest possible dose for the shortest possible time

- If someone is very agitated we may nurse them on a very low bed or even a mattress on the floor to reduce the risk of falls.

What you can do to help

- If your relative has had delirium before please let us know.
- Help us recognise delirium – let a member of staff know if you notice any unusual behaviour or conversation – sometimes people only tell their friends or relatives what is happening to them.
- Help orientate them – remind them frequently where they are and what time of day it is.
- Remain calm, keep sentences short and simple, and don't argue
- If they are getting agitated, tactfully disagree or gently change the subject.
- Visit regularly, but keep the visits short and only 1–2 people at a time. Don't talk across your friend or relative.

- Bring in photos or other familiar objects to help reassure them.
- While you are visiting, help your friend or relative to eat or drink.
- Bring in any snacks you know they like.
- Ensure your relative has their hearing aid and glasses with them.
- Time your visits for earlier in the day to avoid evening agitation.

As your friend or relative recovers they may remember being confused or frightened and need an explanation and reassurance that they aren't 'going mad'.

Please ensure your friend or relative sees their GP 8–12 weeks after an episode of delirium to make sure they have fully recovered. Please ask their GP for help before this if you have any concerns.

If you are concerned or have any questions, please speak to the nurse looking after your relative or friend.

Issued by:
East Suffolk and North Essex NHS Foundation Trust
Ipswich Hospital, Heath Road, Ipswich IP4 5PD
Colchester Hospital, Turner Road, Colchester CO4 5JL
www.esneft.nhs.uk



Delirium

Issue 6: December 2022
Review date: November 2025

© East Suffolk and North Essex
NHS Foundation Trust, 2010-2022.
All rights reserved. Not to be reproduced in
whole, or in part, without the permission of
the copyright owner.

(DPS: 06691-22 LN: 2279)



What is delirium?

Delirium is the sudden onset of confusion due to an underlying medical illness. It is a common problem in people admitted to hospital, for example, up to 60% of people who have a broken hip will get delirium.

It can be a very frightening experience for the person and their friends and relatives. This leaflet is to help you understand what is happening and what you can do to help your loved ones.

Delirium is not the same as dementia, although if someone already has dementia, delirium can occur quite easily.

It usually gets better once the underlying cause is treated, but can persist for days or weeks, and in a small proportion of patients, long after the cause of the problem has been removed.

How to recognise delirium

You will notice a sudden worsening of confusion or behaviour, usually over a period of hours or days. Your relative may become disorientated and not know where they are or what day or time it is.

Some people become very agitated and restless and shout out or become aggressive; others may become withdrawn and sleepy. Your relative may vary considerably during the day (or from day to day) – being very confused and agitated, then sleepy, then back to their normal self – this is typical of delirium.

Some people experience hallucinations (seeing or hearing things that aren't really there).

What causes delirium?

Delirium often has more than one cause, it is usually due to a medical illness.

Common causes are:

- chest or urine infection
- broken hip
- imbalance of natural chemicals in the blood, such as salt or calcium
- medication
- sudden withdrawal from drugs or alcohol
- heart or lung disease
- stroke or fits.

Delirium can also be caused by constipation, pain, a change of environment such as going into hospital or moving wards, and dehydration. It can also occur following major surgery. It is made worse by poor vision, poor hearing and poor nutrition.

What we will do

- Monitor closely for signs of delirium.
- Look for and treat any underlying medical illness.
- Remove all drips and catheters as soon as possible.
- Ensure your relative is not in pain.
- Review any medication that may be contributing to the delirium.
- Avoid constipation and treat it if it develops.
- Encourage your relative to wear their glasses and hearing aids.
- Ensure they have help eating and drinking if they require it.
- We will not use sedatives routinely. Sedatives may be used if your relative is a danger to themselves or others, to enable important medical

