

Delirium – information for patients, relatives and carers

This leaflet explains more about delirium, its symptoms and the risk factors associated with it. It aims to help you if you are a patient who has suffered from delirium, and those caring for you, to understand the condition better. It also gives some guidance on how to avoid delirium.

If you have any further questions, please speak to a doctor or nurse looking after you or your relative.

What is delirium?

Delirium is a common condition that usually affects patients' brains for a very short period of time. In 6 out of 10 patients the symptoms generally disappear within six days and other patients may continue to experience one or more symptoms when leaving hospital. A small number of patients (around 5 per cent) may still suffer from delirium more than a month after they first experienced the symptoms.

Delirium can cause:

- confusion
- restless behaviour
- sleepiness
- a complete change in personality
- a physical change in the patient's condition, such as difficulty walking, swallowing or speaking.

Patients with delirium may not recognise even their closest family. They may become paranoid, developing an extreme and irrational fear or distrust of others, and it is common for patients to have hallucinations (seeing or hearing things that are not there).

More than half of patients admitted to hospital become delirious at some time during their stay. Delirium often has many causes, which can make it difficult to recognise and treat. The age of the patient, especially if they are over 80 years old, and if they have already been diagnosed as having some form of dementia are the biggest risk factors for delirium. But it can occur in younger patients as well. It is a condition which can be distressing and frightening for patients and for their friends and relatives. Patients may not remember much of the illness when they are better, and this in itself can be cause for distress.

The following quotes offer examples of what might happen if someone is suffering from delirium:

"After her hip operation, my mother became very confused and aggressive. She kept pulling out her drip and shouting at the nurses. It was a shock as she is usually so polite."

"We can often tell that my father is getting a urinary infection because he starts to get slower and becomes quiet and withdrawn. He also sleeps much more."

"My wife has mild dementia, but we usually manage fine at home. She still recognises most of our neighbours and friends. When she was in hospital though, she didn't even recognise me or our daughter."

"The nurses told me that my grandmother had been up all night, wandering around the ward and trying to leave. However, when I visit her on the ward in the daytime, she is nice and quiet and seems okay."

"In the days leading up to my father's death, he became very confused. He was sleepy at times, and agitated and restless at other times. The nurses gave him medication to help control his symptoms."

Who is at risk of developing delirium?

Although the condition can affect anyone, the following groups are at particular risk of developing delirium:

- Older patients – the risk increases with age.
- Patients with dementia.
- Physically frail patients.
- Patients admitted with dehydration (not enough water in their body) or an infection.
- Patients with sight or hearing problems.
- Patients taking lots of different medicines or certain types of medication such as sleeping tablets.
- Patients who consume excessive amounts of alcohol or take illegal drugs.
- Severely ill patients.
- Patients with neurological problems such as stroke, Parkinson's disease or a head injury.
- Patients who have undergone surgery, especially hip surgery.
- Patients who are nearing the end of their life.

What are the signs and symptoms of delirium?

There are a number of symptoms that can help you recognise delirium. These include:

- A sudden change or worsening of mental state and behaviour over a short period of time.
- Disorientation. For example, patients will often not know where they are or what time of day it is.
- A disturbed level of consciousness. Patients may become more sleepy or very restless and agitated. Commonly they alternate between these states. When this happens, they will usually find it very difficult to concentrate, and will often not be able to understand what is being said to them. These symptoms are usually worse later in the day and at night, and sometimes they occur even when a patient seemed completely normal in the morning.
- Memory problems. Delirium commonly affects recent memory rather than older memories. For example, patients with delirium may not realise they are in hospital.
- Hyperactive behaviour. For example, patients may shout out or become aggressive or they may try to get out of bed and wander, increasing their risk of a fall.
- Hypoactive behaviour, which can be difficult to recognise. Patients may be much more sleepy and it may also be difficult to wake them up. This may mean that they do not eat or drink enough, forget to take their medication or are at risk of pressure sores.
- Unusual behaviour such as wandering and hallucinating, or mistaking objects for something else.
- A sudden and new change in the patient's condition, including how they behave towards other people, their appetite, mood or sleep, or physical ability such as walking or swallowing.

If you see any of the above changes, or notice anything new or different in your relative or friend while they are in hospital, please inform a member of staff. If your friend or relative is at home, please speak to any of the community health staff who support you, or alternatively, contact the patient's GP.

What can be done to help?

Delirium can be prevented in a third of patients. We know that good nursing and medical care can help to reduce the risk of delirium in some patients, and help to manage and treat those who have it.

Patients, visitors and members of staff can all play a part in recognising the signs and symptoms of delirium, and everybody can help to minimise the distress caused by this condition.

Our commitment to patients, their relatives and carers

- We will find and treat any causes of delirium, such as an infection, uncontrolled pain, constipation or inability to pass urine, and the side effects caused by different medicines..
- We will ensure the patient is pain-free by looking for non-verbal signs of pain such as facial expression or how they are holding their body.
- We will try to avoid sedating the patient and manage their agitated behaviour without using drugs. However, drugs may sometimes be necessary to avoid harm to the patient or others, or to enable us to provide essential treatment.
- We will ensure the patient knows what day and time it is by making sure they can see clocks with the correct date and time. We will also ensure the patient's name is clearly visible above their bed. You may be able to help by bringing in daily newspapers, telling the patient what day and time it is, or by reassuring them that they are being cared for in hospital.
- We will break down tasks into manageable chunks and use short sentences when talking to patients to ensure clear communication,
- We have a 'side rail policy' for beds, and every patient admitted to Guy's and St Thomas' will undergo a risk assessment which includes making sure that the side rails are used where appropriate. Sometimes, when a patient is confused, they want to get out of bed, even climbing over the side rails and hurting themselves. Very rarely they may require 'nursing on the floor' to avoid injury. This means they will need to lie on a mattress on the floor to be treated safely.

To prevent delirium:

- We will try to avoid using any medical equipment that may disturb patients, such as urinary catheters (small tubes inserted into the bladder to help patients pass urine without leaving their bed) or intravenous cannulas (drips) unless they are necessary for their treatment.
- We will make sure the patient has enough fluids so they do not become dehydrated or constipated. Please let staff know if you think your relative is constipated.
- We will ensure that the patient has enough food. We will check that they can feed themselves, and also find out if they have any favourite foods to encourage them to eat. You can also help by bringing in preferred snacks and food. A member of staff will assist patients who are unable to feed themselves.
- We will make sure that the patient has easy access to their glasses, hearing aids or any other aids they need. Please bring in any aids that your relative might have left at home.
- We will try to get the patient up and moving about as quickly as possible. If necessary they will be given physiotherapy to help them get mobile again.
- We will avoid moving patients around the ward or to another ward where possible. However, some moves, for example to comply with infection control requirements, may be unavoidable.
- We will try to keep the patient stimulated through low-level activity such as listening to the radio or television. You can help by talking to your relative or friend about their past experiences and memories as this may be calming and reassuring for them. You may even want to bring some photographs or any other mementos.

- We will help the patient to restore and maintain their normal sleep pattern. For example, we will help them to avoid taking naps during the day, keep noise to a minimum and ensure low lighting at night.
- We encourage relatives and carers to visit regularly because patients often feel very frightened when they are in hospital.

What about when patients leave hospital?

Delirium is distressing for everyone but once the underlying cause for this severe confusion has been treated, the distressing symptoms will usually improve. Some patients may still be a little more confused or less able than usual to carry out their daily tasks when they leave the hospital, and in a small number of cases the symptoms do not completely go away. When planning for a patient to leave hospital, we will arrange a follow-up appointment for them and ensure they receive the right level of support, including rehabilitation. Most patients will slowly get better, but if you are concerned, please speak to your GP.

We encourage patients and relatives to talk openly about their experiences following delirium as this may help to speed up the patient's recovery.

Useful sources of information

The Alzheimer's Society provides advice and support on all forms of dementia.

t: 020 7306 0606 w: www.alzheimers.org.uk

Carers UK provides information and support for carers.

t: 020 7490 8818 w: www.carersuk.org

Age UK provides advice, information and support for older people.

t: 0800 169 6565 w: www.ageuk.org.uk

Appointments at King's Health Partners

We have teamed up with King's College Hospital in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at King's. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Contact us

If you have any questions or concerns about delirium, please speak to a nurse or doctor looking after your relative or friend. If they are not in hospital, you should speak to community nurses or their GP.

You can also contact the delirium and dementia team from Monday to Friday, 9am – 5pm. Call the hospital switchboard on 020 7188 7188 and ask for bleep 1582.

Out of hours, please call the hospital switchboard on 020 7188 7188 and ask to speak to the site nurse practitioner on duty.

Pharmacy medicines helpline

For information about any medicines that you have been prescribed at Guy's and St Thomas' hospitals, you can speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' t: 020 7188 8803 at Guy's e: pals@gstt.nhs.uk

Knowledge & Information Centre (KIC)

For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.

t: 020 7188 3416

Language support services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 fax: 020 7188 5953

NHS Direct

Offers health information and advice from specially trained nurses over the phone 24 hours a day.

t: 0845 4647 w: www.nhsdirect.nhs.uk

Become a member of your local hospitals, and help shape our future

Membership is free and it is completely up to you how much you get involved. To become a member of our Foundation Trust, you need to be 18 years of age or over, live in Lambeth, Southwark, Lewisham, Wandsworth or Westminster or have been a patient at either hospital in the last five years. To join:

t: 0848 143 4017 e: members@gstt.nhs.uk w: www.guysandstthomas.nhs.uk

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