

# Delirium

---



## Information for relatives and carers

This leaflet aims to help you understand delirium better. It describes the main symptoms and how we treat them. It is very common in older people with dementia and this is reflected in the case study we present below. However it can also affect younger people in a variety of settings and with different conditions.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

Mr Smith is 80 years old and used to be a headmaster. He held a pilot's licence. He has been married for 60 years and is a loving father of three children.

He was diagnosed with a type of dementia called Alzheimer's disease five years ago. He has short-term memory loss so he cannot memorise information. He cannot remember where he lives, the time of day or even the year he is living in.



Mr Smith still thinks he is teaching children at his local school. He sometimes tells his wife he is going to work.

He relies on Mrs Smith to help him maintain his dignity and independence. He becomes distressed and agitated when she is not with him.

Last week Mr Smith suddenly became much more confused and irritable. He was sleepy and lost his appetite. He had developed a urine infection and was admitted to King's College Hospital with delirium.

When he arrived on the ward, Mr Smith was very restless and kept calling out for his wife. He kept trying to pull his drip out and wandered round the ward looking in other patients' lockers.

He was very distressed, which upset his wife as well as other patients, their visitors and members of staff.

**Mr Smith is suffering from delirium.**



## What is delirium?

Delirium is a common problem that we often see in hospital. It can happen with any illness, after surgery, or after people take new medications. It happens quickly, over hours or days, and usually lasts for a short time.

Sometimes, it may last for weeks or months.

### Who is most likely to develop delirium?

Patients who are most likely to develop the condition include those who:

- are over 65
- have a severe acute illness, particularly if they are being treated in the Intensive Care Unit (ICU) or the High Dependency Unit (HDU)
- have dementia
- have fractured their hip

The condition is common after a stroke, a head injury, brain surgery and cardiac (heart) bypass surgery, and in patients with liver disease.

It is also very common in patients at the end of their life.

Younger patients can develop it as well.

Delirium often has many causes, which can make it difficult to diagnose and treat. It can be distressing and frightening for patients and their friends and relatives. Patients may not remember much of the illness when they are better.



## What are the symptoms?

Common symptoms include restlessness, drowsiness, poor concentration and sometimes a complete personality change.

Patients may have very abnormal thoughts where they do not recognise even their closest family. They may become paranoid, and develop an extreme and irrational fear or distrust of others.

It is common for them to have hallucinations (see or hear things that are not really there).

The main symptoms are:

- **a sudden worsening of their mental state and behaviour** over a short time
- **disorientation**, such as not knowing where they are or the time of day. This can develop slowly if they have dementia, but if they have delirium it can happen very quickly
- **a disturbed level of consciousness** where they become more sleepy or very restless and agitated. Often they switch between these two states. When this happens, they usually find it very difficult to concentrate and cannot understand what is being said to them. These symptoms are usually worse later in the day and at night. Sometimes they happen even when someone has seemed completely well in the morning.
- **memory problems** which usually affect recent rather than older memories. For example, they may not realise they are in hospital



- **hyperactive behaviour**, which means that they may shout or become aggressive
- **hypoactive behaviour**, which means they may become much more sleepy and difficult to wake up easily. It can also mean that they do not eat or drink enough or take their medicines. This symptom can be very hard to spot
- **unusual behaviour** including wandering and hallucinating, mistaking other objects such as a waste paper basket for the toilet.

**If you see any of the above changes in your relative or friend, please tell a member of staff.**

## How can the risk of delirium be reduced?

We help to reduce the risk of delirium in some patients by making sure they have good nursing and medical care. This can also help to manage and treat those who have it.

It is important to make sure that patients:

- drink enough
- get out of bed early
- are encouraged to have physiotherapy
- use their glasses and hearing aids. If they have dementia, it also helps to remind them where they are, the date and the time of day.

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



## What happens when patients leave hospital?

Once we treat the cause of delirium, about two-thirds of people will get better within a week. Some patients may remain delirious for longer and a number will not fully recover.

People with dementia are less likely to make a full recovery.

When we discharge patients we will make sure the planning involves the patient and their relatives and/or carers. We will also give you advice on follow-up care, which may be provided by your GP or at King's.

If you are concerned about the discharge plans or follow-up arrangements, please discuss this with the ward staff or your GP.

## How we care for delirium patients

We will find and treat what is causing patients' delirium. But we cannot always find a cause. This happens in about 5% of cases.

Some people with delirium become incontinent, which can be very distressing. We will plan their care to reduce the risk of this happening. We try to avoid using catheters to help them urinate because this can make their delirium worse. But sometimes we have to use one after a patient has had an operation or because they have a certain medical condition. We will make sure it is taken out as soon as possible.

To help prevent patients from becoming more confused, we will make sure they have enough fluids so they do not become dehydrated. We will also make sure they do not become constipated.



We will make sure they have enough food and drink. We will check that they can feed themselves and find out if they have any favourite foods to encourage them to eat more. You can also help by bringing in snacks and other food that they like. One of our team will help patients who cannot feed themselves.

We will make sure they are not in pain, looking for non-verbal signs of pain such as their facial expressions and how they are holding their body.

We will make sure they can easily reach their glasses and hearing aids, if they need them.

We will try to avoid sedating them and manage their agitation without giving them drugs.

We will try to get them up and moving about as quickly as possible. If they need it, we will give them physiotherapy to help them get back on their feet again.

## **How we make sure delirium patients' have the right surroundings**

We will make sure patients can see clocks showing the correct date and time so they know what day and time it is. We will also make sure their names can be seen clearly above their bed.

We will keep alarms on medical devices and background noise to a minimum so they are not disturbed.

We will assess whether they are at risk of falls and whether they need to have their bedside rails raised. Our hospital beds can be set so they are not very far off the ground so patients are less likely to hurt themselves if they fall out.



We will move delirium patients between and around wards as little as possible. Even moving patients within a ward can make them more confused, especially those with dementia who have developed delirium.

But sometimes we do have to move them, such as when we are following infection control rules. We will try to do any moves in the morning to make them less likely to become more confused.

We will try to keep our patients interested in their surroundings with simple activities such as listening to the radio. We will refer them to our activities co-ordinator if we think this will help them. They offer stimulating group work and individual activity sessions for older patients such as creative therapy, which involves using art and imagination rather than words.

We will help patients to get back to and maintain their normal sleep pattern. One way we do this is to help them to avoid taking naps during the day.

To communicate well with patients, we will break down tasks into easy to manage chunks, use short sentences and avoid negative body language such as folding our arms and raising our voices.

## **How can Carers, family relatives or friends help?**

We encourage relatives, friends and carers to visit regularly because patients often feel very frightened and threatened by coming into hospital.

You can ask ward staff for a carer's passport (small card) to enable you to visit your loved one outside designated visiting hours while they are in hospital. King's College Hospital has signed up to John's





Campaign, a nationwide initiative that promotes open access for carers to visit loved ones while they are in hospital. Originally this campaign focused on carers of patients with dementia but here at King's we believe all carers have the right to visit and support, rather than stay with their loved ones in hospital if they wish regardless of their diagnosis.

You can also help with their care by:

- letting us know if you think they are constipated
- bringing in daily newspapers to help them know what day it is
- bringing in photographs and any other mementos you think may help reassure them
- bringing in snacks and other food that they like to encourage them to eat.

**Please ask ward staff for advice about how else you can help with their care.**

## **Who can I contact with queries and concerns at King's College Hospital (Denmark Hill)?**

If you would like to discuss any of these issues or would like more support, please contact the dementia and delirium team:

Tel: **020 3299 2478**

## **Who can I contact with queries and concerns at the Princess Royal University Hospital?**

If you would like to discuss any of these issues or would like more support, please contact the Matron in Medicine:

Tel: **01689 863000**



## Where can I get more information?

### **The Alzheimer's Society**

Helpline: **0300 222 11 22**

Southwark & Lambeth: **020 7735 5850**

Croydon: **020 8916 3587**

**[www.alzheimers.org.uk](http://www.alzheimers.org.uk)**

### **Carers UK**

Advice line: **0808 808 7777**

**[www.carersuk.org](http://www.carersuk.org)**

## Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals 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 Guy's or St Thomas'. 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.

## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

**PALS at King's College Hospital**, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

You can also contact us by using our online form at

**[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**

**PALS at Princess Royal University Hospital**,

Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**



PL393.4 September 2017  
Review date September 2020

Urgent & Planned Care  
Corporate Comms: 0382

---

King's College Hospital is part of King's Health Partners Academic Health Sciences Centre (ASHC), a pioneering collaboration between King's College London, and Guy's and St.Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts.

For more information, visit [www.kingshealthpartners.org](http://www.kingshealthpartners.org) 