How can you help care for someone with delirium?

It is reassuring for people with delirium to see familiar people. Visit as often as you can and try to be available to help with their care.

Encourage other family members or friends to help as well.

- Speak slowly in a clear voice when talking to someone who has delirium. Identify both yourself and the person by name.
- Encourage and assist someone with delirium to have adequate food and fluids.
- Knowing the time of day can reduce confusion. Remind them where they are, and what day and time it is. Open the curtains in their room.
- Visual or hearing impairment can make their confusion worse. If someone with delirium usually wears glasses or hearing aids, help them to put them on.
- If someone with delirium is agitated or aggressive, do not try to restrain them. If they want to walk around, let them, but try to make sure that they are safe from falling and that the area is free from hazards.
- Bring personal mementos that help remind the person of home, such as photos, their dressing gown, radio or CD/tape player with favourite music.
- Let staff know any special personal information that may help calm and orient someone with delirium, such as, the names of family and friends, hobbies, significant events etc.

If you have any concerns or questions about delirium, talk to your local doctor or ask your hospital staff.

CONTACTS

Carers Resource Centres

Ph: 1800 242 636

Aged Care Information Line

Ph: 1800 500 853

National Dementia Helpline

Ph: 1800 100 500

Carers Australia

www.carersaustralia.com.au

Alzheimer's Australia

www.alzheimers.org.au







Adapted with permission from Northern NSW Local Health District and Delirium Care Pathways, Department of Health and Aging, Canberra. 2010.

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Delirium is a common medical problem that is characterised by changes in mental function and occurs more often among older people.

When delirium occurs people are confused and may be ether very agitated or quiet and drowsy.

The onset of delirium is always sudden. It usually only lasts for a few days but may persist for longer periods.

It can be a serious condition.

This brochure provides information for people who have experienced delirium and for their family/carers.

■ Who is at risk of developing delirium?

People who:

- are very sick
- have dementia
- are 70 years of age or more
- suffer from depression
- have poor eyesight
- are taking multiple medications
- are having a surgical procedure eg heart or hip surgery.

■ What are the symptoms of delirium?

People with delirium may:

- appear confused and forgetful
- be unable to pay attention
- be different from their normal selves
- be either very agitated or quiet and withdrawn or sleepy
- be unsure of the time of day or where they are
- have changes to their sleeping habits, such as staying awake at night and being drowsy during the daytime
- feel fearful, upset, irritable, angry or sad
- see things that are not there, but that seem very real to them
- lose control of their bladders or bowels.

■ How common is delirium?

About one-fifth of older people admitted to hospital, and close to half of the residents in aged care facilities will experience delirium at some stage of their care.

■ What causes delirium?

Common causes of delirium in older people include:

- infection (including urinary tract infection in males or females)
- multiple physical illnesses
- constipation
- dehydration/malnutrition
- severe pain
- medications, including 'over-the-counter' medicines
- heavy alcohol consumption
- withdrawal from alcohol or medication, particularly sleeping pills.

■ How does delirium start?

The symptoms happen very quickly, usually over hours or days. A person's behaviour can also fluctuate during the course of a single day.

Delirium is sometimes mistaken for dementia or depression, so it is important for family/friends to notify medical/nursing staff of any sudden change in a person's mental state.

■ How long does delirium last?

Delirium usually only lasts for a few days but sometimes it will continue for weeks or even months. If delirium is not resolved quickly, it can lead to serious complications such as falls, pressure ulcers, longer lengths of stay in hospital, and even death.

■ Will delirium recur?

People who have experienced delirium do have a higher risk of experiencing delirium again.

■ How is delirium treated?

Delirium is generally associated with an underlying physical illness. However it is not always possible to identify the cause. Staff will do a thorough medical assessment to look for and treat the underlying cause of the delirium.

Treatment also includes reducing the risk of complications and lessening symptoms.

Role of family and carers

- Family members/carers can provide valuable information to the staff caring for the person with delirium.
- It is important to notify staff of any sudden change in a person's mental or physical condition.