



# Delirium

Guide for patients, relatives and carers

## Introduction

This leaflet has been put together to provide information about delirium and its symptoms. To help understand the condition better. If you feel you need any further information after reading this please speak to a doctor or nurse.

## What is delirium?

Delirium is a term we use to describe a sudden onset of confusion. Delirium is a common condition that affects the brain. This condition could last from a few days to weeks. It can come and go. Normally delirium passes within a few days but in some cases it can last longer.

Delirium is a common condition, with 13%-18% of people in hospital experiencing it at any one time. It can affect anybody, regardless of age or medical history. However certain groups of people are at a higher risk of developing delirium and this includes older people, patients admitted with dehydration (not enough water in their body) or an infection, patients with sight or hearing problems, patients with neurological problems such as stroke, Parkinson's disease or a head injury and patients who have undergone surgery, especially hip surgery.

Having dementia increases the likelihood of developing delirium therefore it is important that the hospital team are made aware of the level of confusion that is normal for the person living with dementia. It is vital that they have clear and accurate information from family members and/ or carers so that the team can identify and investigate any sudden changes in behaviour or memory that may indicate underlying delirium. Please ensure a copy of "Reach-out to me" or "my care matters" information sheet is completed and left with patient bedside notes. These information sheets help staff know about the persons' needs, interests, preferences, likes and dislikes.

## What does delirium look like?

In delirium you will see a sudden change or worsening of mental state and behaviour over short period of time. Also you will notice disorientation. For example, patients will often not know where

they are or what time of day it is. There are two types of delirium; 'hyperactive delirium' and 'hypoactive delirium'. A person may have either hypo or hyperactive delirium or they may have a combination of both.

## Hyperactive delirium

The person may appear more agitated or emotional. Their memory may be worse than usual and their speech may seem muddled. With this type of delirium, the person can often seem frightened or angry and may experience hallucinations or hold paranoid or persecutory beliefs (for example that they are in prison or that somebody is poisoning their food). In hyperactive delirium, a person may appear to have endless amounts of energy and may need very little or no sleep. They may not want to sit in one place or want to walk increasing their risk of falls.

## Hypoactive delirium

The person may appear more lethargic or withdrawn than usual. They may find it difficult to concentrate or focus on the thread of conversation when they are talking or when you are talking to them. With this type of delirium, a person can often seem very withdrawn or depressed. In hypoactive delirium, a person may appear to have no energy and may spend most of the day and night sleeping. Although this type of delirium is much more common, it is also harder to spot.

## Common causes include

An acute infection (commonly urine or chest infection), post-surgery, constipation, pain, medication, dehydration, change in environment.

## What can you do to help?

It's really important to identify what has caused the delirium so that the underlying cause can then be treated. For example, a person may have a urine infection that has caused a delirium. The delirium will not improve until the infection has been treated with antibiotics. Provided that the underlying cause is addressed and resolved, delirium can improve in days or weeks. For a person with dementia, it can take longer for the delirium to resolve. People who have recovered from delirium can often experience frightening or upsetting memories of how it felt to be delirious.

## Communicate

If your loved one suddenly seems more confused, paranoid or lethargic while in hospital, ensure that the doctors and nurses are aware of this. This should prompt them to "Think delirium" and investigate whether there is an underlying cause. The quicker they have this information, the quicker the delirium can be addressed.

## Understand

It can be scary and upsetting to see a dramatic change in how a person thinks or behaves. Delirium can cause a person to behave in a very challenging way that is out of character for them. Keep in mind that they are acutely unwell and that given the right treatment this should significantly improve.

## Visit

It is tempting to tell family or friends not to visit when a person is delirious. You may feel as though you make things worse when you're there or it may feel uncomfortable and distressing to see somebody experience delirium. Only you know what is right for you. Having familiar people visit and spend time with the person helps them to feel safe and less anxious in an unfamiliar environment like a hospital. SASH welcomes open visiting so visiting times can be flexible. However please check with ward staff as they will be able to advise when the most beneficial times to visit are or if as the patient needs to rest etc. Also please respect the number of visitors allowed at any one time by the bed side (maximum two). If you are the main carer please speak to staff about carers support services available at the Trust.

## Reassure

People with delirium often fluctuate between moments of lucidity (clarity) and confusion. Vivid dreams and strange ideas can sometimes make a person feel frightened and anxious. Reassure the person that they are safe. Remind them of where they are, why they are there and that they are a bit mixed up at the moment possibly due to an infection. Try not to argue or contradict any mistaken beliefs a person may have as this may cause further distress. Changing the subject and sticking to comforting, familiar topics is a good way of helping the patient.

## The Butterfly Scheme



In this hospital we use the Butterfly Scheme for people with dementia or delirium. It aims to help staff recognise patients with delirium to ensure that patients receive appropriate care and so reduce their stress levels and increase their safety and well-being. An outline of a butterfly is placed by the bed and in the notes alerting staff of the delirium. If you require more information please speak to a member of staff.

## What about when patients leave hospital?

Once the severe confusion has been treated the symptoms normally improve but some patients may return home a little more confused or less able than usual to carry out their daily tasks. Most patients will slowly get better but if you are concerned then speak to your GP.

## SASH supports the following schemes



The right to stay with people with dementia

## Contact us

Surrey and Sussex Healthcare NHS Trust  
East Surrey Hospital  
Canada Avenue  
Redhill, Surrey RH1 5RH  
[www.surreyandsussex.nhs.uk](http://www.surreyandsussex.nhs.uk)

## Patient Advice and Liaison Service (PALS)

Telephone: 01737 231 958  
Email: [pals@sash.nhs.uk](mailto:pals@sash.nhs.uk)  
Write to: PALS, East Surrey Hospital  
Redhill, Surrey RH1 5RH

You can also ask a member of staff to contact PALS on your behalf.

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This information can be made available in other languages and formats, including in larger text.  
Contact 01737 231 958 for further advice.

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