

## Additional information

For more information please visit:  
**National Institute for Health and Care Excellence:** [www.nice.org.uk](http://www.nice.org.uk)

[www.rcpsych.ac.uk/healthadvice/problem/sdisorders/delirium.aspx](http://www.rcpsych.ac.uk/healthadvice/problem/sdisorders/delirium.aspx)

**The European Delirium Association:**  
[www.eurodeliriumassociation.com](http://www.eurodeliriumassociation.com)

Delirium is more common in dementia, to read more about this visit:  
[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

## Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or [whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

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Date published: 08/02/2019  
Review date: 08/02/2021  
Ref: EIM/COOP/DGC/02

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# Delirium

## A guide for carers



## Introduction

It is common for elderly people when they are unwell to become delirious (acutely confused).

Delirium affects 25% of patients in hospitals. It is important that the treating team looking after your relative are aware of any increased or new confusion so they can manage it. Delirium can lengthen the stay in hospital.

## What does delirium look like?

Patients present with sudden onset of some of the following:

- reduced awareness of the environment
- poor attention and concentration
- disorientation
- poor memory
- disorganised thinking
- misinterpretation of the surroundings, suspiciousness, hallucinations and delusions
- behaviour change such as drowsiness and
- apathy or restlessness and agitation and sometimes even aggression
- mood change such as anxiety, depression and fear
- sleep/wake disturbance

## Who is most at risk?

Those who have a pre-existing memory impairment or dementia are more susceptible to delirium.

## What is delirium?

Delirium can be caused by many different medical conditions i.e. stroke, surgery, pneumonia, heart attack. Often it is caused by several minor factors such as pain, infection, malnutrition, constipation, dehydration, constipation, or just a change in the environment.

## How long will it last?

Delirium usually resolves quickly.

Sometimes however, it can take weeks or even months. Occasionally a degree of confusion persists. If this happens it is important that your relative ask their GP to refer them to a memory clinic for a fuller assessment of the problem. This means they will have timely access to any treatment, support and advice they need.

## How is delirium managed?

It is important that the treating team identify the underlying cause and treat this. It is also important that your relative is:

- Eating and drinking well,
- Going to the toilet
- Not in pain
- Mobilising
- Stimulated
- Uses hearing and vision aids

Delirium can be a very distressing condition. Sometimes if your relative is very distressed or their behaviour puts them at risk the team may prescribe short term medication.

## How can you help?

- Tell the staff as much as possible about your relative by completing the 'This is me' patient autobiography. This is so that staff better understand and know your relative, their behaviours likes and dislikes and what comforts them. You can ask staff for one of these if not already completed.
- Bring in familiar objects, photographs, radios and comforts to make the environment less alien and to help your relative feel more secure.
- Communicate in a clear and simple way with your relative explaining your intentions. Try to be kind, patient and reassuring. You may need to repeat things and reorientate them.
- Bring in hearing aids or glasses to address any sensory impairment.
- Try to stand in the shoes of your relatives and think how they might be thinking and feeling. This may help you understand the situation better.
- Try to organise family and friends to visit regularly and provide support unless you know that this will upset your relative.