



# Delirium

## Information for patients, relatives and carers

This leaflet includes information 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 word used to describe a condition of severe confusion. It is also known as an 'acute confusional state'. Medical problems, surgery and medications can all cause delirium.

It often starts suddenly, and is usually a temporary condition. In six out of ten patients the symptoms generally disappear within six days, although some patients may still continue to experience one or more symptoms when leaving hospital. A small number of patients (around five per cent) may still suffer from delirium more than a month after they first experienced the symptoms.

The signs and symptoms of delirium can change from one day to the next, and will usually improve gradually after a few days or weeks with the appropriate treatment.

Unfortunately people with delirium do not always return fully to their previous level of functioning once the cause(s) have been treated.

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Delirium can cause:

- Confusion
- Restless behaviour
- A complete change in personality
- Sleepiness
- A physical change in the patient's condition, such as difficulty walking, swallowing or speaking

### **What is it like to have delirium?**

You may:

- Be unsure about where you are or what you are doing there
- Be less aware of what is going on around you
- Be unable to follow a conversation or speak clearly
- Have vivid dreams, which are often frightening and may carry on when you wake up
- Hear noises or voices when there is nothing or no one to cause them
- Worry that other people are trying to harm you
- Be very agitated or restless, unable to sit still and wandering about
- See people or things which aren't there (hallucinations)
- Sleep during the day but wake up at night
- Have moods that change quickly; you can be frightened, anxious, depressed or irritable
- Be more confused at some times than at others – often in the evening or at night

### **How common is it?**

About one in ten hospital patients have a period of delirium. Delirium is more common in people who:

- Are older – people over the age of 65
  - People with dementia
  - Physically frail patients
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- Have recently had surgery especially hip or heart surgery
  - Have a terminal illness
  - Have an illness of the brain, such as an infection, a stroke or a head injury
  - Have had a delirium before

### **Why does it happen?**

The most common causes of delirium are:

- A urine or chest infection
- Having a high body temperature
- Side effects of drugs e.g. pain killers and steroids
- Chemical problems in the body, e.g. dehydration or low salt levels
- Liver or kidney problems
- Suddenly stopping drugs or alcohol
- Major surgery
- Epilepsy
- Brain injury or infection
- Terminal illness
- Constipation

There is often more than one cause – and sometimes the cause is not found.

### **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
  - Disturbed level of consciousness – may become more sleepy or restless and agitated (commonly alternating between these states)
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- Memory problems – commonly affects recent memory rather than older memory
  - Hyperactive behaviour – people may shout or become aggressive or they may try to get out of bed and wander, increasing their risk of falls
  - Hypoactive behaviour – people may be more sleepy and difficult to wake, leading to reduced food and fluid intake, forgetting to take medication and increasing their 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 the community health staff that support you, or alternatively contact the patient’s GP.

### **Our commitment to patients, their relatives and carers**

To treat delirium, you need to treat the cause. For example, an infection may be treated with antibiotics.

- We will find and treat any causes of delirium, such as 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.
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- We will ensure the patient knows what day and time it is by making sure they can see clocks with the correct time. You may assist 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 with patients to ensure clear communication.

### **What you can do to help?**

- Ensure familiar people (family and friends) visit regularly
- Ensure that the person has their usual glasses, working hearing aids and dentures with them
- Talk slowly and clearly about familiar, non-threatening topics and use calm, reassuring tone of voice
- When giving information, break the information down into one fact or one instruction at a time
- Remind them often where they are and what the time and date is
- Keep the number of visitors to a minimum at any one time; avoid long tiring visits, loud chatter and laughter
- If they have hallucinations, explain that they are not real and be reassuring
- Please talk to the ward staff if you would like any advice or have any concerns, worries or difficulties

### **To prevent delirium**

- We will try to avoid using any medical equipment that may disturb patients, such as urinary catheters, or intravenous cannulas unless they are necessary for treatment.
  - We will make sure the patient has enough fluids so they do not become dehydrated or constipated.
  - We will ensure that the patient has enough food. We will check that they can feed themselves; a member of staff will assist if they are unable to feed themselves.
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- We will make sure the patient has easy access to their glasses, hearing aids and any other aids they need. Please bring in any aids your relative may have left at home.
  - We will try to get the patient up and moving as quickly as possible; if required they will receive physiotherapy to assist with this.
  - Where possible we will avoid moving patients around the ward or to another ward.

### **How long does it take to get better?**

Delirium gets better when the cause is treated. You can recover quickly, but it can take several days or weeks. People with dementia can take longer to get over delirium.

### **How do you feel afterwards?**

You may not remember what has happened, particularly if you had memory problems beforehand. However, you may be left with unpleasant and frightening memories – and even worry that you are going mad. It can be helpful to sit down with someone who can explain what happened; this might be a family member or carer or your doctor or nurse.

### **Follow up care**

When you are discharged, your GP will receive a letter telling them why you were in hospital, what treatment was given and the medication (if any) you have been prescribed to take home.

People who have suffered from delirium are more likely to have it again if they become unwell. It is important that someone knows the warning signs/symptoms and if they are worried to contact your GP as soon as possible.

### **When patients leave hospital**

Some patients may still be a little more confused, or less able to carry out their daily tasks when they leave hospital, and in a small number of cases the symptoms do not completely go away.

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When planning your discharge, we will arrange a follow up appointment as requested by the doctor and ensure that you receive the right level of support, including rehabilitation if required. Most people will slowly get better, but if you are concerned, please speak to your GP.

We would encourage patients and relatives to talk openly about their experiences following delirium as this may assist with your recovery.

**Please use this space to write any notes or questions you may have.**



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**Further information and advice can be obtained from:**

**NHS 111**  
**NHS Choices**

 **111**  
[www.nhs.uk](http://www.nhs.uk)

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**MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.**

**Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the Patient Advice and Liaison Service (PALS) on:**

**Telephone:**      **01622 224960** or  **01892 632953**

**Email:**           **mtw-tr.palsoffice@nhs.net**

**or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.**

**You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: [www.mtw.nhs.uk](http://www.mtw.nhs.uk) or pick up a leaflet from main reception.**

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