



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Delirium

Information for patients, relatives and carers

① For more information about delirium, please speak to a member of nursing or medical staff on the ward

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What is delirium?

Delirium is a state of confusion that can happen when someone becomes medically unwell. Delirium is sometimes also called 'acute confusional state'.

Delirium usually starts suddenly (within hours or days), fluctuates and can affect a person's behaviour, mood and memory. It is usually a temporary condition. In most cases delirium will last several days and will start to resolve once the underlying cause is treated. In others, delirium can last weeks or even months after the medical cause has been treated.

Some people with delirium may not return fully to their previous level of functioning or cognition once the cause is treated. This is why it is crucial to do all that is possible to prevent delirium or detect it early.

It is important to identify delirium as soon as possible. Family and carers can provide helpful information so that medical staff can spot if someone is experiencing an episode of delirium. This may include if they notice anything about the patient's behaviour that is different to usual.

Types of delirium

There are three main types of delirium: hyperactive, hypoactive and mixed type of delirium. Hypoactive and mixed type delirium are more common among older people.

Hyperactive – a person with hyperactive type delirium may appear more restless, agitated, have difficulty sleeping and may have hallucinations and delusions.

Hypoactive – a person may appear withdrawn, drowsy and lethargic, sleep more, eat and drink less and struggle to stay focused when they are awake.

Mixed type of delirium – a person with mixed type delirium will fluctuate and have symptoms of both hyperactive and hypoactive delirium. They may change quickly during the day and night.

Symptoms of delirium

A person with delirium can fluctuate and present differently day to day with sudden changes in mental state. For example, from being tired and drowsy, to being agitated, then drowsy again. People with delirium may also be more confused at certain times of the day than at others, often being more restless in the evening and have difficulty sleeping at night.

Symptoms of delirium can include:

- Severe agitation or restlessness and unable to sit still.
- Drowsy, lethargic and slowed down.
- Disorientation - being unsure of who people are or where they are.
- Difficulty paying attention - be less aware of what is going on around them.
- Difficulty following a conversation or speaking clearly.
- Hallucinations - see or hear things that are not there or have vivid dreams, which may carry on when they wake up.
- Feeling worried, anxious or suspicious that other people are trying to harm them.
- Sleeping more during the day and awake at night.

How common is delirium?

Around two in ten patients in hospital will have a period of delirium. Delirium is more common in certain people such as those who:

- Are older (over 65 years old).
- Have memory problems or dementia.
- Have poor eyesight or hearing.
- Have recently had surgery, sedation or anaesthetic.
- Have a terminal illness and at the end of life stage of their illness.
- Had a stroke or head injury.
- Have had a delirium before.

Why does delirium happen?

The most common causes of delirium are:

- An infection (e.g. a chest or urine infection).
- Side effects of medication (e.g. pain relief or steroids).
- Chemical imbalances in the body, like dehydration or low salt levels.
- Liver or kidney problems.
- Recent surgery or sedation such as anaesthetic.
- Epilepsy.
- Brain injury or infection.
- Constipation.
- Being in an unfamiliar place.
- Pain (new or chronic).
- Withdrawal from alcohol and other substances.

There may be more than one cause of the delirium.

Sometimes it is not possible to identify the cause.

How is delirium treated?

It is important to identify the cause of the delirium and treat it as soon as possible. For example, if the cause of the delirium is a urinary tract infection, then antibiotics can be prescribed to treat the infection. We will investigate urgently if someone is suspected of having delirium and treat the underlying cause(s). Sometimes there is more than one cause. Sometimes it is difficult to identify a clear cause.

It is important to check for delirium for people who are identified as having a high risk of developing delirium. Early detection helps to reduce the severity of the delirium and reduce the risk of complications.

We will ensure that patients who come to hospital are checked for possible delirium within the first 24 hours of their admission to hospital especially when they have had a recent change in their mental state.

It is important to tell a member of staff if you notice a sudden or recent change of a person's mental state, for example appearing lethargic, confused or restless as this may be the first sign of delirium.

Preventing delirium and supporting the person with delirium

The risk of developing delirium can be reduced and prevented in some cases by ensuring potential risk factors are closely monitored, such as:

(This can be remembered by the mnemonic “pinch me”).

- **Pain** – Look for non-verbal signs and changes in behaviour particularly in people with dementia. Ensure people are assessed and treated for pain.
- **Infection** – Look for signs of an infection.
- **Nutrition** – Look for signs of weight loss and malnutrition. Monitor dietary and fluid intake closely and provide extra support whilst needed.
- **Constipation** – Monitor for regular bowel movements. Avoid and treat constipation. A change in behaviour can indicate constipation in people with dementia.
- **Hydration** – Encourage and provide additional support if needed to ensure adequate fluid intake.
- **Medication** – Check medication is taken as prescribed and monitor for side effects.
- **Environment** – Person centred care, promote orientation, ensure glasses and hearing aids are used when needed, a quiet, comfortable and calm environment with appropriate cognitive stimulation and activities the person is familiar with and enjoys.

Delirium is different from dementia

People with dementia are at higher risk of having a delirium. People can have both dementia and delirium. Delirium can be more difficult to first recognise in people with dementia.

It is important to look out for any sudden changes in behaviour, mental state or confusion. Sometimes this change in behaviour can be the first sign of an underlying medical problem.

Delirium starts suddenly within hours or days, whereas dementia usually comes on gradually over months or years. Dementia is a progressive condition, whereas a person can recover from delirium with the confusion starting to improve when the cause is treated. People with dementia who also have a delirium may not improve and return to their level of cognition just before the delirium despite the cause being treated.

Can medication help to treat the symptoms of Delirium?

Sedative medication can make delirium worse, so it is only used in exceptional circumstances where the person with delirium is experiencing high levels of distress and agitation or there are associated significant risks that have not responded to person centred care approaches.

Medication may be used short term and monitored closely in circumstances:

- When someone is severely agitated or anxious.
- When someone is having distressing hallucinations - hearing or seeing things that are not there.
- When someone is having distressing delusions – false beliefs that could be paranoid or suspicious and cause distress.

Sedative medication should be given in the lowest possible dose for the shortest possible time and monitored closely.

How can I help someone with delirium?

- Stay calm, speak softly and talk to them in short simple sentences. Check they understand. You may need to repeat things more than once.
- Introduce yourself clearly. Remind them of what is happening.
- Remind them of the time and date. Make sure they can see a clock or calendar.
- Bring in familiar objects and photos from home.
- Ensure they have their glasses or hearing aid, or both if needed.
- Help them to eat and drink, but you must first check with the ward team, as they may need a special diet.
- A calm and quiet environment with good lighting will help.
- Encourage exercise and activities they usually enjoy.
- Promote a regular sleep pattern.
- Have a light on nearby at night so that they can see where they are when they wake up.

What Matters To Me

Ask a staff member for a What Matters To Me form that can be completed with the person who has delirium or by someone who knows the person. This form will help staff to know who is important in their life and any other important information, such as the person's routines, likes and dislikes and what may help them feel calm. This will help the staff to provide person centred care when a person may struggle to communicate their needs.

John's Campaign

Welcomes and supports family, carers and care partners with visiting in hospital. This means you could arrange to visit outside of the ward visiting hours if you wish to support your relative or friend with their care needs whilst they are in hospital. You can ask the ward staff for a Care Partner card; this gives you access to free parking at the hospital while you support your relative or friend in hospital. Please ask a member of staff for more details.

How long does it take to get better?

Delirium should improve once the underlying cause is treated. Sometimes it can take several days, weeks or months for the symptoms to resolve after the cause has been treated. Some people with delirium do not fully recover and the confusion may progress.

People with delirium need time and support to recover. It is important to discuss recovery and any concerns with the medical or ward team.

What can I expect after delirium?

- As someone recovers from delirium, they may not clearly remember what has happened. People may recall an unpleasant and frightening memory of what happened, it may be helpful for them to talk about their experience.
- If somebody has already had delirium in the past, they are more likely to have delirium again if they become medically unwell.
- Look out for the warning signs of delirium such as a sudden onset of confusion or change in mental state or being more lethargic or drowsy.
- If you recognise the signs of delirium, it is important to tell a member of nursing or medical staff. If the person is at home contact their GP or telephone 111. The sooner the delirium is treated the better the chance of recovery.

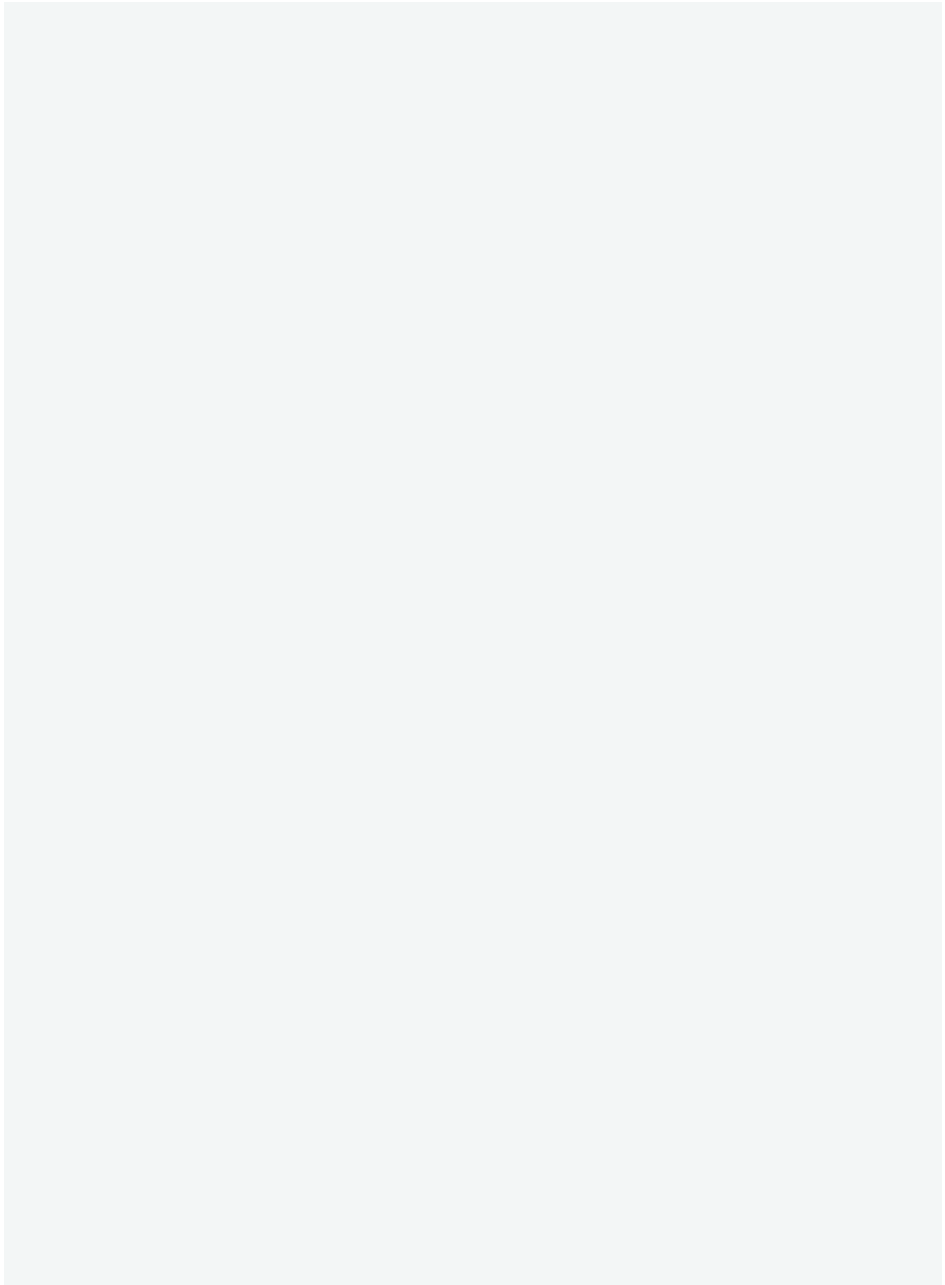
Follow up care

When a patient who has had delirium is discharged from hospital, their GP will be notified of this. It is important that patients, carers, and relatives know the warning signs of delirium and if there are any concerns to contact their GP or 111 as soon as possible.

If you suspect that your relative or friend may be developing delirium, or that their delirium is not improving, please speak to a member of staff.

Staff can provide advice and support with any concerns you may have.

Space for your notes and useful contacts



Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mental Health Assessment & Liaison Team (MHALT)
York and Scarborough Teaching Hospitals NHS
Foundation Trust, Wigginton Road, York, YO31 8HE,
telephone 01904 724040 or email
yhs-tr.mhalyorkhospital@nhs.net.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email
yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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