

What can you do to help?

- Please let us know if your relative/friend has had delirium before;
- Let us know if you notice any unusual behaviour or conversations;
- Help orientate them – remind them where they are, time of day, etc;
- Remain calm, keep sentences short and simple and do not argue;
- Avoid criticising, correcting and arguing, and gently change the subject;
- Visit regularly, but keep visits short; only take 1-2 people at a time;
- While you are visiting, help your friend or relative to eat or drink.
- During times of restlessness and distress, please make use of our flexible visiting policy;
- Bring in photos or other familiar objects to help reassure them;
- Ensure your relative or friend has their hearing aid and glasses with them.

Please ensure your friend or relative sees their GP 8-12 weeks after an episode of delirium to make sure they have fully recovered. Please ask their GP for help before this if you have any concerns.

If you are concerned or have any questions please speak to the nurse looking after your relative or friend.

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:

- Courtesy and respect
- Attentively kind and helpful
- Responsive communication
- Effective and professional

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IN TRAN communication for all
The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.
For a large print version of this leaflet, contact PALS 01493 453240

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Delirium



Information for relatives and carers

What is delirium?

Delirium is the sudden onset of confusion due to an underlying medical illness. It is a common problem in people admitted to hospital, for example, affecting up to 60% of people who have a broken hip.

It can be a frightening experience for the person and their friends, relatives or carer. This leaflet is to help you understand what is happening and how you can support your loved one.

Delirium is not the same as dementia, although if someone already has dementia, delirium can occur quite easily.

It usually gets better, once the underlying cause is treated, but can persist for days or weeks, and in a small proportion of patients, long after the cause of the problem has been removed.

Recognising delirium

You will notice a sudden worsening of confusion or behaviour, usually over a period of hours or days. Your friend or relative may become disorientated and not know where they are or what day or time it is.

Some people become agitated, restless or aggressive; others may become withdrawn and sleepy. Your friend or relative's condition may fluctuate over time – being very confused and agitated, then sleepy, then back to their normal self – this is typical of delirium.

Some people experience hallucinations (seeing or hearing things that are not really there).

What causes delirium?

Delirium often has more than one cause, usually due to medical illness.

Common causes are:

- chest or urine infection;
- broken hip;
- imbalance of natural chemicals in the blood, such as salt or calcium;
- medication;
- sudden withdrawal from drugs or alcohol;
- heart or lung disease; and
- stroke or fits.

Delirium can be caused by constipation, pain, a change of environment, and dehydration. It can also occur following major surgery. It is made worse by poor vision, poor hearing and poor nutrition.

What will we do?

- Monitor closely for signs of delirium;
- Look for and treat any underlying medical illness;
- Remove all drips and catheters as soon as possible;
- Ensure your relative is not in pain;
- Review any medication that may be contributing to the delirium;
- Avoid constipation and treat it if it develops;
- Encourage your friend or relative to wear their glasses and hearing aids;
- Ensure they have help eating and drinking if they require it;
- We will not use sedatives routinely. Sedatives may be used if your friend or relative is a danger to themselves or others, to enable important medical treatment or to relieve distressing hallucinations. If used, it will be the smallest possible dose, for the shortest possible time;
- In order to try and prevent a restless and agitated patient from falling, we may use a lower level bed and may also use enhanced supervision.