

Delirium

“After her hip operation, my mother became very confused and aggressive. She kept pulling out her drip and shouting at the nurses. It was a shock as she is usually so polite”

“We can often tell that my father is getting a urinary infection because he starts to get slower and becomes quiet and withdrawn. He also sleeps much more”

“My father became very confused. He was sleepy at times and agitated and restless at other times”

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>.



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Patient information

Delirium discharge pathway

What is delirium?

Delirium is a state of confusion which can develop over the course of a few hours or days. It may occur as a complication of a medical illness or after undergoing surgery.

It is a temporary condition which may improve once the cause or causes are identified and treated.

Patients with delirium may become confused, have difficulty concentrating, cannot think clearly and may have hallucinations and delusions. They may be hyperactive (agitated and restless) or hypoactive (very sleepy and withdrawn), it can be mixed and fluctuate. It often worsens in an unfamiliar environment, with a change of routine.

Who is at risk?

Delirium is most likely to occur in people who:

- are aged over 65 years
- have an infection
- have a hip fracture or heart failure
- take certain medications
- have depression
- have a hearing or sight impairment
- have dementia, (delirium is a temporary symptom and dementia is progressive).

What are the causes?

Usually there is more than one cause. It may not be obvious and sometimes no cause is found.

Causes can include:

- pain
- certain medications; newly started or suddenly stopped
- infections; urine or chest infection
- alcohol or drug withdrawal
- heart and lung diseases
- urinary retention or constipation
- any kind of trauma
- dehydration, low salt levels or anemia
- a new environment

Symptoms

Confusion tends to be worse at night and can fluctuate. They may present like their usual self and fluctuate with confusion. They may include:

- behave differently from usual
- become agitated
- be quieter than usual, often drowsy
- be unable to follow simple instructions

- have memory problems
- be disorientated
- appear restless and may want to wander
- have sleep disturbance
- see or hear things that are not there

People usually recover after a few days, but it can take several weeks or months. People with dementia can take a particularly long time to recover from delirium, in some instances, people who develop delirium do not always return fully to their previous level of functioning once the causes of the delirium have been treated.

What can be done to help?

- Attempt to orientate the person as much as possible with verbal and visual clues, e.g., digital clocks and verbal prompts
- Talk about family and friends and bring in photographs or other reminders of home.
- Talk slowly and clearly about familiar topics and use calm reassuring tones
- Avoid loud noises
- Avoid long, tiring visits, and multiple visitors at any one time
- Ensure use of glasses and hearing aids
- Keep noise to a minimum at night and turn lights down or off to encourage sleep.
- If they hallucinate, explain that they are not real and reassure. If they insist that the hallucinations are real, do not argue as this may cause agitation.
- Bring in familiar items, pictures of family/friend and their home.

If you have any questions or concerns, please speak to a member of the ward team

How is delirium managed?

The ward will do tests to find the underlying cause or causes and will then start appropriate treatment, for example antibiotics for infection. Nursing techniques are aimed to optimise comfort and minimise confusion, disorientation, and agitation. It is particularly important to encourage adequate food and fluid intake. Occasionally (for example when a patient is a danger to themselves or others) sedation may be necessary on a short-term basis whilst the cause of the delirium is being treated.

You may find that their condition fluctuates from drowsy to overactive. This is a characteristic of delirium and will improve as the delirium resolves. It can be distressing to have a relative or friend who is delirious. The patient may fail to recognise you or may behave out of character. Despite this it is important to continue visiting if you can and hopefully the patient will improve and respond to your visits.

As they recover the patient may recall that they were confused or 'behaved out of character'. An explanation why this has happened may help, give reassurance that this was a combination of social, environmental, or medical factors.

Planning for discharge

Some patients have a 'continued delirium', even when all underlying causes have been corrected.

The delirium discharge nurse will assess care needs and discuss them with the patient, relatives, and carers where relevant.

Once the patients' needs are agreed, a plan for where that will take place can be made. This could be going home with a package of care or an interim/temporary care home placement.

Home The delirium discharge nurse will liaise with the occupational therapist to agree any equipment needed for

discharge.

Care will be agreed and planned by health and social care.

Interim care home This option would be for patients who need twenty-four-hour supervision which cannot be arranged at home. This will be funded and no cost to the patient.

Community follow up

The delirium discharge nurse will continue to assess the patient in the community and this will be on weekly basis. The delirium team will be available for support and contact on weekday basis by telephone.

Once the delirium has resolved or the patient is no longer making progress and at a new baseline, long term discharge planning can begin, and social services will be assigned.

How long will the delirium take to resolve?

Most episodes of delirium will resolve after treatment is completed.

Often delirium resolves quickly once the patient discharged from the hospital and resumes a normal pattern of life.

This can take several days and in rare cases a few weeks or even months.

Patients can recall their delirium 'like a dream' and it is important to explain why this is happening and give reassurance.

Some patients do not recall the event at all, especially if they have a memory problem.

Will this happen again, and how can it be prevented?

If you have had an episode of delirium, the risk of having another episode of delirium increases.

Noticing symptoms early and obtaining medical help can reduce or prevent a new delirium.

Sources of information and support:

Dementia Connect:

Practical advice for people living with dementia regardless of a diagnosis. Tel 0333 150 3456

<http://www.alzheimers.org.uk/dementiacconnect>

Customer First:

Adult community services

Tel 0808 800 4005

<https://www.suffolk.gov.uk/adult-social-care-and-health>

Suffolk Family Carers:

Support for family carers

Tel 01473 835477

<https://suffolkfamilycarers.org/>

Dementia UK

Practical information and support

<https://www.dementiauk.org/>

Dementia Intensive Support Team

DIST

NHS team working with people who have known or suspected dementia

Tel 01284 733260

Delirium discharge specialist nurse

Dementia & Dementia team

Tel 01284 713847

Dementiadeliriumteam@wsh.nhs.uk

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