

How can you help care for someone with delirium?

- Have familiar family or friends visit them.
- Assist them to use hearing aids or glasses if they are needed.
- Face them and speak slowly, in a clear voice.
- Identify yourself and them by name.
- Avoid confrontation or arguing. Remain calm.
- If agitated or aggressive, do not try to restrain them. Notify staff immediately.
- If unsettled, try distracting them by talking about pleasant topics or light-hearted stories they enjoy.
- Open curtains during the day for natural light.
- Keep room tidy and clear from hazards.
- When walking, use aids if needed. Bring in personal items such as clothing, photos, favourite music etc.
- Let staff know any special personal information that may help calm or orientate them; such as names of close family, friends or pets, hobbies, significant life events etc.

Advanced Care Planning

Advanced care planning is a process to help people plan medical care in advance so if they become too unwell to make decisions for themselves, their wishes can still be respected by health care teams, family and carers. It includes appointing a power of attorney if this has not already been done.

If you would like more information, brochures are available or talk to your specialist or GP.

Helpful Contacts

Alzheimer's Australia

www.fightdementia.org.au
Phone: 1800 100 500

Australasian Delirium Association

www.delirium.org.au

My Aged Care

www.myagedcare.gov.au
Phone: 1800 200 422

If you have any questions or concerns about delirium, talk to your doctor.

References:

Australian Commission on Safety and Quality in Healthcare.

- Delirium Clinical Care Standard. Sydney: ACSQHC, 2016. Australian Government. Department of Health and Ageing.
- Delirium Care Pathways 2010.



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Cognitive Impairment

Patient and carer information



Cognitive impairment is a collective term that refers to people having difficulties with memory, thinking or communicating. It can be temporary or long term. For many people in hospital, **delirium** and **dementia** are common causes of cognitive impairment.

Delirium

Delirium is an acute medical condition that occurs suddenly and may only last a short time. A person may feel confused and disorientated, and may be unable to pay attention. Carers and families will usually report that the person is not their normal self.

Delirium may be caused by many different things, including a severe infection, lack of fluids and/or reactions to medicines. Delirium can have serious consequences if not identified early. Long term effects can be minimised if the causes are found and treated early.

Dementia

Dementia is a collective term for a number of disorders that cause decline in a person's memory, judgment or language that affects every day functioning. Dementia is different from delirium because the decline is gradual, progressive and irreversible. The most common type of dementia is Alzheimer's disease.

A person living with dementia is more likely to develop delirium during their hospital stay than someone without dementia.

Role of family and carers

Family members/carers can provide valuable information to the staff caring for the person with delirium.

It is important to notify staff of any sudden change in a person's mental or physical condition.

Who is at risk of developing delirium?

People who:

- are very sick
- have dementia or cognitive impairment
- are 65 years or older
- suffer from depression
- have poor eyesight or other sensory deficits
- take many medications
- are having a surgical procedure, e.g. orthopaedic or heart surgery
- have an acute fracture.

How does delirium start?

Up to a third of hospitalised patients can experience delirium at some stage of their care.

Symptoms develop quickly, over hours or days. A person's behaviour can also fluctuate during the course of a single day.

Delirium is sometimes mistaken for dementia or depression, so it is important for family/friends to notify medical staff of any sudden change in a person's mental state.

What causes delirium?

Common causes of delirium in older people include:

- infection
- multiple physical illnesses
- constipation
- dehydration / malnutrition
- severe pain
- taking many medications or stopping some medications
- regular nicotine or alcohol consumption or withdrawal.

What are the symptoms of delirium?

People with delirium may:

- appear confused and forgetful
- be unable to maintain attention
- be different from their normal selves
- be either very agitated or quiet and withdrawn or sleepy
- be unsure of the time of day or where they are
- have changes to their sleeping habits, such as staying awake at night and being drowsy during the day time
- feel fearful, anxious, upset, irritable, angry or sad
- see or hear things that are not there, but may seem very real to them
- lose control of their bladder or bowels
- have disorganised thinking, rambling or irrelevant conversations.

How is delirium treated?

Delirium is generally associated with an underlying physical illness, however, it is not always possible to identify the cause. Staff will do a thorough medical assessment to look for and treat the underlying cause of the delirium.

How long does delirium last?

Delirium can last for a few days but sometimes it will continue for weeks or even months.

Delirium is associated with an increased risk of:

- falls
- pressure injuries
- longer length of stay in hospital
- incomplete recovery
- requiring residential placement
- dying.

Will delirium reoccur?

People who have experienced delirium do have a higher chance of developing delirium again.