

Preventing delirium

Non pharmacological techniques are best for prevention and treatment of delirium. The following are what we try to do in critical care, and you can help us:

- Address physical problems (constipation, pain)
- Control excessive noise
- Manage treatment times (minimal night disturbances)
- Correct sleep/wake cycle
- Comfortable room temperature
- Medication may help to suppress agitation but there is no simple treatment

What you can do

- Speak softly and use simple words or phrases
- Remind the patient of the day and date
- Talk about family and friends
- Bring glasses, hearing aids
- Decorate the room with calendars, posters, or family pictures
- Provide the patient with favourite music or TV shows
- If your loved one has delirium, we might ask you to sit and help calm them



Complications of delirium

Some people experience dreams and hallucinations that are so vivid that they feel that they must have happened, even though they know they cannot possibly have happened. Some individuals find these very disturbing. This can lead to high levels of anxiety and in some cases post traumatic stress.

This is more the case when individuals had a very difficult admission to hospital, or experienced mental health problems before hospital.

Some individuals have some mild cognitive problems after discharge, which usually improve over time.

Further information

www.cardiffcriticalcare.co.uk

www.icusteps.org

www.icudelirium.co.uk

www.icudelirium.org

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A guide for relatives

Delirium in critical care



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Is your loved one confused?

This could be a common condition called delirium.

What is delirium?

Delirium is confusion that comes on very fast.

When someone becomes delirious it means they cannot think clearly, have trouble paying attention and are not aware of what is going on around them.

Sometimes they may even see (or sometimes hear) things that are not really there but seem very real to them.

They may also report very real and disturbing dreams.

2 in 3 critically ill patients develop delirium.

"I told the medical staff to call my husband - but he had passed away 3 years ago"

"I believed that I was at war, and the nurses were the enemy. I tried to fight"

Why does delirium happen?

Many things come together to cause delirium.

Risk factors we cannot change:	Risk factors that we can change:
Dementia	Alcohol withdrawal
Chronic illness	Drugs withdrawal
Advance age	Tobacco withdrawal
Depression	Poor nutrition

Risk factors we concentrate on during hospital admission:
Hypoxia
Metabolic disturbances
Infection
Dehydration
Fever
Medication
Sleep disturbances
Pain

Signs of delirium

Your family member may have some of these symptoms. There are many types of delirium so you may see different things in different people.

- Appear agitated
- Be confused
- Appear withdrawn and seem "depressed"
- Be aggressive
- Use inappropriate words
- Not be able to pay attention or follow instructions
- Be unsure about where they are
- Be unsure about the time of day
- See things that are not there
- Act different from usual
- Have changes in sleeping habits
- Have emotional changes
- Have movements that are not normal, like tremors or picking at clothes
- Have memory problems