

Medical Program

Delirium Information for Patients, Families, and Friends

What is delirium?

Delirium [dih-leer-ee-uhm] is a sudden or worsening state of confusion that can occur as a side effect of medicines, with illness or after surgery. It comes on very fast, within hours or days, and changes over hours to days. It can affect people of all ages.

Delirium is often temporary and can be treated even in those with a serious illness. But, some people may not fully recover and can be at risk for longerterm cognitive impairment. Delirium can often be prevented; The KEY is to recognize delirium.

QUICK FACTS... Family members or friends **may say**, "This is not my mom (or dad)" or "She (or he) is never like this." Delirium is more than just a confused older person. It...

- Is a medical emergency (sudden brain failure) that can lead to permanent effects on the brain if not treated.
- Is a scary experience for the person and family.
- Is a common condition affecting older people who are ill, especially those with dementia.
- Is experienced by about 50% of older people who are in hospital.
- · Can lead to very serious complications, including:
 - » Longer hospital stays (because of higher risk of falls, infection)
 - » Disability and/or death (because of more medical problems)
 - » Nursing home care after discharge (because of caregiver strain).

What are the risk factors of delirium?

A person is at higher risk of delirium if they:

- Are age 65 years or older
- Have cognitive impairment and/or dementia
- Have a current hip fracture (broken hip)
- Have severe illness
- Had delirium in the past
- Have problematic alcohol or substance use

What causes delirium?

Many different causes can change the way the brain is working.

Environmental and emotional causes of delirium are:

- A new environment
- Grief
- Changes in daily routine Stress

Physical causes of delirium are:

- Surgery
- Serious or terminal illness (that is, liver, kidney or heart failure) • High or low
- Low oxygen or chemical changes in the brain
- Medicines, like general anaesthesia
- Drug or alcohol abuse
- Not eating or drinking enough

 Low levels of vitamin B12, potassium, or sodium in the body

A noisy environment

- blood sugar
- Stomach problems, like constipation or diarrhea
- Infections, such as pneumonia or urinary tract infections

Can Covid-19 cause delirium?

Delirium may be a common sign of Covid-19 infection in older adults. Even before the typical symptoms of fever and cough appear, they may show signs of short-term confusion.

When an older adult shows signs of confusion that is different from their normal (baseline) mental state, it is a medical emergency. They may have delirium, Covid-19, or both.

Is delirium the same as dementia?

No. Delirium and dementia are different.

- **Delirium** is a **temporary** thinking problem that comes on quickly (in hours or days) and usually clears up after a few days or weeks. It can make thinking and memory problems worse. Signs can change from one day to the next.
- **Dementia** is a **permanent** thinking problem that comes on over months or years. It disturbs the way a person thinks. The signs of dementia do not change.

What are the signs and symptoms of delirium?

Learn about the signs of delirium.

Mental signs of delirium may include:

- Sudden confusion
- Trouble paying attention
- A hard time understanding what's going on
- Difficulty speaking
- Memory problems
- · Seeing or hearing things that are not there

Behavioural signs of delirium may include:

- Disorganized orslurred speech
- Mood or personality changes
- Acting restless, upset, agitated, aggressive

- Acting sleepy and quiet
- Using inappropriate words
- Unusual or unexpected emotions
- · Changes in sleeping habits
- Forgetfulness

Does my family member show signs of delirium?

Place a [√] beside any NEW symptom* your family member is showing

- **Disorganized thinking:** Saying things that are mixed up or do not make sense.
- Difficulty concentrating: Being easily distracted or having difficulty following what is being said.
- Memory changes: Not being able to remember names, places, dates, times or other important information.
- Hallucinating: Seeing or hearing things that are not real.
- **Feeling restless:** Not being able to stay still, trouble sleeping, climbing out of bed.
- Changing energy levels: Changing, from being restless to being drowsy or sleepier than usual.

LOOK, LINK, and ACT

BE AWARE of the signs and symptoms of delirium. If your family member has any of these signs, tell the healthcare team right away.

*Your family member's healthcare team may use a screening tool, such as the Confusion Assessment Method (CAM), to check for these symptoms.

How do we treat delirium?

Doctors will try to find the most likely cause of the delirium. Sometimes this is a puzzle and, often, no single cause can be pinpointed. The doctor may:

- Make changes to the medicines that your family member is already taking.
- Give fluids through an intravenous (IV) to correct chemical problems in the blood and treat infection.
- Order some medicines to treat the delirium itself, as well as sedatives to help the your family member stay calm.

With treatment, the delirium should go away or be greatly reduced.

What can family and friends do to help?

Delirium can take a few days or weeks to resolve, so visit often. Talk with the healthcare team, including social workers, spiritual care providers, or geriatric nurses, about any signs of delirium you see developing in your family member.

Please ask questions early on during your family member's stay, to better prepare for going home. Questions you can ask your family member's healthcare team are:

- Does my family member have new health problems?
- Are there changes in the regular medicine my family member takes? Are there side effects I need to watch for? What do I do if I see side effects?
- Are there services in the community that might help my family member and myself, such as a Day Program, Wheel Trans, and Meals on Wheels?

If your family member has delirium while at the hospital... Help keep your family member awake during the day. Limit their naps. Get them up and walking. Have friends and family come visit as per the visitation policy. Have your family member do some of the routine activities that they would normally do at home, like reading a book

or playing a game.

At night

All the time

- Ask the nurse if you can give them a warm drink instead of sleeping medicines at bedtime.
- Help them relax so they can rest. Play soothing music and give them a back rub.
 - Help your family member rest by keeping the noise down and the lights dim.
 - Make sure your family member has their glasses and/or hearing aids.
 - Help reorient your family member. Make sure a clock is nearby and that your family member knows where they are and why they are in the hospital. Tell them what time, day, month, and year it is throughout the day. Also talk about what is happening around them and current events in general.
- Bring in things from home, like a favourite blanket or family photos.
- Pay attention for regular bowel movements and urination.
- Help them control their pain.
- Keep a consistent routine while in the hospital that is like their routine at home (regular meal times, etc.).

What can I do to reduce my risk of delirium at the hospital?

If you are going to the hospital for surgery or other treatment, plan ahead:

- Speak to your healthcare team about your risk of delirium after your procedure.
- Educate yourself:
 - » Visit our Patient & Family Resource Centre, (PFRC) located on Level 0. PFRC Staff will help you find health information and community resources. E-mail: <u>pfrc@hrh.ca</u> / Tel: (416) 242-1000 ext. 81200
 - » Access our patient education publications at hrh-pated.library.site, where you can find a booklet on Advance Care Planning: Having a say in your health care, and more.

Helpful Websites and Videos

Delirium - Canadian Coalition for Seniors' Mental Health ccsmh.ca/areas-of-focus/delirium

Delirium - Vancouver Island Health Authority (VIHA) www.islandhealth.ca/learn-abouthealth/seniors/delirium

Delirium - Mayo Clinic www.mayoclinic.com/health/ delirium/DS01064

How to recognize Delirium -University of Rochester Medical Center www.youtube.com/

watch?v=hwz9M2jZi_o

References:

BPSO R N A O BEST PRACTICE SPOTLIGHT ORGANIZATION C A N A D A

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Adapted from:

Regional Geriatric Program of Central Ontario. (2008). Delirium-Quick Facts. Vanderbilt University Medical Centre (2012). Understanding delirium.

The information provided in this handout is for educational purposes. It does not replace the advice or specific instructions from your doctor, nurse, or other healthcare provider. Do not use this information to diagnose or treat. If you have questions about your own care, please speak with your healthcare provider.

English:This information is important! If you haveItalian:Queste informazoni sono importanti! Se haSpanish:¡Esta información es importante! Si tienetrouble reading this, ask someone to help you.difficoltà a leggere questo, chieda aiuto a qualcuno.dificultad en leer esto, pida que alguien le ayude.

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