Understanding Delirium
Seeing a loved one develop delirium and behave differently from the person you know and love can be frightening and distressing. Family members and friends, however, can be valuable members of the care team. You know your loved one best and you know what behavior is normal.

Although common, delirium often is not recognized by clinicians, unless a person becomes very agitated. While delirium can occur at any age, adults 65 years and older are at greatest risk.

In this booklet, you will find:
• Information to help you understand delirium and its symptoms
• How you can help your loved one and his or her care team

As a family member or friend, you can play an important role in helping your loved one. Family and friends often are the best care advocates for a person who may not be able to participate in treatment planning. Letting the care team know of any changes in your loved one’s behavior or thinking is critical. You can provide your loved one the much-needed comfort and familiarity that often is needed in an unfamiliar environment.

Understanding how an illness can cause a change in your loved one’s behavior does not necessarily make it easier to accept. However, staying calm will more likely improve the immediate situation.

Remember, too, you are not alone. We are here to support you and your loved one before, during and after hospitalization. Talk to your doctor if you have any questions. We are honored to care for you and your family.

Your Park Nicollet Health Services Care Team
## Contents

What Is Delirium? ................................................................. 3
How Delirium Is Identified .................................................. 4
Causes of Delirium ............................................................... 5
Risk Factors for Delirium .................................................... 6
Symptoms of Delirium .......................................................... 7
How Delirium Is Treated ....................................................... 8
The Hospital Elder Life Program ............................................ 10
How Family and Friends Can Help at the Hospital ............... 12
Reducing and Preventing Delirium Symptoms at Home .......... 14
Resources ............................................................................ 15
Delirium is the sudden development of severe confusion. People who are delirious have difficulty thinking clearly and paying attention, and are not aware of what is going on around them.

Some people with delirium:

- Become confused about where they are and why they are in the hospital
- See or hear things that are not there
- Believe they are being harmed or held captive

A treatable problem

Fortunately, delirium is a treatable condition. Symptoms may be reversed, depending on the individual and the cause.

Sometimes, however, delirium can cause long-term problems. Symptoms may last for weeks or months, even after treating the medical problem causing the delirium. After discharge from the hospital, daily care at home or a care facility may be necessary.

Delirium is different from dementia

People sometimes confuse delirium with dementia. Both delirium and dementia affect a person’s thinking and memory.

Delirium, however, begins suddenly. It is an abrupt, noticeable change.

In contrast, dementia develops slowly over months to years. Family members may have difficulty identifying when a loved one’s dementia began. For example, you might wonder, “Did mom start having memory problems 4 years ago or was it 5?”

People who have dementia are more likely to develop delirium.

Additionally, symptoms of delirium usually are reversible. Dementia is a permanent condition.

As a family member or friend, you play an important role in helping your loved one by understanding more about delirium.
Using the Confusion Assessment Method

Every patient at Park Nicollet Methodist Hospital who is 70 years or older has an assessment called the Confusion Assessment Method or CAM.* Performed by a nurse, the CAM helps determine if a person:

• Is able to concentrate

• Can think logically

The CAM is repeated at least 2 times every day.

Identifying an underlying medical cause

If the CAM shows your loved one likely has delirium, the doctor needs to confirm the condition and identify any medical causes. The doctor:

• Does physical and mental exams to check for worsening or new medical problems

• Reviews your loved one’s medical history, including medications

• May order some blood or urine tests or X-rays

Helping your loved one’s care team

As a family member or friend, you can work together with your loved one’s care team in identifying the cause of the delirium.

• Tell the doctor and nurses if you notice any unusual behavior in your loved one.

• Give any information regarding previous occasions your loved one has been confused because of illness or medication.

Determining the medical cause or causes of delirium is important.

Causes of Delirium

Delirium results from a chemical imbalance in the brain caused by a medical problem. The chemical imbalance affects the brain’s ability to send and receive signals normally. Delirium can affect any brain function.

Delirium may be caused by:

- Any infection, fever, illness or underlying (not visible) medical condition or combination of medical problems
- Medications, withdrawal from medications or abuse of medication
- Medical procedures, such as surgery
- Severe pain
- Prolonged lack of sleep

*Delirium often has more than 1 cause.*
Delirium is most common in older adults. However, anyone who has several medical illnesses also may develop delirium. People with a dementia, such as Alzheimer’s disease, are particularly at risk of developing delirium.

Other factors that may increase the risk for delirium include:

- Severity of illness, particularly being in the Intensive Care Unit (ICU)
- Prolonged hospitalization
- Poor eye sight or hearing
- Dehydration (lack of water and body fluids) and malnutrition (not getting enough calories or eating a poor diet)
- Fever and infection, such as pneumonia or urinary tract infection
- Multiple medications
- Sleep deprivation (not getting enough sleep or interrupted sleep)
- Immobilization (use of catheters, IVs and restraints)
- Abuse of alcohol or use of recreational drugs
- History of previous delirium

Behavior in a person who has delirium may change throughout the day or from 1 day to another. For example, memory and thinking may be clear in the morning but very unclear by the evening.

Any change in health can suddenly cause more confusion than usual.
Symptoms of delirium vary from person to person. Symptoms can include any of the symptoms listed here. Your loved one may have confusion about where he or she is and why he or she is in the hospital or:

- See people or objects that are not there (visual hallucinations)
- Hear things that are not there (auditory hallucinations)
- Believe he or she is being harmed or held captive (delusions)
- Make unusual comments that have no connection with his or her normal thoughts
- Make unusual movements, such as reaching in the air or picking at clothing
- Not recognize familiar people
- Withdraw from other people or participation in treatments or activities
- Be agitated (irritable and restless, strike out at people or try to leave the room)
- Have moods swings (switch between agitation and withdrawal)
- Fear others are trying to harm him or her or members of the family
- Fear being moved from place to place at night

Symptoms of delirium may change quickly.
How Delirium Is Treated

Providing supportive care is key in treating delirium, as is treating the underlying cause of the delirium. Supportive care includes taking steps to make your loved one comfortable in the hospital environment without the use of medications.

Treatment also may include medications, depending on the symptoms of delirium and the cause of the delirium.

Starting treatment

Treatment for delirium will begin as soon as the doctor confirms the diagnosis. Ongoing delirium may result in permanent damage to memory or other brain function.

Treatment also is important to prevent or limit distress following the delirium. Most people who have had delirium do not remember their time of confusion. Those who do remember describe their experience as very frightening and upsetting.

If your loved one is upset by memories from experiencing delirium, you and the care team can reassure your loved one. Explain that he or she is safe and the memories are related to delirium. Talking about memories may be helpful for some patients and stressful for others. Let your loved one’s doctor know if you have concerns.

Supportive care

Supportive care involves a variety of strategies, including:

- Managing pain using medication and treatments such as massage, heat or cold therapy, aromatherapy, positioning, music or other relaxation techniques
- Encouraging drinking more fluids, unless fluids are being restricted
- Increasing physical activity as much as possible

If your loved one was identified as being at risk for delirium when first hospitalized and has been participating in the Hospital Elder Life Program (HELP), volunteers will continue to visit your loved one to provide activities to promote a faster recovery. For more information about HELP, see Pages 10 to 11.

To reduce your loved one’s fears and confusion, the care team also encourages family members and friends to be involved in your loved one’s daily care during hospitalization. For more information about how you can help, see Pages 12 to 13.
Medication
The symptoms of delirium are due to chemical imbalances in the brain. Antipsychotic medication is the most common treatment.

Delirium and lasting effects
Most people with delirium get better. However, some people are not able to function as well as they did before developing delirium.

Some people who develop delirium may experience ongoing problems with thinking or memory. If thinking or memory problems last for months, they may become permanent problems.

Supportive care helps provide comfort for your loved one.
The Hospital Elder Life Program (HELP)* is a specially designed care strategy for hospitals to prevent delirium in patients at high risk for delirium and recognize symptoms of delirium early on. HELP activities aim to:

- Keep a person oriented to his or her surroundings in the hospital
- Meet a person’s needs for nutrition, fluids and sleep
- Keep a person as physically active as possible within the limitations of his or her condition
- Help with a person’s transition from the hospital to home (or another care facility)

**The HELP care team**

Carefully trained and supervised volunteers and volunteer coordinators, as well as nurses and doctors, make up the HELP team. All team members are trained in skills to target risk factors for delirium.

The HELP team assesses an individual’s needs and determines what personalized activities are most appropriate. Needs are re-assessed daily.

**HELP activities**

Volunteers visit up to 3 times a day to provide activities to help prevent delirium. Activities focus on:

- **Orientation to person, place and time** using daily newspapers, cards from family and friends and conversation
- **Mental stimulation** with crossword puzzles, word searches, Sudoku, card games, or music or pet therapy
- **Communication and social support** by keeping nursing staff informed of any changes in how a person is doing
- **Help with walking** or gentle range-of-motion exercises with arms or legs to help keep a person physically active
- **Help during meals** to open food packaging and provide company (A nursing assistant, not a volunteer, helps with feeding if needed.)
- **Relaxation for sleep, anxiety and pain management** using aromatherapy with lavender and spearmint scents, guided imagery and other relaxation techniques

*HELP was created by Dr. Sharon Inouye; ©1999, Hospital Elder Life Program. All rights reserved.
• **Hearing and vision needs**, including cleaning glasses or providing portable devices, such as the Pocket Talker, to improve hearing

HELP activities also boost self-esteem, refresh the spirit and help an individual to regain energy.

Families and friends are welcome to be present when volunteers are interacting with your loved one. You can learn activities to continue with your loved one when he or she is discharged from the hospital.

**HELP activities can help to prevent delirium, reduce symptoms of delirium and promote recovery.**
How Family and Friends Can Help at the Hospital

Seeing your loved one behave differently from the person you know and love can be distressing. You may find it very upsetting to interact with him or her—to have to remind your loved one of who you are, the day, the place and time.

Try to keep in mind your loved one is in an abnormal state and randomly saying things that have nothing do with normal desires or feelings. Follow these suggestions to help everyone stay calm and improve this very difficult situation.

• Make sure your loved one has glasses or hearing aids if he or she uses them.

• Stay with your loved one at the hospital, especially during the night and at mealtimes, if you can. Family members or close friends often are better able to calm someone with delirium than hospital staff who are less familiar with the person.
  » Create a schedule so someone can be present at all times.
  » Be a caring presence. Being alone can contribute to agitation. Companionship can help ease lonely feelings.

• Calmly remind your loved one where he or she is, how long he or she has been there and the date. Point out the clock and the date on the whiteboard in the hospital room.

• Do not try to talk your loved one out of what he or she is saying. When people have delirium, whatever they are experiencing is quite real to them. Try not to get frustrated if your loved one does not believe you or understand what you are saying.

• Keep conversations brief and simple. Speak softly and do not say too much at a time. Do not try to have complicated conversations—your loved one may not be able to follow what you are saying and become frustrated.
  » Talk about what other family members are doing and what is going on with friends or neighbors.
  » Show photos, read a favorite book or poem or bring other favorite items that represent a part of your loved one’s life. The memories may help bring meaning to the present moment.
• Tell your loved one what you are going to do before you do it. For example, “I’m going to help you sit up now.”

• Help your loved one stay rested. Lack of sleep worsens delirium.

  » Keep the room lights on and blinds open when visiting during the day. This helps hospital staff get your loved one’s day and night rhythm back to normal. Even if he or she did not sleep the previous night, staying awake during the day improves the likelihood of sleeping through the night.

  » Use gentle body massage and comforting touches to help your loved one to relax and feel calm.

  » Play soothing music.

• Help your loved one fill out the menu requests to include foods he or she likes.
Encourage him or her to eat during mealtimes and to drink fluids throughout the day.

Try to understand how your loved one is feeling, but know you cannot understand everything.

How the care team supports you
If you are worried about how your family member is doing, let us know. Write questions down you may have and discuss them with your family member’s care team. We are here to support you through this difficult time and help your loved one recover from delirium safely and quickly.
Reducing and Preventing Delirium Symptoms at Home

For some people, recovery from delirium can be a slow process. Your loved one might not appear completely back to normal when discharged from the hospital. For other people, the risk of delirium returning after they go home may be a concern.

Symptoms of delirium are likely to improve at home in an environment your loved one knows well. Providing activities that focus on mental stimulation for your loved one, such as those provided by the HELP volunteers (see Pages 10 to 11), also are important.

**What to do at home**

When your loved one gets home, try not to overwhelm him or her. Take things easy and slowly.

Continue to follow the suggestions on Pages 12 to 13. However, allow your loved one to do his or her own care as much as possible. Be patient and be aware of safety.

Watch for any changes in your loved one’s behavior. Sometimes, changes in medication or medication doses can affect behavior. If he or she is not doing well, call the doctor.

Be sure to schedule a follow-up visit with your loved one’s primary care doctor within 1 week after discharge from the hospital.

**Getting the support you need**

Getting the emotional and practical support you need is very important, too. Caring for a loved one who has delirium is demanding, but you are not alone.

We want to help you feel as confident as possible with the care you provide your loved one during his or her recovery at home. If you have a question or concern, do not hesitate to call your primary care clinician.

*Being with your loved one during a difficult time has great potential for promoting healing.*
The more you understand about delirium, the better prepared you can be to help manage and reduce symptoms of delirium. For more information and support in understanding and treating delirium, consider the following resources.

- **National Institutes of Health**  
  301-496-4000  

- **The Hospital Elder Life Program (HELP)**  
  952-993-5604  