

Delirium During a Hospital Stay

A guide for family and friends

This guide explains delirium, its causes and treatments, and what family and friends can do to help while in the intensive care unit (ICU).

What is delirium?

Delirium is sudden, short-term confusion. When someone develops delirium, they think and behave in unusual ways.

About half of all patients in ICU will have delirium at some point during their hospital stay. Many will not recall having delirium.

What does delirium look like?

Delirium causes changes in a person's thoughts and behavior. These symptoms may come and go or change over time.

When someone has delirium, they may:

- Seem agitated or restless, or be more alert than normal
- Pick at their clothes, *intravenous* (IV) line, or other medical devices on their body
- Be upset or even aggressive
- See or hear things that are not there
- Seem less interactive or be more quiet than normal
- Have slurred or slow speech
- Be confused, not make any sense, or not know where they are
- Easily drift between sleep and being awake, or have trouble staying awake
- Mix up days and nights
- Forget things
- Have trouble concentrating



Please tell your healthcare team if your loved one shows signs of delirium.

What causes delirium?

Medical experts think delirium is caused by a change in the way the brain works. This change may occur because of:

- Severe illness
- Infections
- Chemical changes in the brain
- Pain
- Medicines used to treat the patient's disease, anxiety, or pain
- Difficulties with getting oxygen to the brain
- Withdrawal from alcohol, nicotine, or other substances

How is delirium diagnosed?

The ICU doctors and nurses are trained to watch for signs of delirium, but friends and family can help, too. If you notice sudden changes in your loved one's thoughts and behavior, talk with your healthcare team.

Your team will diagnose delirium based on the signs they see. They may also work with members of the psychiatry staff to help find a cause and create a treatment plan.

How is delirium prevented?

Medical experts think that delirium can sometimes be prevented, delayed, or reduced. Some common ways to do this include:

- Managing pain and symptoms of illness
- Keeping patients awake and active during the day
- Providing natural light and mental stimulation during the day
- Encouraging family and friends to visit during the day
- Limiting naps during the day and promoting sleep at night

How is delirium treated?

The first step in treating delirium is treating the cause, if known. Many different factors can contribute to delirium. Some of these factors cannot be changed until the patient's illness improves.

If your loved one has delirium, we will continue prevention measures when possible. Your loved one's doctor may also prescribe new or different medicines.

What can I do to help?

You are an important member of the care team. Here are some things you can do to help diagnose and treat delirium:

- **Learn about delirium.** When you know the common signs of delirium, you can help us diagnose the condition. Please be sure to tell the doctor or nurse if you see any signs of delirium.
- **Help your loved one get healthy rest and sleep.** During the day, open the room blinds, turn on the lights, and limit daytime napping.
 - Talk with the healthcare team about your loved one's normal bedtime routine.
 - Keep lights low at night and reduce noise and distractions.
 - Make sure your loved one is comfortable at night. Pillows, blankets, comfortable room temperature, and massage can all help them sleep better.
- **Support your loved one's physical activity during the day.** When you can, help with activities of daily life. Talk with the healthcare team about safe exercises and activities.
- **Provide mental stimulation.**
 - Offer gentle reminders about the time of day, the day of the week, the names and activities of family and friends, and current events.
 - Remember to speak simply and softly. It can be hard to see your loved one confused, but you can help them by staying calm. Please do your best not to argue with them or raise your voice.
 - Ask family and friends to visit during the day.
 - Bring personal items from home like photos or other familiar items.
 - Let staff know about your loved one's favorite TV programs, radio stations, or other information. These familiar things may help calm and reconnect them with what is going on.
 - Complete the "Get to Know Me" poster and review it with your loved one from time to time.
- **If your loved one wears glasses:**
 - Make sure the glasses are clean and labeled with your loved one's name. Keep the glasses within reach and make sure staff know when your loved one usually uses them.
 - Turn the lights on for reading.

- **If your loved one wears hearing aids:**
 - Help put the hearing aids in their ears.
 - Make sure the batteries are working, and that the aids are adjusted for conversation in the room.
- **Help your loved one get healthy nutrition and the right amount of fluids.** Patients who are delirious may not eat and drink normally. Ask your nurse what you can do to help.

What will hospital staff do to help?

Your healthcare team will check your loved one every day for signs of delirium. We will ask for your help in many ways. Your team may also:

- Turn the room lights on and open window blinds during the day.
- Keep them more active during the day so that they do not nap as much.
- Help set up a regular bedtime routine.
- Reduce noise at night to help your loved one get better sleep.
- Support mental stimulation by addressing them by name and giving reminders of the time of day.
- Speak slowly and clearly.

How can I learn more?

Visit these webpages to learn more about delirium:

- **American Delirium Society:**
www.americandeliriumsociety.org/about-delirium/patientfamily
- **ICU Delirium and Cognitive Impairment Study Group:**
www.icudelirium.org/patients.html
- **Vancouver Island Health Authority:**
www.viha.ca/mhas/resources/delirium/tools.htm

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

5-Southeast/Cardiothoracic Intensive Care Unit:
206.598.6500

5-East Medical/Surgical Intensive Care Unit:
206.598.4545

8-Northeast Blood and Marrow Transplant (BMT)/Oncology Intensive Care Unit: 206.598.8902