

How can you help?

- Visit and reassure them that they are safe.
- Hold their hand.
- Remind them of the date and time.
- Speak softly and use simple words and phrases.
- Talk about family and friends.
- Bring in glasses, hearing aids, and false teeth.
- Bring in a familiar item from home such as a photo or an object.
- Read the newspaper or a favorite book to them or bring in their favorite music.
- Tell us about their normal sleep patterns.
- Keep a journal of their stay in hospital. Include things such as visitors, family events, medical tests, and progress to help them fill in memory gaps. (Other families have told us this really helps.)
- Acknowledge strange dreams or hallucinations. Remind them they are safe and it's not real.
- Remember this is temporary!

Delirium is not dementia

Dementia is a disturbance of thinking. It develops over months or years and is a permanent condition.

People with dementia are more likely to get delirium.

Going home

The effects of delirium can last a long time.

A person might have dementia-like thinking problems that can last for months. This can include trouble concentrating, memory lapses, or trouble doing normal tasks.

Questions?

Please ask us, we are here to help.

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This information does not replace the advice given to you by your health care provider.

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Delirium in the Critical Care Patient

What you need to know and
how you can help



A Guide for Families and Patients

 **fraserhealth**

What is delirium?

Delirium is a state of **confusion** where a person:

- has trouble thinking clearly
- cannot pay attention
- has trouble knowing what is happening around them
- might see or hear things that are not real, but seem real to them

Delirium occurs quickly, over hours or days and can change from day to day. It is usually a temporary state and gets better in a few days, but it could last a week or more.

What does delirium look like?

People with delirium can:

- be restless and have trouble staying still **or** be quiet and withdrawn
- be forgetful and have trouble thinking clearly
- be mixed-up about place or time
- have gaps in their memory
- have trouble sleeping at night and sleep more during the day
- see or hear things that are not real (either pleasant or frightening)
- not seem like themselves and have mixed-up emotions

Why does it happen?

Delirium causes a change in the way the brain works. This might be from:

- the brain not getting enough oxygen before coming to the ICU
- the brain not being able to use oxygen normally
- serious illness or infection
- some medicines
- untreated pain
- lack of sleep
- withdrawal from drugs, alcohol, or nicotine

Who could develop delirium?

People who are more likely to develop delirium are those who:

- have an infection
- have had major surgery
- have dementia
- are elderly
- are males
- are smokers
- have heart or lung disease
- have depression

Delirium Is Common

6 out of 10 patients in ICU suffer from delirium

7 out of 10 patients on a breathing machine experience delirium

How do we care for people with delirium?

- We look for and treat illness that could be causing the delirium.
- We watch for signs of delirium every day, so treatment can start early.
- We sit the person up in a chair as soon as possible.
- We remind the person often that they are in the hospital and safe.
- We might give medicine to help reduce any unsafe behaviour.
- We might put soft wrist restraints on to keep important tubes from being pulled out. Each nurse checks regularly to see if these restraints are needed.
- We have whiteboards in each room that tell the date and the names of health care team caring for them.