

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.
- Speak to them even if they are sedated.
- Talk about family and friends.
- Bring in their glasses, hearing aids, and false teeth for them to wear.
- 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.
- Acknowledge strange dreams or hallucinations. Remind them they are safe and it's not real.
- Remember this is temporary!

Going home

The effects of delirium can last a long time. Dementia-like thinking problems can last for months. This can include trouble doing normal tasks, trouble concentrating, or memory lapses.

Post-intensive care syndrome is when health problems remain long after a critical illness. Problems can involve a person's body, thoughts, feelings, or mind, and these problems can affect the family as well. Health problems can range in how severe they are and how long they last.

Speak with a doctor if you notice any of these signs:

- trouble with thinking and memory, such as forgetfulness, taking more time to do things, not able to finish tasks, and trouble returning to work
- depression, anxiety, or reactions similar to post-traumatic stress disorder
- changes in mood
- muscle weakness, mostly in the arms and legs
- numbness, burning pain, or nerve pain
- tiredness and changes in sleep patterns
- weight loss

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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
Essential Care Partners and Patients



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 happens quickly, over hours or over 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)
- have mixed-up emotions and not seem like themselves

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
- pain
- lack of sleep
- withdrawal from drugs, alcohol, or nicotine

Who could develop delirium?

People most 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

- 2 out of 3 patients in ICU experience delirium
- 8 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.

Delirium is not dementia

Dementia is a disturbance of thinking. It develops over months or years. The changes are permanent. People with dementia are more likely to get delirium.