

Delirium

Acute states of confusion

INFORMATION FOR CARERS AND FAMILY MEMBERS

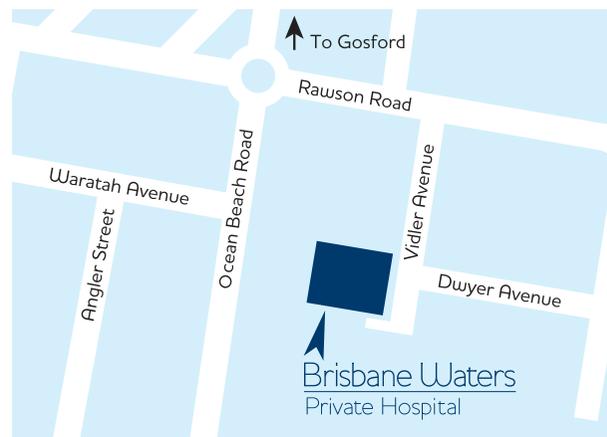
Delirium is a medical emergency

It is a complex physical illness during which the person is confused and may appear mentally ill.

Unlike dementia the confusion of delirium occurs suddenly and is usually caused by serious underlying multiple medical problems or adverse drug reactions.



For more information concerning
our Geriatric Medical Services call
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Carers and family members
play an important role in
helping to diagnose delirium

Brisbane Waters
Private Hospital



What is Delirium?

Delirium is a sudden state of confusion. A temporary disturbance in brain function.

It can range from mild to severe. If the underlying medical problem that caused delirium can be found and treated, then recovery is possible.

Carers and family members usually have vital information that can assist the doctor with a diagnosis of delirium, particularly about the person's pre-admission level of mental and physical functioning.

What are the causes of Delirium?

- Commonly occurs after surgery in the elderly
- Infections
- Multiple chronic illnesses
- Medication side effects
- Bowel or bladder problems
- Dehydration
- Untreated pain
- Heavy alcohol consumption or withdrawal from alcohol, sleeping pills or other medications, or a combination of the above.

Who is at risk?

People who:

- Are generally older and physically frail
- Are very unwell
- Are on multiple medications
- Have poor hearing and eyesight
- Have known Alzheimer's or other forms of dementia
- Have Parkinson's disease
- Have had previous strokes.

What symptoms are present?

People with Delirium:

- May appear suddenly more confused or more forgetful than usual
- Be unable to pay attention
- Be very agitated, verbally or physically aggressive which may be a new behaviour for them
- Be quiet, apathetic, withdrawn or sleepy, which may be unusual for them
- May imagine things that are not there – visual hallucinations
- May believe things that are not true (delusions)
- May have sudden change in their ability to swallow, stand or walk, becoming more unsteady with an increased risk of falling
- May have loss of control of bowel and bladder
- May have disordered or confused speech and difficulty getting words out
- Trying to wander out of the hospital.

Progress of Delirium

Delirium comes on quickly, fluctuates throughout the day and is usually worse at night, when they can become restless and agitated.

Carers and family are usually in the best position to recognise these symptoms and pass the information on to the doctors, nurses and allied health.

How is it treated?

- Comprehensive medical and physical assessment looking for reversible causes for the delirium
- Review of medications
- Particular attention to nutrition, hydration and mobility
- Recovery can take days or weeks.

How can carers, family and friends help?

Speak to doctors and nurses first. Familiar objects around the bedside usually help and reduce the duration and intensity of the in-hospital delirium.

These include:

- A calendar
- A clock
- Family photos
- Favourite books and magazines
- Favourite music – music therapy is very soothing.

Avoid large groups of visitors. Preferably visit in the mornings rather than the afternoons.

Avoid overloading the delirium sufferer with too much information.

Management of delirium may include medications to suppress anger, agitation, aggression, and hallucinations.

Unsafe wandering behaviour – may need to be restrained in a safe part of the hospital.

Recovery may take days, sometimes weeks or months, but may occur more quickly with the support of carers and family.

Not all patients recover from delirium.

Sometimes family may be needed to sit with the patient to settle them down.

Try to remain calm when you are with your loved one as their behaviour often reflects your mood.

Remember, if Delirium is diagnosed and treated quickly, the likelihood of recovery is greater...