

How you can help care for a person with delirium

It can be reassuring for a person with delirium to see and hear familiar people.

- Help re-orient them by telling them *where* they are, *who* they are, and *who you are*.
- Place a clock, calendar and personal objects where they can see them.
- Help them put on their glasses and hearing aids. Check that their hearing aids are working and make sure they have their dentures.
- Keep noise and visitors to a minimum.
- Ideally, keep their room light during the day with curtains opened, and dark at night.
- Provide familiar items, such as family photos, comforters, blankets and sleepwear.

Resource

Website:

“Confusion” on the Canadian Virtual Hospice website: <http://bit.ly/2dFIXUT>

Acknowledgements: Funded by a Bruyère Academic Medical Organization Incentive Fund Grant.

© Use freely, with credit to the authors. Not for commercial use. Do not modify or translate without permission.



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License.

To view a copy of this license, visit:

<http://creativecommons.org/licenses/by-nc-sa/4.0/>

Developed by Dr. Shirley H. Bush, on behalf of the Élisabeth Bruyère Palliative Care Delirium Clinical Practice Guidelines Development Team.
Delirium Information for Palliative Care.
January 2017

Wordlist

Delirium:

Delirium is common. It is a disturbance in brain function that can happen when a person is medically unwell. Delirium is a state of confusion that comes on very suddenly. This is why delirium is sometimes called an “*acute confusional state*” or “*acute brain failure*”. Delirium usually improves after days or weeks, but can go on for longer.

Delirium is **not** the same as dementia, but both delirium and dementia can exist in a person at the same time.

Dementia:

Dementia is a disorder that also affects the brain. Dementia is more common in older people. It develops slowly over months and is a permanent condition. People with dementia can have memory loss and difficulties with thinking, problem-solving or language, as well as changes in behaviour.

Hallucinations: seeing, feeling or hearing something that is not there. Hallucinations can seem very real to the person experiencing them.

Delusions: strongly believing something that is not true. Delusions are false beliefs.



▶ Delirium

Information for Palliative Care patients and their families

If you have any concerns or questions about delirium or would like more information, please **ask any member of your care team**.

SOINS CONTINUS
Bruyère
CONTINUING CARE 

What is delirium?

When a person is very sick, many changes in their body can cause a disturbance in brain function called **delirium**. In a short period of time (days, hours or even minutes) the person may become confused and have a hard time thinking clearly or focusing on tasks or conversations. Symptoms of delirium may change throughout the day.

Many patients with a severe illness, including palliative care patients, may experience delirium.

Older frail people and people who have dementia are more likely to develop delirium. People who have had delirium in the past have a higher risk of developing delirium again.

Causes of delirium

- Often there is more than one cause contributing to the development of a person's delirium.
- Sometimes the cause of the delirium cannot be found.
- Common causes include medications and infections (such as chest or urine infection).
- Some causes of delirium are easier to reverse than other causes.

Signs and symptoms of delirium

- People with delirium may become quiet, withdrawn and sleepy, or very restless and agitated or aggressive.
- People with delirium may wake up more often in the night and sleep more during the day.
- People with delirium may experience hallucinations (seeing, feeling or hearing something that is not there) or delusions (strongly believing something that is not true).

If you feel more confused, restless or frightened, or are seeing things that are not there, **let the care team know**.

Family or friends should also **inform the care team** if they notice that the person seems more confused lately or if something seems not quite right with them.

Management of delirium

Delirium is a serious problem which should be addressed quickly.

The health care team will aim to reduce the symptoms of delirium and depending on a person's goals of care, investigate and treat the underlying cause(s) of the delirium.

Depending on the cause of the delirium, the health care team may adjust your current medications in addition to starting new ones. Medications may be used to help **reduce hallucinations** and **agitation** that you may be experiencing.

Experiencing delirium

Being in a delirious state is like **dreaming while awake**. This can be a pleasant dream or more like a nightmare. People may have many different feelings during their delirium, some of which can be frightening.

Many people **remember** being delirious. You may find it helpful to **talk to your care team** about your experience.

How to communicate with a person with delirium

A person with delirium may have a hard time understanding what people are saying and feel that they are not being understood.

- Face the person with delirium when speaking to them;
- Use a calming voice;
- Speak slowly and in short simple sentences;
- Present one idea at a time;
- If needed, repeat what you have said;
- Avoid contradicting the person. Instead, accept what they say and use distraction to shift their attention to something else;
- Do not make quick movements or gestures as these may be misinterpreted as aggressive;
- If the person with delirium is distressed by touch, then comfort and redirect them verbally instead.