

Tips for family members or caregivers when your loved one is in hospital:

- Stay with the patient as much as possible to help re-orient, calm, and support the patient and help make their wishes known;
- Bring in belongings from home such as labelled family pictures, sleepwear and things from the bedside;
- Arrange for a radio or television (if the patient wishes) to create a familiar background or sound;
- Bring in the music of their choice if the patient asks for it and it is possible;
- Bring in glasses, hearing aids and dentures if used by the patient;
- Help make sure the room is quiet to promote sleep at night.
- Encourage drinking to keep hydrated (if appropriate)
- Safely assist with mobilization if possible

Recovery

For many, delirium clears in a few days or weeks. Some may not respond to treatment for many weeks. Others do not fully return to the way they were before. Some may have problems with memory and thinking that does not go away. Each person's recovery is different. After the person leaves hospital, it is important to follow up with your family doctor. The doctor may suggest a referral to outpatient geriatric or other services.

1230 North Shore Blvd.
Burlington, Ontario L7S 1W7
Tel: 905-632-3730
www.josephbranthospital.ca

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Delirium: Patient & Family Guide

What is Delirium?

When a person is ill or their day-to-day habits and routine are changed, they **MAY** develop a sudden confused state. This is called delirium. It happens over a short period of time, is usually temporary and reversible.

Some symptoms of delirium:

Sometimes a person with delirium may feel restless, or angry. They may have untrue thoughts, hear or see things that are not there and they may be very active.

OR

A person may feel tired, sleepy; have no energy, inactive, quiet and confused. A person may answer questions slowly.

How is delirium identified?

Delirium is a medical emergency. It is important for family members to let a health-care provider know of any sudden change in their loved one's mental state or thinking.

The health care team will assess the patient's behaviour and examine their mental state in order to develop a plan of care and monitor delirium. We may make a referral to a doctor who is a specialist in this area.

Who is most at risk for developing delirium?

A person who has:

- a memory problem
- been admitted to hospital or experienced a change in living environment
- a severe medical illness
- increasing age
- alcohol abuse
- abnormal blood work
- hearing problems
- vision (sight) problems
- depression
- difficulty performing day to day tasks
- medication side effects
- surgery

How is delirium treated?

We look for and treat the cause(s) of delirium. The doctor may suggest medication to a patient with delirium who is in distress.

Medication may be needed to carry out tests or treatment, and to keep delirious patients and others safe. These medications are only used for a short time.

Other important delirium treatments.

We will work with the family and patients to:

- prevent falls, skin breakdown, and infections;
- prevent bladder or bowel problems, and identify drug side effects;
- prevent problems with behaviour and reduce feelings of distress or worry; and
- keep the patient active and improve their day to day activities and mobility.

Working with the therapists will help with this part of the treatment.