Delirium: A Guide for Families

What is delirium?
Delirium is confusion that comes on quickly over a matter of hours. It may affect one’s thinking, attention, and behavior. Delirium is a serious problem that will often get better. Sometimes delirium does not get better. People with delirium are not crazy, and delirium is not the same as dementia.

What signs and symptoms may be present?
- Trouble paying attention or concentrating
- Not knowing who or where one is
- A change in behavior:
  - Agitation (hitting or pushing, resisting care, or not cooperating)
  - Restlessness (feeling a need to move around or feeling tense and “stirred up”)  
  - Lethargy (lack of energy, slowed speech and/or movements
  - Change in sleep (for example, may be more awake at night and asleep during the day)
  - Any other change in behavior or personality that is not normal for your loved one
- A change in perception:
  - Seeing or hearing things that others do not
  - Paranoid beliefs (thinking people are trying to hurt them) and not feeling safe
- A change in mood
  - Anxiety (being very nervous and fearful)
  - Depression (feeling sad or upset)
  - Anger
- Thoughts or words not making sense
- Mumbling or slurred speech

Note: Symptoms may change throughout the day. Your loved one may seem like his or her “normal self” at times.

Risk Factors
These health situations might increase the chance that delirium will happen:
- Being very sick
- Older age
- Dementia
- Dehydration (not having enough water in the body)
- Constipation (trouble pooping)
- Being unable to urinate (pee) or urinating small amounts
- Prior brain disease or damage
- Certain medicines

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Treatment of delirium

Treatment involves fixing the medical issues that are causing the delirium and treating any troubling symptoms. Every person is different. Delirium might go away quickly or last for weeks. It might never go away. Let the care team know if you think your loved one has delirium.

Tell the care team:
- When you first saw a change in how your loved one acted or thought
- If something changed just before this new action or thinking started. For example, was a medicine added or taken away? Has there been a change in eating or drinking? Is there a new cough or problem swallowing? Did the patient just stop drinking alcohol? Were any treatments recently stopped or started? Was there a recent surgery or stay in the hospital?
- Any signs of delirium you have noticed (see signs of delirium on pages 1 and 2)
- Health problems your loved one has
- What medicines does your loved one take? Does the patient use a medicine “as needed”? How many doses have been taken? (example: pain, anxiety, or sleep medicine)

Help keep your loved one thinking clearly
- Arrange for friends and family to visit. Keep visitors to 1 or 2 people at a time.
- Keep sentences short and simple
- Use a calm voice
- Gently remind the patient where he or she is and what is going on
- Talk about current events and what is going on nearby
- Talk about childhood memories or favorite music
- Read out loud or using large print books
- Bring in a clock, calendar, and pictures from home; write the date on the whiteboard
- Avoid trying to correct false beliefs, perceptions, and unusual behaviors

Support healthy rest, sleep, and physical activity
- Decrease noise and distractions
- Let in sunlight during the day, and keep the room dark at night
- Keep lights low or off when resting
- Help the patient sit in a chair, walk, and move around if it is safe. Please ask the health care team first.

Support healthy eating and drinking
- If swallowing is not a problem and your loved one is hungry or thirsty, help the patient eat and drink. Please ask the health care team first.

Support good hearing and seeing
- Make sure hearing aids are working and are in place
- Talk slowly and in a deeper tone of voice in the better ear
- If the patient uses glasses, remind him or her to wear them
- Use good lighting