



Oxford Health

Delirium

A guide for patients and relatives

What is delirium?

Delirium is a common condition where patients who are unwell become confused, agitated or drowsy. It is sometimes referred to as an acute confusional state.

What are the causes of delirium?

Delirium can be caused by lots of different factors. You are more likely to have a delirium if you:

- are over 65 years old
- have a hip fracture
- have a history of memory problems or dementia
- have severe infection/illness
- have difficulty with your sight or hearing
- take lots of medications
- have constipation
- have sleep disturbance

Sometimes we do not find a cause.

How do we manage delirium?

We will look for the causes of delirium and try to treat these if we can.

We will review patients' tablets and try to avoid giving treatments or doing tests that will cause more distress.

If patients are agitated we try to avoid sedating them. There are other ways that we use to calm patients. However, sometimes it may be necessary to use medication to keep them safe.

It is important to gently orientate patients by having clocks, hearing aids or glasses to hand.

Getting patients up and mobilising again is also an important part of their care.

Being discharged home to a familiar environment can promote a quicker recovery.

Patients who are confused are less able to participate in discussions about their care. In these circumstances we like to involve an advocate for the patient.

What can friends and relatives do to help with delirium?

Reassuring your friend or relative and bringing in their glasses or hearing aids and familiar photos is useful. Usual day to day conversation is helpful.

What are the symptoms of delirium?

The symptoms of delirium often fluctuate over time. Patients with delirium typically have at least one of the features below:

- disorientation or agitation
- unusual sleepiness or drowsiness
- difficulty in recognising friends and family
- feeling restless, or pulling out tubes or drips
- hallucinations

Are there any special tests needed to diagnose delirium?

No - delirium is diagnosed by recognising the symptoms.

We do investigations such as blood tests and chest X-rays to look for a cause but there is not a blood test which can test directly for delirium.

Why do we worry about delirium?

In most patients delirium settles completely and thinking returns to normal. However, this does not happen all the time. Some patients will improve but will not return to the way they were.

Occasionally, despite good management of the delirium, some patients do not improve.

Patients with delirium are often less mobile and stay in hospital for longer. This increases the chance of skin damage, falls and infection.

Some patients may need more support when they are ready to leave hospital. This can mean needing carers to visit at home or going to a care home.

Is delirium the same as dementia?

No – they can both affect your thinking, however delirium often comes on quickly and confusion can vary from hour to hour. It can improve. Dementia is a slower process that continues to worsen over time.

Notes

Notes

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Chinese 若要以其他語言或格式提供這些資訊，請與我們聯繫

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Portuguese Queira contactar-nos se pretender as informações noutra idioma ou num formato diferente.

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