

WHAT YOU NEED TO KNOW ABOUT DELIRIUM IF YOUR LOVED ONE IS HOSPITALIZED

What is Delirium?

Delirium is a medical emergency, a sudden change in the brain characterized by behaviours such as confusion, an inability to pay attention, and an observation that your loved one 'just isn't themselves.' Delirium can affect all ages, but older adults and especially those in the ICU are at highest risk – in fact, up to 80% of patients in ICU may experience delirium with symptoms that range from agitation, confusion, tremors, inappropriate choice of words, and aggression on the one hand, to lethargy and unresponsiveness on the other. There are numerous contributors to delirium including age, pre-existing conditions including dementia, alcohol or drug complications, illness, or having previously experienced delirium. But one thing is clear: Unaddressed, delirium can lead to over twice the length of stay in hospital, 9X the risk of permanent cognitive impairment, and even a 3X mortality rate.

As a family member or friend, you have the best understanding of the baseline behaviour of your loved one. Especially in the first 48 hours of admission, or in the critical days post surgery, you may be first to observe:

- Is there a sudden change in the patient's ability to respond?
- Do they have more trouble paying attention to what's going on around them?
- Does their speech ramble with an illogical flow of ideas or do words slur?
- Do they have more trouble understanding what you say?
- Are they more forgetful than usual?
- Do they have more trouble recognizing people they know?
- Are they more confused about where they are or what time it is?
- Are they more worried, angry, troubled, or sad than usual?
- Have they started to see or hear things that aren't there?
- Are they more restless or more quiet than usual?
- Do they fall asleep during your visits or are they harder to wake up?

If any of these symptoms are observed, bring them to the attention of the nurses or doctors. Ask if your loved one has been tested for delirium using one of the accepted tests – for instance, CAM or CAM-ICU are two such standard tests. It is *you* that knows the baseline behaviour of your loved one – what is 'usual' behaviour for them. So it is you that may be the first line of defense in seeing the subtle changes that can often indicate delirium is present.

Here are some tips for family and friends when addressing delirium:

- Consistent visitation is key so that you can monitor any onset of delirium – especially timing visits at mealtimes so you can confirm that the patient is eating/drinking on a regular basis and having regular elimination.

- Be sure the patient has hearing aids (and batteries), eyeglasses, and dentures. It is disorienting not to be able to see or hear and seniors especially often think they are being smart leaving expensive hearing aids at home; if this is the case and they insist, there are low-cost amplification devices that can be purchased or are available at the nursing stations.
- Be sure to orient the patient to current place and time. Asking again and again where they are is a key sign of delirium. Consider having a large face clock and calendar within sightlines.
- Bring in photos or familiar objects from home.
- Make the hospital room/patient area as quiet as possible, turning lights down at night, reducing noise, and encouraging sleep time.
- Take care with TV and radio – for many delirium patients these can be too stimulating. Quiet music may be a better first approach to calm.
- Ensure your loved one is getting plenty of fluids to avoid dehydration throughout the day. Nurses are busy so being bedside with the liquids and straw is a way to ensure basic needs are being met.
- If your loved one is experiencing delirium don't argue or reason. Reassure. Don't dispute the hallucinations; consider changing the subject gently if you can.
- Many families bring in a book and start a 'delirium diary' of what is happening day by day as patients who have experienced serious delirium report that they often lose track of big swatches of time. Rebuilding their timelines later is extremely helpful and the diary and visiting guest help do this.
- Stimulate the mind wherever possible: socializing, reading, and doing mental challenges like tic tac toe, or crosswords.
- Especially post surgery, try to get the patient mobilized. Getting blood flow will help reduce the chance for delirium. Have your loved one do leg exercises regularly 4 or 5 times each – i.e. Stretch legs out straight. Wiggle toes and bend feet up and down. Rotate feet to the right and left. Once they can walk, get them up to the bathroom and have meals sitting in their chair if possible.
- Post surgery, work with the respiratory therapist to make sure your loved one is clearing out their lungs and doing their breathing exercises. There is a blowing device called a spirometer that may be available to help.
- Talk to the care staff to understand what medications are being used for pain and if there are any alternatives to the strong antipsychotic drugs that can often complicate care and provoke delirium. The goal is to manage pain but avoid the drugs that can cause nausea, confusion, dizziness, and constipation.

Above all, be calm. Reassuring. Vigilant to notice any changes. Understanding delirium and its long-term negative effects will help you advocate for your loved one, and get them home, brain healthy.

Further resources:

- <https://americandeliriumsociety.org/patients-families/what-is-delirium/> A good resource with information and videos to help families understand delirium.
- <https://www.icudelirium.org/patients-and-families/overview> 2 out of 3 patients in the ICU develop delirium. Good downloadable information.
- *Every Deep-Drawn Breath: A Critical Care Doctor on Healing, Recovery, and Transforming Medicine in the ICU*, Wes Ely, MD., Scribner, 2021. Award-winning book that will change how you look at care in the ICU.
- <https://www.theatlantic.com/video/archive/2020/05/icu-delirium/611155/> Atlantic magazine takes a 10-minute documentary look at how Covid-19 impacted delirium.

App:

- Download the free app called **UB-CAM Delirium Screen** from Penn State for questions that help in the identification of delirium with a loved one.