

Describe the person's usual behaviour

Thinking ability: concentration, attention, memory, problem solving

Daily routines: housekeeping, meal prep, social contacts, transportation

Communicating: style of self-expression, use of telephone, computer, letter writing

Mood: easy-going or worrier, optimistic or pessimistic

Sleep habits: describe usual pattern, remedies that help sleep

If person has a dementia describe their abilities before the onset of delirium symptoms.

What can you do?

- Seek medical assistance
- Follow the recommended treatment to resolve the cause of the delirium
- Provide a calm and quiet environment that will encourage sleep
- Offer support and reassurance to decrease anxiety.
- Keep surroundings familiar
- Introduce yourself if the person is unsure who you are
- Assist the person to maintain their regular daily schedule.
- Ensure the person has their hearing aides, glasses, dentures, walker
- Ensure optimum food and fluid intake
- Explain delirium to reassure person
- Do not challenge person about their hallucinations or delusions

Contact your immediate supervisor if you suspect your client has a delirium.

Early recognition will decrease the impact of delirium.



This pamphlet is intended to be used by community health workers or community support workers in accordance with their agency / service policy.

Prepared by:

Vancouver Island Health Authority
Dec 2006

Adapted with the assistance of:

Hamilton Health Sciences Patient Education, Regional Geriatric Program (2002)
Capital Health Region Day Program (1997)
Earthy, A. Fraser Health Authority (2002)
Burne, D. RN,BA (Psych),CPMHN(C) (2005)
Upper Island Geriatric Outreach Program (2004)
North York General Hospital (2003)



Delirium

And the Older Person

A
MEDICAL EMERGENCY

A guide for Health
Care Providers

For more information

<http://www.viha.ca/ppp/learning/delirium/>

Delirium is...

A **sudden change** in the way a person thinks and acts

This behaviour change comes and goes throughout the day and night.

Facts

- **Older** persons are at higher risk.
- Older persons with **dementia** are at higher risk.
- Physical or mental **health problems** increase risk.
- A combination of **stressful** events can trigger a delirium.
- It comes on suddenly and is a **“change”** from the **usual way** the person behaves.
- Recovery time can be from **days to months**.
- Delirium may be reversed.
- Delirium **can be mistaken** for dementia or depression.
- A sudden discontinuation of alcohol or such drugs such as benzodiazepines, antidepressants or opioids can trigger delirium.

Delirium Can Be Treated

Risks and Causes

- Infection
- Dehydration/Malnutrition
- Multiple medications
- Medication side-effects
- Not taking medications as prescribed
- Alcohol/drug withdrawal
- Alcohol/drug intoxication
- Recent surgery/anesthetic
- Worsening of a chronic illness
- High or low blood sugars
- Constipation or diarrhea
- Pain
- Recent injury (recent fall)
- Recently moved
- Recent hospitalization
- Recent loss (family member, friend, pet)
- Ill-fitting hearing aides or glasses

Early recognition and treatment are important.

Symptoms of Delirium

Inattention

- Disorganized flow of thoughts
- Rambling speech
- Unclear flow of ideas
- Switching topics frequently

Mental confusion

(sudden, over 24 hours)

- Mixed up about time, place or person
- Decline in social abilities
- Saying hurtful things
- Resisting help
- Striking out

Distorted thinking

- **Delusions** (false beliefs), being suspicious of others, or accusing others

Perceptual Changes

- **Illusions**, misperception of things that are real (e.g. the IV tube is a snake)
- **Hallucinations** (false perceptions) Seeing or hearing things that aren't there

Changing levels of alertness

(over 24 hours)

- Agitated
- Restless
- Withdrawn
- Difficult to awaken
- Non-responsive

Change in sleep habits

Delirium Can Be Treated

Is it Delirium?

If you suspect delirium, please fill out both sides of this checklist and take to your supervisor or health care provider.

- Inattention
- Sudden onset of mental confusion
- Behaviour changes over 24 hours
- Disorganized thinking
- Hallucinations (false perceptions)
- Delusions (false beliefs)
- Changed level of alertness
- Changed sleep habits

Medical History

- Dementia?
- Depression?
- Previous delirium?
- New illness?

List medications, both prescribed and over the counter include herbals

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

List medications that have been recently started or stopped.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

Early recognition and treatment are important.