



PATIENT EDUCATION
Delirium in the Hospital

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LIVING

BARBARA WOODWARD LIPS
PATIENT EDUCATION CENTER

About Delirium

Your loved one's health care team has determined your loved one is at risk for delirium.

Delirium is a change in someone's thinking and behavior. It is a serious disturbance in mental abilities. A person who develops delirium may:

- Be confused about who and where they are.
- Have difficulty paying attention, remembering things or speaking.
- Have difficulty recognizing familiar faces.
- Show little desire to interact with other people or activities.

- Talk strangely.
- Be agitated and restless.
- Have sudden mood changes.
- Be sleepy and move less.
- Get stuck on certain ideas.

- Refuse care. Refuse to cooperate with health care members.
- Pull at lines, breathing tubes and wires.
- Hallucinate, which means see or hear things that are not really there.
- Have delusions, such as thinking someone is trying to hurt him or her.

A change in thinking and behavior can happen on any day, even on the first day in the hospital. Delirium usually starts quickly—within hours or a few days. It can last for a little while or a long while. Symptoms may come and go. They can get better or worse from day to day. It's possible to have delirium even after leaving the hospital. If this happens, be sure to tell the health care team.

Confused thinking and behavior often can be traced to one or more causes. It can come from a severe or chronic illness. It also can come from changes in metabolic balance, such as low sodium. And it can come from pain, lack of sleep, medication, infection, surgery, or alcohol or drug intoxication or withdrawal.

Because symptoms of delirium and dementia can be similar, input from a family member or caregiver may be important for a doctor to make an accurate diagnosis.

The health care team can help you understand delirium and teach you how to give support.

Causes of Delirium in the Hospital

Delirium is more common in older adults. However, it can affect people of all ages. Any condition that results in a hospital stay can cause delirium. This is true especially after surgery or while someone is in intensive care. There are many causes of delirium. But the main causes are medical and related to surroundings.

Medical causes

The following medical causes can lead to delirium:

- Illness or injury that causes an admission to the intensive care unit (ICU).
- Sepsis, a condition caused by the body's response to an infection.
- Diseases, such as those in the lungs, heart, kidneys, and liver.
- Conditions that cause the brain to receive less oxygen.
- Need for mechanical ventilation.

- Malnutrition or dehydration.
- Infections.
- Changes in the levels of certain things in the blood, such as pH and electrolytes.
- Medication and possible side effects of medications.
- Pain.

Environmental causes

The following environmental causes can lead to delirium:

- Changes in sleep patterns.
- Being in an environment that is not familiar.
- Visual or hearing impairments.
- Being less active.

Support Your Loved One

You and the care team can take steps to lower the risk of delirium.

Steps the care team takes to lower the risk of delirium

The health care team first treats your loved one's medical condition and side effects. They also take steps to encourage a normal daytime and nighttime routine.

During the hospital stay, the care team may do the following:

- Treat pain and discomfort.
- Limit sedation to help keep your loved one more focused and able to communicate.
- Talk to your loved one throughout the day about his or her surroundings.
- Use occupational therapy services to help your loved one's thinking process and with self-care tasks.
- Use physical therapy services to help with strength and movement.
- Raise the blinds, open the curtains, and make the hospital room light during the day.
- Recommend to take only a short nap during the day and avoid caffeine.
- Lower blinds, close curtains and make the room darker for sleep. To help with sleep, the team also may limit guests in the room around bedtime.
- Offer ear plugs, headphones, sleep masks, a warm blanket, or all of these.

- Make sure eye glasses and hearing aids are being used, which can help someone interact better with surroundings.
- Keep familiar and favorite objects and pictures around, but avoid a cluttered environment.
- Use white boards in the room to remind your loved one where he or she is and what day it is. And use a white board to help teach family and friends how to communicate with their loved one.
- Start a diary to record your loved one's activity while in the hospital.
- Use dog therapy, music therapy or aroma therapy.

Steps friends and family can take to lower the risk of delirium

The following are things you can do to support your loved one. Your support may help lower the risk of delirium or lessen how long your loved one has delirium.

- If glasses or hearing aids are used, bring in these items. Let the health team know these items are available.
- Bring items from home, such as family pictures, books, favorite music, pets if given hospital permission, and other comfort items.
- Add to the diary about your loved one's hospital stay. Include information about the daily schedule, any changes to the diagnosis, activities you do together, visitors, and so forth.
- Be engaged and advocate for your loved one when his or her care team does hospital rounds.

- Talk to your loved one using short, simple sentences.
- Frequently give reminders about what has been happening. Explain the surroundings and mention what time and day it is.
- Be calm and reassuring. Tell your loved one he or she is safe and cared for.
- Don't argue or disagree. If your loved one is upset, gently ask for the reason. Tell the health team what your loved one is upset about.
- Ask a health care team member to let you know what care tasks could be done by you or other family members.
- Ask a health care team member how much your loved one can safely move about.
- Provide distractions, such as favorite TV shows, movies and music. But first ask the health care team whether this may be too tiring.
Note: If your loved one can't ask for programs to be on or off, then be sure you turn on only relaxing programs.
- During the night, when your loved one should be sleeping, limit activities that may prevent restful sleep. For example, don't make phone calls or watch TV in the hospital room.

Be sure to take care of yourself. Spend time outside the hospital. Try to be away from the room at times and get some rest as well.

Long-Term Effects of Delirium

If delirium develops, it may last a few hours or as long as several weeks or months.

How soon and how much a recovery takes place may depend on health conditions present before delirium took place. For example, someone who had a serious illness before delirium set in may not fully recover from it. This also may be true for a person who had trouble thinking, perhaps with dementia. He or she now may have new or worse troubles with memory and thinking.

People who have a serious illness and delirium may have the following long-term health effects:

- Trouble with memory, focus and communication.
- Increased risk for hospital-related infections and longer hospital stays.
- Trouble with self-care.
- Trouble interacting with others.
- Need for long-term care at a health care facility, such as a nursing home.
- Higher risk of death.
- Changes in emotional and mental health.

Delirium also increases the risk for post-intensive care syndrome, also called PICS. It is a health problem that happens after a serious illness or after time spent in an intensive care unit. People who suffer from this condition may have:

- Muscle weakness, pain and fatigue.
- Trouble with memory and thinking clearly.
- Depression, anxiety, flashbacks, trouble falling asleep, and nightmares.

If you see signs of these side effects or your loved one shares concerns that sound like them, let the health care team know right away.

Taking Care of Yourself

Having someone in the hospital can feel overwhelming. You may be especially concerned if your loved one is at greater risk for delirium. You may worry about him or her and feel anxious about what might happen. These are all normal feelings. The health care team is here to help you.

Remember to take care of yourself so that you can support your loved one. Take a break once in a while. Ask another family member or friend to relieve you. Make sure you get enough sleep and also eat well. Be sure to talk with the care team about your concerns and ask questions at any time.

Notes

Notes

BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

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