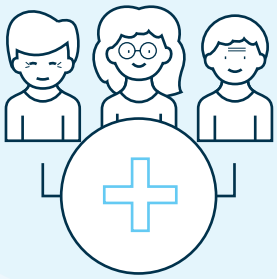
Te Whatu Ora
Health New Zealand
Waitaha Canterbury



Preventing **Delirium** while in **hospital**

When an **older person** becomes ill and goes into the **hospital**, their risk of developing a **delirium increases.**

What is delirium?

- Delirium is a temporary state of confusion.
- Delirium makes paying attention and focusing thoughts difficult.
- People with delirium may be agitated and restless, or quiet and sleepy, or a mixture of both.
- Delirium usually clears in a few days or weeks, but it can slow the healing and recovery process.
- Simple strategies can help with some of the risk factors for delirium, reducing the chance of delirium developing while in hospital.

This brochure is for people who are supporting an older person in hospital. It describes how you can help our care staff to prevent delirium. These strategies may also help to decrease the severity of delirium.

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Simple ways to help prevent delirium

Hearing and vision



If your loved one / the person you are supporting has glasses or a hearing aid, please bring them in to hospital and check that they are being used.

Make sure the hearing aid is working and has a spare battery, and that the glasses are clean.

A hearing wand (amplifier) or magnifying glass are available to be borrowed on the ward.

Exercise and mobility



Keeping mobile can help recovery. Encourage at least 3 walks a day if possible, even if only for a short distance in the hallway. Walking together can make it more enjoyable and show your encouragement.

The nurse or physiotherapist will assess if a person needs help walking, or may be at risk of falling.
Physiotherapists are specialists in walking and can provide expert help.

Staff may suggest some arm and leg exercises to do in bed or a chair to help prevent stiffness.

Please bring in any mobility aides such as walkers or canes from home, and slippers for safe walking.

If the person stops walking, talk to the staff about why this is happening and the plan to get them walking again.

Encourage your loved one to be up and out of bed for every meal.

We will take out urinary catheters and IV tubes as soon as we can. Please talk with us if they continue to be used.

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Dehydration



Drinking 4 to 6 glasses of fluid each day can help prevent dehydration and constipation.

Sometimes we will limit how much a person can drink because of medical conditions. Please ask us if the person you are supporting can drink normal amounts.

To help them drink enough:

- Offer drinks that the person likes, it doesn't have to be plain water.
- Offer frequent sips during your visit. Keep a conversation going as you offer the sips in a relaxed way.
- Have a drink yourself as well. People drink more when someone is drinking with them.

Eating



Many people lose interest in eating when they become ill.

- Try to arrange visits at meal times.
- Encourage sitting up in a chair for meals.
- Bring in favourite foods if the hospital food choices don't suit (unless there are any dietary restrictions).
- Help to fill in the menu choices form.
- Let us know if the person you are supporting has lost a lot of weight.

Help to avoid constipation by encouraging enough to drink, lots of fibre, and exercise.

Tell a staff member right away if you notice coughing while eating or drinking. This may mean there is a swallowing problem.

A clean fresh mouth helps food to taste better. Offer to help clean your loved one's teeth or dentures and offer mouthwash.

Sleep



Sleep is often disrupted in hospital. Being ill, hospital noise, decreased exercise, pain, and many other conditions can interfere with sleep.

- If there are routines at home that help the person to sleep, you may be able to encourage these in hospital.
- Limit daytime sleeping to short naps.
- Offer a backrub if visiting at night.
- After 3:00 pm encourage drinks that don't have caffeine. You may want to bring in a favourite non-caffeinated drink. Encourage a warm drink and a little snack an hour or so before their usual bedtime.
- Earplugs and eye masks may be available on the ward.
- Sleeping pills can cause confusion, falls, and drowsiness the next day. Try to encourage sleep in other ways rather than asking for new sleeping pills.
- Prescribed pills to help sleep should continue under staff supervision to monitor side effects.

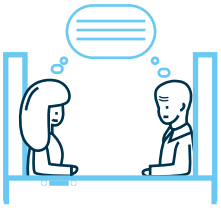
Activities and mental stimulation



Activities that the patient enjoys are an important part of recovery. Consider bringing in:

- Favourite music
- Magazines, newspapers, crossword puzzles, photos
- A large print or talking book

Sleep is often disrupted in hospital. Being ill, hospital noise, decreased exercise, pain, and many other conditions can interfere with sleep.
Visit regularly. Coordinate visits with friends and relatives so they don't all come at once.
Discuss happy events from the past or present.
If the person you are supporting is confused you can help them understand about where they are and why, and what is going on.
Drop gentle reminders into your conversations.
Ask us if the ward has an activity trolley with things to keep people interested.



Sharing information about the person

Family members are a valuable source of knowledge and expertise about their loved one, which can be especially important when the person is living with dementia. This knowledge can help the staff understand the needs of the person and provide reassurance in an unfamiliar environment.

- Are there things that may cause your loved one distress?
- When they are unsettled, are there things that you do that help settle them?
- Are there set routines that help keep your loved one reassured?
- Are there repetitive questions that may need specific answers?
- Does your loved one have any special signs that indicate that they may have a need or want something?

Bring a complete list of all medications to the hospital. It may help to bring medication bottles.

Sometimes people may not say that they are in pain, but may show it in other ways. Please talk to us if you think your loved one is in pain or discomfort.

Tell the staff right away if you see a change in thinking.

What does delirium look like?

People with delirium may

- Have trouble paying attention
- Be restless and upset
- Slur their speech
- Not make any sense
- See and hear imaginary things
- Mix up day and night
- Drift between sleep and wakefulness

- Be forgetful
- Have trouble concentrating
- Be more alert than normal
- Not know where they are
- Have trouble staying awake
- Sometimes be confused and then suddenly okay



If delirium develops

Continue to use the helpful strategies described in this brochure when you visit.

Help the person you are supporting in hospital to hear and see, be mobile, drink and eat enough, sleep well, and avoid boredom, and share information with the staff about them.

The calm presence of familiar people can help relieve distress.

- Too much stimulation can add to confusion. You may want to limit the number of visitors to one or two familiar people until the delirium goes away. Minimise background noise such as TV.
- Try to be calm and reassuring. Speak slowly and clearly about familiar simple things. Sometimes just being there is the best thing.
- Sometimes one person staying quietly in the evening may help the person go to sleep.
- Help to remind them where they are and what the time and date is.
- Being with a person who has a delirium can be difficult. Avoid arguing with them. Try not to get upset about the things they may say. People with a delirium are not themselves. In many cases they will not remember what they said or did while they had a delirium.
- Make sure to look after yourself and get some rest. Go out for short walks, and remember to eat and drink to keep your energy levels up.
- It may help to share your thoughts and feelings with someone. Feel free to talk with the health care team, and ask us about any questions or concerns that you have.

ACKNOWLEDGEMENTS

This brochure is adapted with permission from Preventing Delirium in the Hospital, 07/2015, Hamilton Health Sciences, Hamilton Ontario, Canada. Additional material is included from carers' brochures from the Clinical Excellence Unit Australia (Carer Top 5 Information), Institute for Aging Research, and Waitemata District Health Board.