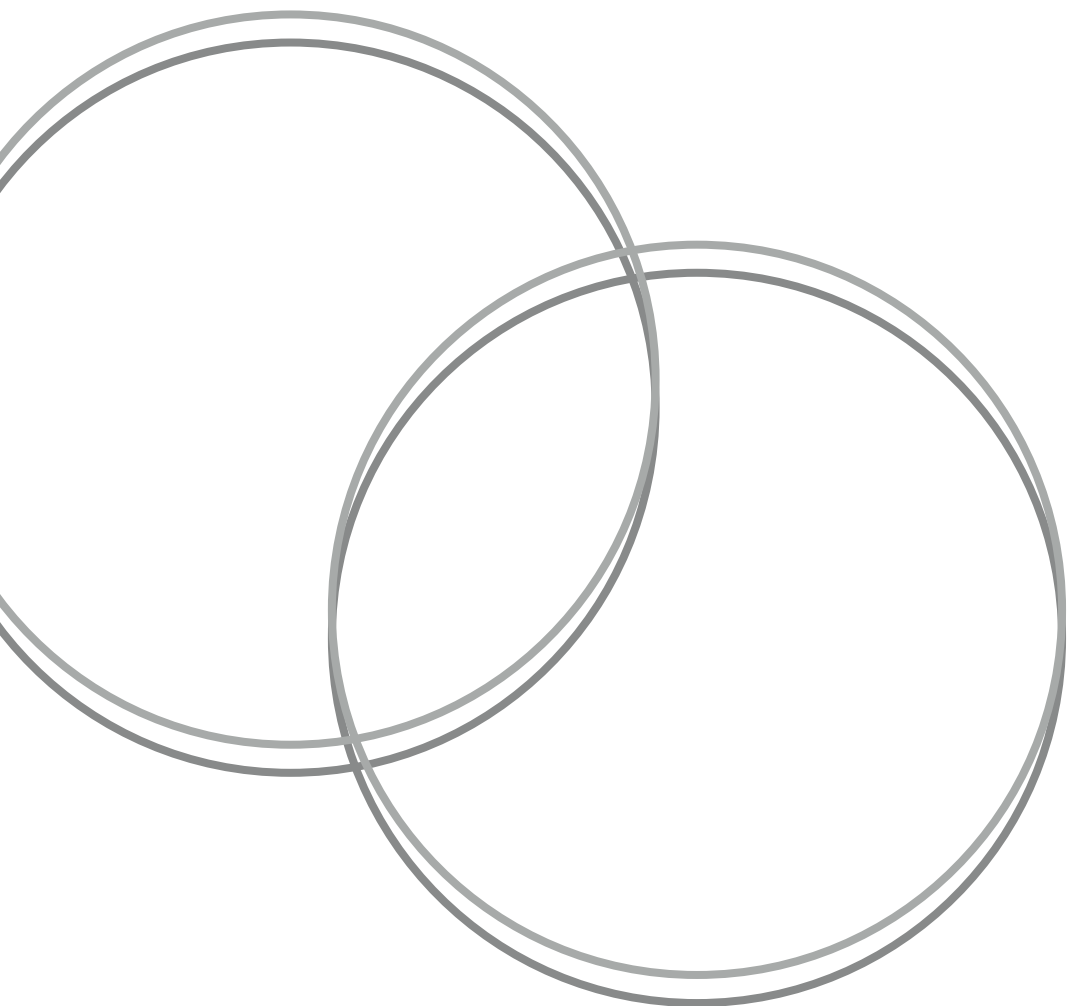




Oxford University Hospitals
NHS Foundation Trust

Delirium

**A guide for patients
and their relatives**



What is delirium?

Delirium is a common condition where patients who are unwell can become confused and or drowsy/agitated.

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.

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:

- Become increasingly confused or agitated.
- Become sleepy and drowsy.
- Difficulty in recognising friends and family.
- Be restless on the ward.
- Pull out tubes/lines and hallucinate.

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 some patients delirium settles completely and thinking returns to normal. This does not happen all the time. Some patients will improve but will not return to the way they were. Other patients, despite treatment 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 sometimes improve.

On the other hand, dementia is usually a slower process that continues to worsen over time.

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.

We also encourage patients' own clothes and nightwear to be brought in to hospital. This can help orientate them to night and day.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Katie Campbell and Nicola Lovett

January 2025

Review: January 2028

Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

