

## What can cause Delirium?

- An infection
- Medication side-effects
- Not taking medications as prescribed
- Recent surgery with anesthetic
- Worsening of a chronic illness
- Dehydration
- Malnutrition
- High or low blood sugar
- Constipation or diarrhea
- Pain
- Alcohol intoxication or withdrawal
- A recent injury (e.g., a fall)
- Recent move or hospitalization
- Grief and stress over a recent loss (e.g., death of family, friend, pet)
- Ill-fitting hearing aides or glasses
- Low B12

## What puts my family member at risk?

Your family member is more likely to develop a delirium if he or she has:

- had a delirium before
- memory or thinking problems
- severe illness resulting in hospitalization
- dehydration
- problems with seeing or hearing
- taking 5 or more medications

## What does Delirium look like?

People with delirium can act confused and may:

- be restless and upset
- slur their speech
- not make any sense
- see or hear imaginary things
- mix up days and nights
- drift between sleep and wakefulness
- be forgetful
- have trouble concentrating
- be more alert than normal
- not know where they are
- have trouble staying awake

## How is Delirium treated?

Treating delirium means treating the underlying cause. The cause of the delirium needs to be figured out before treatment can begin. This usually means doing tests and answering questions. Once the cause is understood, treatment may include medication as well as adjustments to the elder's environment. There are many ways to help your family member. Please talk to your health care provider about what you can do.

## What can I do to help?

### Promote healthy rest and sleep

- reduce noise and distractions
- keep light low or off when resting
- increase comfort with a pillow, blanket, warm drink or back rub
- do not use sleeping pills if possible

### Promote physical activity

- help with sitting and walking
- talk with your health care provider about exercise and safe activities

### Promote hydration & healthy eating

- encourage and help with eating
- offer fluids often

### Promote healthy hearing

- encourage the wearing of hearing aides
- make sure hearing aides are working

### Promote healthy vision

- encourage wearing of glasses and keep them clean
- use enough light
- consider using a magnifying glass

### Promote mental stimulation

- arrange for familiar people to visit
- talk about current events and surroundings
- read out loud; try large print or talking books

## Is it Delirium?

*If you suspect delirium, please fill out both sides of this checklist and take to your health care provider (e.g., family doctor, emergency ward, etc.)*

- Unable to pay attention?
- Restless and upset?
- Sleepy, then alert?
- Speech slurred?
- Not making sense?
- Sees or hears things not there?
- Mixes up days and nights?
- Unable to concentrate?
- Doesn't know where they are?
- Can't stay awake?

### Medical History

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

List medications, both prescribed and over-the-counter. Include any herbal remedies.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

List any medications that have been recently started or stopped.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

When did you first begin to notice a change in behaviour? \_\_\_\_\_

## My family member's usual behaviour:

**Thinking ability:** How is the person's usual concentration, attention, memory, problem-solving ability?

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**Daily routines:** Describe the person's housekeeping, meal prep, social contacts, transportation routines.

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**Communicating:** What is their style of self-expression? Can they use the telephone, computer, or write letters?

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**Mood:** Is the person easy-going or a worrier, optimistic or pessimistic?

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**Sleep habits:** Describe the person's usual pattern, and remedies that help them sleep.

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*If the person has a dementia, please describe their abilities before the beginning of delirium symptoms.*

## Will my family member return to normal?

For many people, delirium can clear in a few days or weeks. Others may not respond to treatment for many weeks. Some do not fully return to their normal selves. You may see some problems with memory and thinking that do not go away. Each person is different. Please talk with your health care provider about your family member or loved one.

## Who should I tell?

- Family doctor
- Local health clinic
- Hospital social worker
- Home support agency
- Community nurse
- Seniors outreach program
- *In British Columbia, call the BC Nurseline – dial 8-1-1.*

## Questions to ask the Health Care Provider:

- What is causing the delirium?
- How long will it last?
- Will my family member get better?
- How can we prevent it from happening again?
- Should changes be made in the person's environment?
- How can we as a family help?

For more information about delirium:

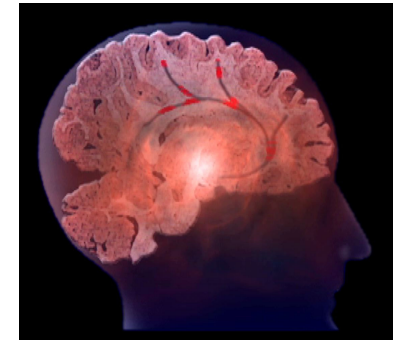
[www.viha.ca/mhas/resources/delirium/](http://www.viha.ca/mhas/resources/delirium/)



Update January 2009

### Adapted with input from:

Ontario Regional Geriatric Program Central (2008)  
Burne, D. RN, BA (Psych), CPMHN(C) (2005)  
Upper Island Geriatric Outreach Program (2004)  
North York General Hospital (2003)  
Hamilton Health Sciences, Regional Geriatric Program (2002)  
Earthy, A., Fraser Health Authority (2002)  
Capital Health Region Day Program, Victoria, BC (1997)



# Delirium

## in the Older Person

Family Guide

*“My family member is not usually like this.”*

## Delirium is not Dementia

Delirium is a sudden onset of mental confusion causing changes in behaviour.

Older people are at greater risk.

Recognizing and reporting the symptoms early can save lives.