

Describe the person's usual behaviour

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

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

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

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

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

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

Contact your immediate supervisor if you suspect the person has a delirium.

What else can you do?

- Seek medical assistance
- Follow the recommended treatment to resolve the cause of the delirium
- Provide a calm and quiet environment
- 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
- Help the person to mobilize
- Explain delirium to reassure the person
- Do not challenge the person about their hallucinations or delusions

Delirium Can Be Treated

Early recognition and treatment are important.

Early recognition will decrease the impact of delirium.

This pamphlet is intended for use by community health workers or community support workers in accordance with their agency/service policy.



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

A
MEDICAL EMERGENCY

A guide for
Health Care
Providers

For more information
www.viha.ca/mhas/resources/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 can be **reversed** if caught and treated early.
- 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.

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 (of family member, friend, pet)
- Ill-fitting hearing aides or glasses

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., an IV tube is a snake)
- **Hallucinations** (false perceptions) Seeing or hearing things that aren't there

Changing levels of alertness

(over 24 hours)

- Agitated or restless
- Falling asleep mid-sentence
- Withdrawn
- Difficult to awaken
- Non-responsive

Change in sleep habits

Delirium Can Be Treated

Early recognition and treatment are important.

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. _____

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