

**Delirium is a sudden, fluctuating 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 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 diarrhoea
- Pain
- Recent injury (fall)
- Recent move /relocation
- Recent hospitalization
- Recent loss (of family member, friend, pet)
- Ill-fitting hearing aids or glasses

Symptoms of Delirium

Inattention

- Disorganized flow of thoughts
- Rambling speech
- Unclear flow of ideas
- Switching topics frequently
- Mixed up about time, place or person
- Decline in social abilities
- Saying hurtful things
- Resisting help
- Striking out

Mental confusion

(sudden, fluctuating over 24 hours)

Distorted thinking

- Delusions (false beliefs), being suspicious of others, accusing others
- Illusions, misperception of things that are real (e.g., IV Tube is a snake)
- Hallucinations (false perceptions), seeing or hearing things that aren't there
- Agitated or restless
- Falling asleep mid-sentence
- Withdrawn
- Difficult to awaken
- Non-responsive

Perceptual changes

Changing levels of alertness

(over 24 hours)

Change in sleep habits

Delirium can be treated. Early recognition and treatment are important.

Is it Delirium?

Use this checklist if you suspect delirium. Bring the information to the attention of the person's main health care provider. Remember: Delirium is a medical emergency.

Symptoms Noticed

- | | |
|---|---|
| <input type="checkbox"/> Inattention | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Sudden onset of mental confusion | <input type="checkbox"/> Delusions |
| <input type="checkbox"/> Behaviour changes over 24 hours | <input type="checkbox"/> Changed level of alertness |
| <input type="checkbox"/> Disorganized thinking | <input type="checkbox"/> Changed sleep habits |

Medical History

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Dementia? | <input type="checkbox"/> Previous delirium? |
| <input type="checkbox"/> Depression | <input type="checkbox"/> New illness? |

List medications, both prescribed and over-the-counter; include herbals

_____	_____
_____	_____
_____	_____
_____	_____

List medications that have been recently started or stopped

_____	_____
_____	_____
_____	_____

When did you begin to notice a change in the person's behaviour? _____

Describe the person's usual behaviour.

(If the person has a dementia, describe their normal 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 preparation, 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 or routines that help them sleep.

If you suspect delirium, contact the person's main health care provider.

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 aid, glasses, dentures, walker, etc.
- Ensure optimum food and fluid intake
- Help the person mobilize
- Explain delirium to reassure the person
- Do not challenge the person about their hallucinations or delusions

Delirium can be treated. Early recognition will decrease the impact of delirium.

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



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Input provided by: Ontario Regional Geriatric Program Central (2008); Burne, D. RN, BA (Psych), CPMHN(C) (2005); VIHA Seniors' Health (2004); North York General Hospital (2003); Hamilton Health Sciences, Regional Geriatric Program (2002); Earthy, A., Fraser Health Authority (2002).