

Delirium in the ICU



This handout will help you to understand delirium in the ICU and how you can help your loved one.

What is delirium?

Delirium is a sudden confused state of mind. It may occur during an illness or after an operation.

How common is delirium in the ICU?

About 2 out of 3 patients in the ICU get delirium.

7 out of 10 patients get delirium while they are on a breathing machine or soon after.



What does delirium look like?

Your family member may:

- appear agitated or quiet
- be unable to think clearly
- be restless, upset or aggressive
- have trouble paying attention, concentrating or following directions
- have a hard time understanding what is going on around them
- not know who or where they are
- act differently than usual
- mix up days and nights
- be forgetful
- see or hear things that are not there
- have tremors, pick at their clothes or pull out intravenous (IV) lines
- be confused and suddenly okay
- have trouble staying awake

Who is more likely to get delirium?

People who:

- have memory or thinking problems
- are advanced in age
- have surgery, especially hip or heart
- have depression
- take certain medications
- have poor eyesight or hearing
- have an infection or severe illness
- have heart failure

What causes delirium?

Experts think delirium is caused by a change in the way the brain is working. This can be caused by:

- less oxygen to the brain
- the brain's inability to use oxygen
- chemical changes in the brain
- certain medications
- infections and severe illness
- worsening heart failure or chronic obstructive pulmonary disease (COPD)
- kidney or liver problems
- withdrawal from alcohol, sedatives or pain killers
- recent surgery or trauma
- severe pain
- constipation
- dehydration, electrolyte (salt and other minerals) problems, or uncontrolled diabetes



How is delirium treated in the ICU?

The ICU team works together to figure out the cause before treatment begins.

The ICU team includes:

- doctors
- nurses
- respiratory therapists
- pharmacists
- physiotherapists
- a registered dietitian
- a social worker



The ICU team will do a careful assessment, ask questions and may do some tests.

Once the cause(s) is identified, the best treatment can be started. Treatment may include a small amount of medication. Sometimes a cause cannot be identified.

Questions you may want to ask the ICU team

- What is causing the delirium?
- How long will it last?
- How can we prevent it from happening again?
- How can we as a family help?



There are many things you can do to help your family member. They are listed on pages 6 to 8. Ask any member of the ICU team what you can do to help.

Will my family member return to normal?

Delirium often clears in a few days or weeks in many people. Some may not respond to treatment for many weeks. Problems with thinking can last months. Others 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.

At this time we cannot predict who might develop long-term problems.



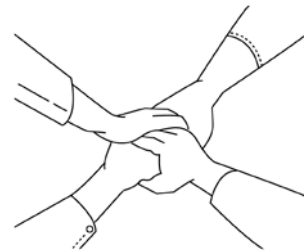
Is delirium different from dementia?

Yes, but patients with dementia are more likely to develop delirium.

Delirium:	Dementia:
<ul style="list-style-type: none"> • Comes on quickly, in hours or days. • Can make thinking and memory problems worse. Signs can change from one day to the next. • Usually clears up after a few days or a week. 	<ul style="list-style-type: none"> • Comes on over months or years. • A disturbance of thinking. Signs do not change. • Usually a permanent condition.

How can families help in the ICU?

Families have an important role in helping manage delirium in their loved one.



Provide a supportive setting

- Be calm and reassuring.
- Speak softly, slowly and clearly. Use simple words and phrases.
- Do not argue or try to convince your loved one that he/she is wrong.
- Do not quiz, test or challenge your loved one.

Promote healthy vision and hearing

- Encourage the use of glasses and keep them clean. Consider using a magnifying glass.
- Use enough light.
- Encourage the use of wearing hearing aids and amplifiers when needed.

**Promote healthy rest and sleep**

- Leave the bedside when your loved one is resting or sleeping.
- Keep lights low or off – reduce unnecessary lighting during rest periods.
- Tell the ICU team your loved one's normal sleep routine such as when he/she normally goes to bed and what time they get up in the morning.
- Reduce noise and distractions.
- Remind your loved one of the time of day or night.

**Promote mental stimulation**

- Decorate the room with calendars, family pictures or posters. Familiar items might be reminders of home.
- Talk about family, friends, current events and surroundings.
- Read out loud; try using a large print or talking book.
- Bring in your loved one's favourite music or movies to help calm or relax them.



Promote physical activity

- Ask your nurse or physiotherapist how you can help your loved one sit-up, walk or do exercises.
- Bring in non-slip footwear.
- Let the ICU team know your loved one's level of activity before coming to the hospital. Also let them know if any aids are needed such as a cane or walker.



Each patient is unique and different in managing delirium.

If your loved one has delirium we may ask you to sit and help calm them. In some cases, stimulation causes more agitation, so we may ask you to leave the bedside for a short time.