

DELIRIUM

What is delirium?

Delirium is considered the most common and serious cognitive disorder in all patient care settings. Delirium is a state of sudden and often severe confusion and behavior changes. It develops over a short period of time—usually hours to days—and symptoms may improve or worsen in 24 hours. It can be caused by many conditions such as fluid and electrolyte imbalances, medications, infections (particularly urinary tract infections and pneumonia), poisoning, severe pain, and drug abuse. Delirium can occur in all age groups but is more common in the elderly. Delirium is often temporary and reversible if the underlying cause is identified and treated. At end of life, delirium is most often caused by medication side effects or the body's response to changes that occur in the last days or hours of life. *DO NOT* confuse delirium with dementia. Dementia is a chronic nonreversible condition with a slow onset that is diagnosed by a healthcare professional. People with dementia can also experience delirium.

CONSIDERATIONS

Every person is unique, and their care should be individualized reflecting their established goals of care. The desired outcome of delirium treatment is promoting quality of life through the management and improvement of physical, psychological, spiritual, and emotional well-being. Delirium in serious illness may be temporary and reversible. The goal of the healthcare providers is to assess and identify the underlying cause of the symptom. Additionally, the interdisciplinary team should promote the person's integrity, independence, and dignity and support the family in caring for their loved one.

SIGNS AND SYMPTOMS

The person experiencing delirium may have some or none of the following:

Symptoms:

- Difficulty focusing or shifting attention
- Inability to recognize familiar faces and surroundings
- Mood swings/emotional or personality changes (anger, anxiety, irritability, agitation)
- Hallucinations or seeing, hearing, or feeling things which are not there
- Drowsiness, lethargy, tiredness, sluggishness
- Confusion about time or place

Signs:

- Confusion and changes in alertness
- Altered sleep and awake cycles
- Speech that is difficult to understand
- “Sundowning” or confusion that occurs over the course of a day that is worse at night
- Lack of attention, inability to concentrate
- Restless and anxious (picking at sheets or clothing, repeated attempts to get out of bed)
- Disorganized thinking such as jumping from one topic to another
- Withdrawn, no display of emotion
- Language and speech changes
- Mental clouding with less awareness of one’s environment

TIPS FOR THE FAMILY

What can be done for the person experiencing delirium?

- Keep the person’s bed in the lowest position, if a hospital bed or bed with various settings.
- Provide a quiet, peaceful setting, without TV and loud noises.
- Play familiar music at low volume to promote a soothing environment.
- Make the environment safe to prevent falls or injuries:
 - Keep space around bed and room free of rugs, cords, etc.
- Keep lighting appropriate for that person’s needs and safety. Use a nightlight at night. Reduce potential shadows which can create hallucinations.
- Keep familiar and favorite objects nearby such as pictures, brushes, stuffed animals, etc.
- Provide orientation to time, place, and person when appropriate.

- Ensure the person has access to eyeglasses and/or hearing aids to promote better communication.
- Offer spiritual support, when appropriate.
- Orient the person to who you are when assisting with caregiving.
- Offer explanations of what you are going to do. For example: *“I am going to help you get out of bed now.”*
- Offer support: *“I am right here with you.”*
- Try to maintain a routine and structure.
- Avoid asking a lot of questions. Offer a choice: *“Would you like A or B?”*
- Maintain proper hydration, electrolyte balance, nutrition, and vitamin intake, as appropriate to the stage of condition.

What should I communicate to the hospice/palliative care team?

- Any of the signs or behaviors listed above. Report any changes to the nurse so that they can plan interventions for optimal care. *REMEMBER*: not everyone with delirium has all of the signs and symptoms.
- Changes in food or fluid intake.
- Decrease in urine output.
- Change in frequency or type of bowel movements.
- Depression.
- Wandering.
- Withdrawal from people or activities.
- Any changes in medications.
- Any new problems will be evaluated by the hospice/palliative care team and new ways to manage symptoms will be discussed.
- If starting a new medication, watch for condition improvement, worsening, or side effects and report to healthcare team.

Commonly used related medical definitions:

- **Dementia:** *DO NOT confuse delirium with dementia.* Dementia is a long-term (chronic) nonreversible condition with a slow onset that is diagnosed by a healthcare professional. It is possible for family members with dementia to also have delirium.

RESOURCES

For more information about delirium, visit:

U.S. Department of Health and Human Services, U.S. Library of Medicine, MedlinePlus. Delirium. MedlinePlus Web site. <https://medlineplus.gov/delirium.html>. Updated July 25, 2017. Accessed September 14, 2018.

National Institutes of Health, Friends of the National Library of Medicine. "The Impact of Delirium." *NIH MedlinePlus*. 2015;10(3):16-17.

<https://medlineplus.gov/magazine/issues/fall15/articles/fall15pg16-17.html>. Accessed September 14, 2018.

Quijada E, Billings JA. Fast Facts and Concepts #60—Pharmacologic Management of Delirium: Update on Newer Agents. Palliative Care Network of Wisconsin Web site.

<https://www.mypcnw.org/blank-tjksj>. Updated May 1, 2015. Accessed August 23, 2018.

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2. Coyne PJ, Panke JT, Bobb B. Symptom Management. In Coyne PJ, Bobb B, Plakovic K, eds. *Conversations in Palliative Care: Questions and Answer with the Experts*. 4th ed. Pittsburgh, PA: Hospice and Palliative Nurses Association; 2017. 145.
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4. Mayo Clinic. Delirium. Mayo Clinic Web site. <https://www.mayoclinic.org/diseases-conditions/delirium/symptoms-causes/syc-20371386>. Published June 27, 2018. Accessed September 14, 2018.
5. U.S. Department of Health and Human Services, U.S. Library of Medicine, MedlinePlus. Delirium. MedlinePlus Web site. <https://medlineplus.gov/delirium.html>. Updated July 25, 2017. Accessed September 14, 2018.