

Delirium

Suggestions on what to discuss with the health care team to help your family member receive high-quality care

Ontario Health is committed to improving the quality of health care in the province in partnership with patients, health care professionals, and other organizations.

To do that, Ontario Health develops quality standards that set out important steps to treat conditions like delirium. These standards are based on current evidence and input from an expert committee that includes patients, health care professionals, and researchers.

If you're interested in learning more about the quality standard on adults with delirium, see page 17 of this guide. It has a summary of the top seven areas to improve care for people who are at risk for delirium or who are experiencing symptoms of delirium. You can also download the complete [quality standard here](#).

? What is delirium?

Delirium is a sudden change in how someone thinks, acts, or understands what's happening to them. They might be confused, see things that aren't there, or seem quiet, withdrawn, or sleepy. They could also be anxious, restless, agitated, or angry.

Delirium is very common, and it often affects older people while they're in a hospital or a long-term care home. It is also common in people living with a progressive, life-limiting illness. But delirium can be overlooked because it can look like other illnesses. For example, delirium is often confused with dementia and depression (see box).

Anyone with signs and symptoms of delirium should see a doctor right away. When health care providers address the causes and manage the symptoms of delirium, people with delirium can get better. But for up to half of people, changes in the way they think and act can persist after they leave the hospital. About a third of people can still have symptoms 6 months after leaving.

Delirium, dementia, or depression?

Delirium:

- Has symptoms that show up quickly, within hours or days
- Has symptoms that can come and go over the course of a day
- Is caused by another problem in the body, such as an infection or not drinking enough water

Dementia:

- Develops slowly, over months or years
- Has symptoms that are usually the same from one day to the next
- Is caused by changes to the brain

Depression:

- Has symptoms on most days, for most of time, often worse in the morning
- Is caused by many things, like life events and chemical changes to the brain

Some people have more than one condition.

People with delirium need support from family members and caregivers. You can help prevent delirium, recognize the signs, and support your family member's care.

This guide can help you talk with their care team. It doesn't tell you everything about delirium, but it can point you toward the right care. It includes questions on:

- Is my family member at risk for delirium?
- How can we try to prevent delirium?
- How will we know if it's delirium?
- How is delirium treated?
- Leaving the hospital after delirium

If you don't have time to read the whole guide, use this checklist when you talk with your care team. The more you ask, the more support you'll have with your family member's delirium.

If your family member shows signs of delirium at home:

Take them to a family doctor or nurse practitioner who knows their history. If this isn't possible, go to an urgent care centre or the emergency department.

Delirium is a medical emergency.

Is my family member at risk for delirium?

Some people have a higher risk for delirium, especially if they:

- Are 65 years old or more
- Already have problems with memory or understanding, or already have dementia
- Have a broken hip
- Have a serious illness that's getting worse or is at risk of getting worse
- Have had delirium before
- Have significant alcohol or substance use

It's important to know and share your family member's medical history with their care team. If their history shows these risks, the team will check them for delirium and take steps to prevent it. As a family member or caregiver, keep delirium in mind when your family member is sick and as they recover.

Did you know?

Up to 3 out of 4 older people can experience delirium after surgery or a serious illness.

It's common for people to develop delirium in intensive care units, palliative care, or long-term care homes.



Ask the care team:

- Should my family member be checked for delirium?



Tell the care team:

- About medical history that might put your family member at risk for delirium
- About any medication they're taking
- About any past episodes of delirium
- About a history of dementia or problems with memory and understanding

There was nothing, other than his age, that would suggest that there was a risk factor for delirium.

CAREGIVER TO SOMEONE WITH DELIRIUM



Learn more

[The Senior Friendly Care Toolkit](#): This guide from the Regional Geriatric Program of Toronto offers a range of information on delirium, including questions that can help family members spot delirium early.

[Caregiving Strategies](#): This website from Provincial Geriatrics Leadership Ontario includes information about delirium and links to other resources, including a guidebook with a chapter on “Changes in Thinking and Behaviour: Delirium” ([Caregiving Strategies Handbook](#)).

[Senior Friendly Care \(sfCare\) Learning Series](#): This series includes posters and patient handouts on delirium to help caregivers and health care providers provide excellent care for older adults. The Regional Geriatric Program of Toronto and Provincial Geriatrics Leadership Ontario have recently launched this series in [French](#).

[Delirium Prevention and Care with Older Adults](#): This brochure from the Canadian Coalition for Seniors’ Mental Health shares an overview of delirium, signs and symptoms of delirium, and information on management and support.

[This Is Not My Mom](#): This website from the Centre for Healthcare of the Elderly, at Nova Scotia Health Authority in Halifax, includes information and resources about delirium.

How can we try to prevent delirium?

What causes delirium?

Many things can cause delirium, such as an infection, medications, or not drinking enough water. In some cases, it takes only one thing to set it off. Other times, a mix of things can bring it on.

How can I help my family member prevent delirium?

Once you know the common causes, you can help your family member by making sure they:

- Drink plenty of water or other liquids
 - Eat well
 - Are comfortable. If they are in pain, let the health care team know
 - Spend time with people they recognize and who can comfort them
 - Use their eyeglasses, hearing aids, or dentures (and that these aids work properly)
 - Get enough sleep at night
 - Can use the bathroom when they need to, if possible
 - Get up and walk, if possible
-



Ask the care team:

- Does the hospital or long-term care home have a program that checks for and prevents delirium?
- What else can I do for my family member to help prevent delirium?



Tell the care team:

- If you notice any signs of delirium

He wasn't eating and didn't want to drink. Delirium could have been avoided if he had not been dehydrated.

CAREGIVER FOR SOMEONE WITH DELIRIUM

? How will we know if it's delirium?

Delirium can be hard to recognize because it shows up in different ways: some people seem drowsy or depressed, while others become angry without warning. Their personality or mood can also change quickly.

People can have more than one symptom of delirium at a time, and these can come and go during the day. The signs and symptoms are different for everyone. Your family member might be:

- Afraid
- Confused
- Sleeping more than usual

They might also:

- Forget things
- Have trouble focusing on who they are, where they are, or what day it is
- Say things that don't make sense
- Act in unusual ways
- See things that aren't there
- Feel physical things that aren't there (such as bugs or a burning feeling)
- Misunderstand what is being said to them

Let the care team know if your family member isn't acting like themselves. The team will check them for delirium. If they have delirium, the team will run other tests to look for possible causes. It can take time to pinpoint one or more causes, and it's not always possible to find a cause.

It can be a relief to understand what's happening and to know that you and the health care team can help your family member in different ways.



Ask the care team:

- How will I know if my family member's signs could be caused by delirium?
- Where can I learn how to help with delirium screening?



Tell the care team

- If you notice any signs of delirium
- If you don't understand what delirium means for your family member

My mother was hospitalized. She had arthritis in her hip and had a lot of pain. They were giving her some strong medicines, which caused the delirium. We talked to the nursing staff about how to control the pain without [this reaction].

CAREGIVER FOR SOMEONE WITH DELIRIUM



Write it down

It can help to take notes as your family member's symptoms develop and change. Write down how their behaviour or thinking changed, when the symptoms started, and how long the symptoms lasted. Having details on hand will help when you talk with care providers.

The notes will also help you remember your conversations with care providers.



Learn more

[The Delirium Detection Questionnaire \(see page 10\)](#) can help families spot seven common signs of delirium.

[The Family Confusion Assessment Method](#) is a tool to support families as they watch for signs and symptoms of delirium (register to use this tool).

[The Caregiving Strategies Handbook](#) highlights the changes in thinking and behaviour that often come with delirium, how delirium differs from dementia, and basic information about delirium.



How is delirium treated?

People with delirium can be scared by their symptoms—they probably don't understand what's happening to them, or why. If they're in hospital or a long-term care home, noise and activity can upset them even more. This can be hard on families, too; it can be frightening to see your family member in distress. Understanding how delirium is managed—and knowing what you can do—can help you ease their worries and your own.

The health care team will talk with you about the possible causes of your family member's delirium, how they'll address them, and the plan to manage symptoms and keep them from getting worse.



Ask the care team:

- How will the health care team manage my family member's delirium?
- Should my family member see a doctor or nurse practitioner with expertise in caring for older adults?
- Will my family member need medication for their delirium? How will it help?
- Is any other treatment needed?
- How long will it take them to feel better?
- What can I do to help my family member with their care?

Support

The plan to manage your family member's delirium will include an in-depth examination. This will usually involve a physical exam and some tests (like a blood or urine test or a chest x-ray). The health care team will also review any medication your family member takes and look for recent changes in their mood or how they act. This will help the care team identify and address what's causing the delirium.


Your family member may be given medication for infection. The plan will also include support, based on your family member's needs and care setting. For example, if they're dehydrated, the care team will give them more liquids. See page 7 for other possible steps.

What can I do?

- Hold your family member's hand or touch them if it comforts them
- Stay with them as much as possible. Set up shifts with family members to sit with them
- Reassure your family member that you're there
- Remind them where they are
- Show them what day it is on a calendar
- Make sure they are using personal items (such as glasses, hearing aids, and dentures)
- Bring them familiar things from home (such as family photos or a favourite blanket)
- Maintain a calm, quiet environment
- If you can't be there in person, ask a staff member to help you talk with your family member on the phone or by video

Medication

Sometimes, people may need medication to treat their symptoms of delirium. Medication can be an option when symptoms cause serious distress. They may see or hear things that are not really there (hallucinations). Or they may not know what's real—they might be afraid that someone is trying to harm them (delusions). In some cases, medication may also be an option for people who could put themselves or others in danger.


Once the doctor confirmed the delirium diagnosis for my mother, there was a very good conversation about what that meant and how the medication would help, and the management plan.

CAREGIVER TO SOMEONE WITH DELIRIUM

Leaving the hospital

When your family member leaves the hospital, they may still need support at home, even if it's for a short time.

Some people may not have totally recovered from their delirium when they go home or move to another health care facility. Even if they're better, there's a chance the delirium could come back.

You won't have to manage alone. There is help for you and your family member outside the hospital.



Ask the care team:

- Who can help organize care when my family member leaves the hospital?
- What's available in my community to support my family member's care at home?
- Will I have to give them medication (if they're at home)?
- Who will make sure that other health care providers (such as their family doctor, specialist, or home and community care providers) get the information about my family member's delirium and its management?
- Where else can I get education about delirium after I take my family member home or to another health care facility?
- What community or respite services can help care for my family member at home?
- Where can I go for help, or who can I talk with if I'm feeling overwhelmed?

Delirium on the record

It's important that delirium is part of your family member's health record when they leave the hospital (or if they move to another part of the hospital or to a different facility). Any notes that support their discharge should also include this information. This will let the doctors or providers there know about your family member's episode of delirium and ongoing care needs.



For your reference: The quality standard in brief

This patient guide accompanies the quality standard on delirium.

Below is a summary of the top seven areas to improve care for people who are risk for delirium or who are experiencing symptoms of delirium. To read more, you can download the [quality standard here](#).

Quality Statement 1: Identification of Risk Factors for Delirium

On initial contact with the health care system, people are assessed for risk factors for delirium, especially when they present to hospital or long-term care. Any risk factors for delirium are documented in their health record and at transitions in care, and are communicated to the person, their family and caregivers, and their health care team.

Quality Statement 2: Interventions to Prevent Delirium

People at risk for delirium receive interventions to prevent delirium that are tailored to their individual needs and care setting.

Quality Statement 3: Early Screening for Delirium

People presenting to hospital with any risk factors for delirium, or who have an acute change in behaviour or cognitive function during a hospital stay or in a long-term care home or in the community, are screened for delirium in a timely manner by a health care professional who is trained in screening for delirium using standardized, validated

tools. The person and their family and caregivers are asked about any acute changes in the person's behaviour or cognitive function.

Quality Statement 4: Education for People With Delirium, Family, and Caregivers

People who are at risk for delirium or who have delirium (as well as their family and caregivers) are offered education about delirium.

Quality Statement 5: Management of Delirium

Based on the results of a comprehensive assessment, people with delirium have a multicomponent interprofessional management plan to address the causes and manage the symptoms of delirium.

Quality Statement 6: Antipsychotic Medication

Only people who are in severe distress from symptoms of delirium or at immediate risk of harm to themselves or others are considered for antipsychotic medication use. These medications are always used in combination with first-line management strategies. If antipsychotic medication is started, it is reviewed daily and discontinued as soon as the clinical situation allows.

Quality Statement 7: Transitions in Care

At transitions in care, people with current or resolved delirium (as well as their family and caregivers) are given information related to delirium and its management. This information is communicated to those involved in the person's circle of care and documented in the health record at transitions in care.

What's next?

Remember, everybody is different.

The support you need and the plan you develop with care providers will be unique.

This conversation guide is only a starting point.

You may have other topics you want to cover with care providers. It's important to speak to them about any other questions or concerns.

Need more information?

If you have any questions or feedback about this guide, please contact us at qualitystandards@hqontario.ca or 1-866-623-6868.

For more reading on delirium, read the quality standard at hqontario.ca/qualitystandards or visit rgps.on.ca