

How can you help prevent and manage delirium?

- Let the nursing team know what your loved one prefers and who they are as a person
- Bring in your loved ones' glasses, hearing aids or any other items that will help them engage in their environment
- Speak in a calm voice and keep conversations simple
- Stimulate your loved one to keep them engaged by reading to them, playing calm music, rubbing their hands, or praying with them
- Discuss current events and talk about family members and friends
- Bring in one or two personal items that may assist in re-orienting or comforting your loved one
- Frequently re-orient your family member to the date, time, and location
- Family members are encouraged to participate in daily activities as appropriate, including brushing the patient's teeth and washing their face
- At night, ensure the patients usual sleeping preferences are met (i.e. earplugs, blankets, dim lighting)
- During the day time, ensure lights are on and blinds are up to allow natural light into the room



What's next?

Once your loved one is no longer critically ill, they will typically be transferred to another unit in the hospital to continue their recovery.

It is important to keep using these strategies once transferred to another unit.

Resources

For more information visit:

www.ICUdelirium.org

<http://www.albertahealthservices.ca/topics/page3450.html>

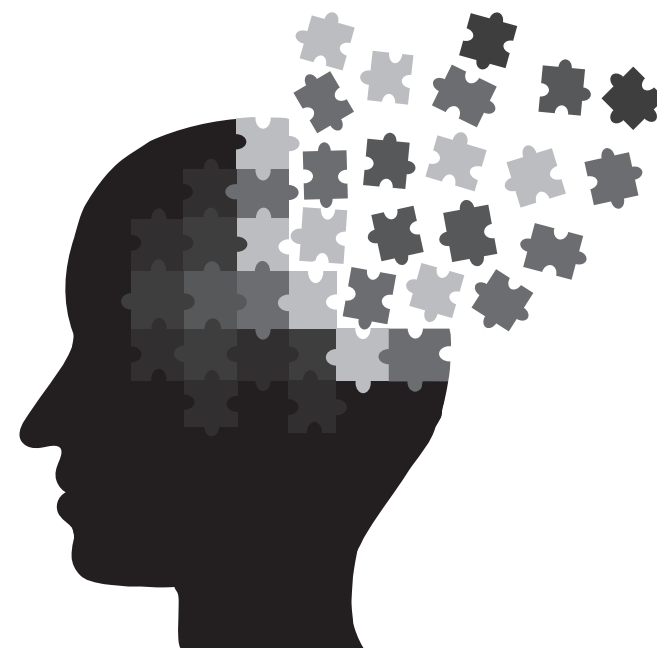
Or ask a member of the care team



Delirium

in the Intensive Care Unit (ICU)

a guide for patients and families



What is delirium?

Delirium is a temporary, resolvable state of mental confusion that appears suddenly and may change during the day or week.

Delirium is thought to be caused by **changes in brain function** due to environmental and medical factors.

What does delirium look like?

Families may notice changes in their loved ones including **one or more** of the following:



- Trouble thinking clearly
- Trouble paying attention
- Seeing or hearing things that are not there
- Becoming very agitated and upset **or** seeming very drowsy and quiet
- Difficulty understanding what is going on around them including where they are or what happened
- Sudden changes in mood and behavior
- Changes in sleeping patterns

How common is delirium?

44% of patients in adult general-systems AHS intensive care units have symptoms of delirium during their stay. (June 2016-2017)

How can delirium affect patients?

Delirium may be **hard to diagnose**, especially if the patient has “**quieter**” symptoms

Studies have suggested that **1 out of 3** cases of delirium stay unnoticed



Possible outcomes of delirium

Short-term:

- Behavioural and physical changes
- Longer hospital stays
- Increased time on breathing machines
- Increased family/caregiver stress and financial burden

Long-term:

- Issues with thinking and mental abilities
- Difficulty with daily activities
- Requiring admission to a care facility



What might cause delirium?

One or more factors may **cause delirium**, such as:

Stress

Infection

Medication

Dehydration

Pain or fever

Malnutrition

Medical illness

A recent procedure

A change in patient location

How is delirium managed?

The healthcare team takes steps to identify, prevent, and identify delirium.

Why is your role important?

You know your loved one best and can inform the care team as to who they are and what their preferences are.

You can provide comfort and reassurance as well as implement simple strategies to help.

