

The ROYAL MARSDEN

NHS Foundation Trust

Delirium at The Royal Marsden

Patient Information



NHS

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What is delirium?

Delirium is the name for acute confusion and commonly occurs whilst being cared for in hospital. It is not a disease but a group of symptoms. You may often experience a world that makes no sense to your visitors, but is very real to you. You may:

- Not know you are in hospital
- Think you have been kidnapped or tortured
- Think you can see objects that are not there
- Persuade yourself that the staff are pretending to be nurses and doctors
- Try to make sense of the noises and things around you and create an unusual explanation for them.

Although you may recognise your friends and family, you may not believe them when reassurance has been offered. It is quite usual for patients with delirium to want to mobilise out of the bed and wish to be taken home. Retaining information can also be difficult, you may appear to understand what is happening, or can join in with conversation, however you may not remember what has just been said.

Delirium can change during the course of the day, often being worse in the evening and over night.

Delirium is different from dementia as it develops over hours or days rather than months and years and unlike dementia, delirium is usually temporary.

The main point is that a person experiencing delirium is absolutely convinced about the reality of the confused world that they are in. It can be worrying for both you and your visitors.

How can a friend or relative recognise delirium?

Delirium can show itself in two ways, sometimes this can be obvious to onlookers as the patient is agitated and upset. However it can also be very subtle and may make the patient very sleepy or withdrawn.

Often a difficulty is maintaining focus, such as changing the subject frequently or mentioning strange ideas. Being disorientated or having visual hallucinations are other signs of delirium.

How common is delirium?

Nearly one third of people over 60 years of age admitted to hospital, will develop delirium at some time during their stay. Recent studies show there is a high incidence of patients experiencing delirium after surgery, increasing further to very high rates from critical care admission. It is especially common in patients who required breathing support from a ventilator.

With delirium comes an increased risk of in-hospital complications, although it is preventable in up to one third of cases. Delirium is treatable if identified and managed appropriately as well as urgently.

Why does delirium develop?

It can be caused by:

- Infection
- Medicines
- Prolonged sleep deprivation
- Advanced cancer
- Surgery
- Pain
- Organ failure
- Dehydration.

Patients with cancer, especially advanced disease, are more likely to suffer from delirium. This may be due to the cancer directly or to the cancer treatment they may have received. Other conditions besides cancer may place the patient at greater risk of developing delirium. Risk factors include:

- Older age
- Other chronic diseases (diabetes, COPD, stroke and so on)
- Dementia, Alzheimer's, forgetfulness
- Lower albumin (protein) levels in the blood
- Depression and other mental health issues
- Poor eyesight or hearing
- Certain medicines
- Excess alcohol intake
- Recreational drugs.

How is delirium diagnosed?

The Royal Marsden nurses, doctors and all the members of the rehabilitation team are able to regularly assess to see if a patient is showing signs of delirium. They do this by asking a series of questions from the hospital's delirium assessment tool.

It can be difficult to tell if a patient is experiencing delirium in the critical care unit. Barriers include strong sedative drugs and requiring a machine (ventilator) and breathing tube to help them with breathing. Therefore the Critical Care staff will use a different assessment tool.

How can delirium be treated?

There is no specific treatment for delirium. Instead, treatment focuses on several basic principles:

- Avoid factors known to cause or aggravate delirium such as certain medications, if possible
- Identify and treat the underlying cause
- Provide supportive and restorative care
- Control dangerous and disruptive behaviours to avoid harm to the patient or others
- Re-establish the patient's norms, such as dietary requirements, hydration, and sleeping pattern
- Control dangerous and disruptive behaviours to avoid harm to the patient or others.

What can The Royal Marsden staff do?

If there is a suspicion of cognitive impairment, the doctors will rule out any other medical causes, by carrying out specific bloods tests and imaging if required. In the event the delirium has escalated to a patient becoming severely agitated to point of endangering themselves, the medical team can prescribe specific drugs to help support the patient and prevent harm.

The nursing staff will carry out a daily assessment and delirium care plan. Some examples include providing regular orientation, a falls assessment, and strict dietary and hydration monitoring.

The rehabilitation team, such as the physiotherapist and occupational therapist, will try and motivate the individual as well as trying to get them to mobilise. They can also refer alternative therapies such as music therapy, massage, aromatherapy and pets as therapy.

The Critical Care Outreach team is formed of highly specialised nurses, covering all the areas of The Royal Marsden. They work closely with the ward teams to support you and your visitors, as well as plan your care to ensure that if you experience delirium you are safe and supported.

If there are ongoing concerns regarding delirium, the staff can refer you to The Royal Marsden counsellors as well as the Critical Care Follow-Up Clinic.

What can friends and relatives do?

There are many ways your support network can try and help such as:

- Talking and reassurance
- Regularly relay information such as the location, date, time and any significant events happening outside of the hospital
- Reading a favourite book or newspaper, to you. Even if sleeping, you may find a familiar voice comforting
- Avoid over stimulation (multiple visitors, loud noise) and

under stimulation (dark room, complete silence)

- Make sure hearing aids, glasses and walking aids are available and within reach
- Bringing in familiar objects that can remind you of home, such as photographs, slippers, dressing gown.

What can you do?

Once the episode of delirium has passed, you may have little or no memory of your time in hospital. You may find it very distressing to talk or think about because it can take some time to recover emotionally from an episode of delirium. When you feel able to, you may find it helpful to:

- Try to piece together what happened, for example what treatments you had. This helps make sense of what was imaginary and what was real, because it can be very hard to work out, even weeks after your hospital stay.
- Talk to one of the Critical Care Outreach Team, who visits the ward. They offer specialist information and support. Once home, you can contact the Critical Care Follow-Up Clinic that as well as the Outreach nurses - they have specialist knowledge and experience with dealing with delirium and so understand the experiences you may have had. If you have not had a long stay in the Critical Care Unit, any of your nursing or medical team can refer you to the clinic.
- Go back and visit the area where you experienced delirium. This can be distressing but can help to make sense of what happened. Staff may be available to explain the medication, treatment and equipment to help make sense of the event.

How long does delirium last?

Delirium is usually temporary; a few days to a week. Sometimes it can last longer and may take several weeks to completely clear. Very few patients have long term effects and require more

intensive support from counselling or psychological teams. Even once the patient is no longer delirious, it may take some time for them to work out what really happened to them and what was imaginary.

Other information and support

Whilst in hospital, please talk to any one of the nursing or medical staff about any concerns you may have.

Once at home, and if delirium persists or is causing distress, ensure you notify your general practitioner (GP). Your own team, especially your Clinical Nurse Specialist, is able to help and support, as well as refer you to The Royal Marsden counsellors. Alternatively, please feel free to contact the Critical Care Follow-Up Clinic via email: CCUFollowUp@rmh.nhs.uk.

The Royal Marsden Macmillan Hotline: 020 8915 6899

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

Additional information can be found on the following website:

National Cancer Institute

www.cancer.gov/about-cancer/treatment/side-effects/delirium

The National Cancer Institute (NCI) is America's principal agency for cancer research and training. The information provided is for both staff and patients.

This leaflet has been adapted for The Royal Marsden NHS Foundation Trust from the original document: *'Delirium and intensive care'* by ICU Steps ©2017.

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.



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