

HOW CAN YOU SUPPORT YOUR FAMILY MEMBER?

For people with delirium, support from their family is very important. Visits from family and friends are also very important for confused patients and they are certainly aware of them, even if they might not remember them later.



WHAT TO DO TO SPECIFICALLY PREVENT MISUNDERSTANDINGS, DISAPPOINTMENTS AND CONFLICTS

- Bring your family member's **glasses or hearing aid** (including batteries) with you. This can play a big role in them finding their bearings.
- **Don't rush and be patient.**
- When you talk to your family member, use **simple, short sentences.**
- Show your family member that you take their **needs seriously.**
- Instead of reacting to distorted perceptions (hallucinations), try to convey a **sense of realism** ("You are in the hospital").
- **Make physical contact** if your family member responds to it positively.
- If you **notice** anything unusual **talk to the staff.**

KAGes project team: "People with (acute) confusion in the hospital"

Evangelisches Krankenhaus Bielefeld: Delirium. Acute states of confusion in patients. http://evkb.de/fileadmin/content/help/flyer_help_delir_201201.pdf (19.01.2015)

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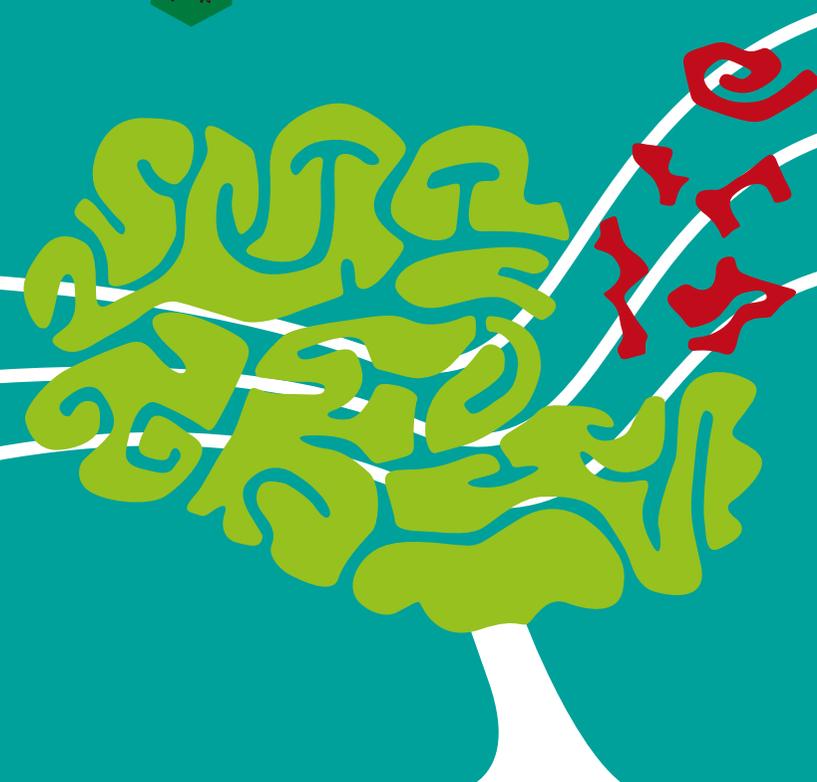
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DELIRIUM

Acute states of
confusion in patients

Information for family
members and sufferers

Dear family members,
During a hospital stay, older people are at greater risk of developing an acute state of confusion (= delirium).

This fact sheet is designed to help you understand this condition and deal with it.

WHAT IS DELIRIUM?

The word comes from the Latin “delirare” and means “to deviate from a straight track”. This meaning cuts to the core of the symptoms.

HOW LONG DOES DELIRIUM LAST?

A sudden state of confusion generally lasts hours, days or weeks.

HOW DO YOU RECOGNISE DELIRIUM?

The patient

- dozes off during a conversation.
- is easily distracted by stimuli around them.
- is inattentive during a conversation or while doing something.
- does not finish their questions or answers.
- gives inappropriate answers.
- reacts slowly to requests.
- thinks they are somewhere else.
- does not know what time of day it is.
- does not remember recent events.
- fidgets, is restless, untidy or careless.
- pulls infusions, probes or catheters etc.
- responds with unexpected emotions.
- sees, hears and smells things that are not there.

WHAT CAUSES DELIRIUM?

Acute confusion can be caused by almost any acute illness, but most frequently it is caused by:

- inflammation, infection, pain.
- lack of food or dehydration.
- injury.
- operation/anaesthesia.
- metabolic disorder (such as impaired kidney function).
- psychological distress and stress (e.g. unfamiliar environment in the hospital).
- side-effects of pharmaceuticals.
- sensory overload (e.g. many noises and/or a lot of people).
- problems that are caused by perceptual impairments (e.g. when patients don't wear their glasses or hearing aid).
- discontinuing medication previously taken regularly (e.g. sleeping pills), alcohol or nicotine.



Cognitive impairments caused by one or more factors lead to changes of consciousness, thought and action.