

HOW CAN YOU HELP?

Your presence is reassuring and helpful to your family member or loved one. Here are some things you can do:

- Reduce any stimulus: noise, lights. Natural daylight is best in the room.
- Create a calm atmosphere.
- Bring in some familiar objects such as photos, a clock, watch etc.
- Make him wear his glasses, prostheses dental, hearing aids.
- Keep canes and/or walkers close by and easily accessible. Make him walk and sit in the chair to avoid staying in bed too long (**with the agreement of the medical team**).
- Be reassuring and pleasant; tell the person he is safe and will get better soon.
- Talk in short, simple sentences. Pick subjects that are of interest to the person without overstimulating him.
- Establish a familiar routine.
- Remind him of the date, the time, the season, where he is and why.
- **After checking with the care team** (diet, restrictions etc.) offer him something to drink and eat and help him if needed.
- If he expresses strange ideas, do not argue; gently try to bring him back to reality.
- Bring him his newspapers and favourite books. If necessary read to him.
- Keep him company at meal times, in the evening, even overnight if you can. Alternate with other family members.

TO REMEMBER

- A person may present with a few or several symptoms at the same time.
- Symptoms can fluctuate over time, sometimes in the same day.
- Your loved one may seem to be himself in the morning yet no longer know where he is by the end of the day.
- Although hyperactive behavior such as agitation makes delirium easier to recognize, slowed-down behavior may also make it harder to recognize.

Do not hesitate to discuss your concerns with the doctor and the care team.



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References:

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Québec

This emergency room is recognized **for excellence in senior care.**



A family member or someone close to you has an **EPISODE of DELIRIUM**

HOW TO HELP HIM?

Québec



What is delirium?

- Delirium manifests itself by a **temporary** state of mental confusion that can change the person's behavior and way of thinking.
- It happens suddenly, which is what distinguishes it from major neurocognitive disorders (dementia).
- Delirium can last for a few days a few weeks away. It's a serious problem that can lead to sequelae significant psychological if the cause is not identified and processed.
- Delirium is common in people elderly hospitalized, although he may present at any age.
- Elderly people with dementia are more likely to develop delirium during a hospitalization.

"Delirium is a disorganized call for help from a patient who doesn't feel well, but who is unable to express it any other way."

– Morin & Piuze, 2004

MOST COMMON CAUSES

- History of delirium or major neurocognitive disorders (dementia)
- Fever, infection
- Taking a new medication or several drugs
- Pain
- Intoxication, withdrawal, substance abuse (prescription drugs, alcohol, drugs)
- Dehydration
- Urinary retention, constipation
- Recent surgery
- Immobilization syndrome (staying in bed too long)
- Hypoxia (lack of oxygen)
- Fall, recent injury, trauma
- Serious illness: heart attack, cancer, stroke (CVA)
- Neurological or psychiatric complications
- Abnormal blood sugar levels (too high, too low)
- Visual or auditory handicaps
- Change of environment (hospitalization, recent move, etc)
- Fear, anxiety, depression, mourning, recent loss, grief
- Sleep deprivation
- Sensory over- or under-stimulation



WHAT ARE THE MOST FREQUENT SYMPTOMS?

- Decreased concentration and attention
- Irritability, agitation, anger
- Reduction or increase in motor activity
- Anxiety, sadness, a tendency to isolate oneself, fear, frustration, periods where there is loss of control
- Fatigue, increased desire to sleep
- Difficulty in expressing oneself (mumbling)
- Slow to answer questions
- Disjointed incoherent, illogical speech
- Difficulty following simple instructions
- Overly calm, apathetic, asks for nothing, uninterested
- Disorientated in time (does not know what day it is), space (no longer knows where he is), and does not recognize people
- Problems with memory (forgetfulness)
- Hypersensitive to noise and light
- Wakeful periods at night and drowsiness during the day
- Hallucinations (sees or hears imaginary things), delusions (errors of perception)
- Disorganization
- Difficulty eating, drinking, washing, dressing and carrying on his usual activities