

# eFit eLearning Course Handout



## Delirium

- What is delirium?
- What are the signs of delirium?
- What are the causes of delirium?
- How is delirium treated and managed?
- How can delirium be prevented?

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## What is Delirium?

- Delirium involves a severe and rapid change in a person's ability to think, remember and understand.
- Delirium is common in older adults, but it is not a normal part of the aging process.
- **Delirium is a serious condition that requires immediate medical attention.**
- Delirium is usually reversible with proper treatment.

[Health in Aging Foundation, 2017a](#); [Alzheimer's Society, 2019](#)

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## Types of Delirium

Delirium can occur in a hyperactive form, hypoactive form or a mix of both.

- **Hyperactive:** The person is restless, agitated, hyper-alert, often psychotic (delusions, hallucinations) and can be aggressive.
- **Hypoactive:** The person is tired, drowsy, sluggish, indifferent, quiet, slow to respond to questions and is not aware of their surroundings.

[Health in Aging Foundation, 2017a](#); [Alzheimer's Society, 2019](#)

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## Causes of Delirium

- Delirium can be caused by many different factors. Some of the most common causes of delirium include:
  - infection, such as a chest infection or urinary tract infection
  - dehydration
  - poor nutrition
  - some types of prescription medications, or a change in medication
  - major surgery
  - pain
  - hospital stay
  - low blood sugar level in people with diabetes
  - head injury
  - alcohol poisoning or alcohol withdrawal
  - problems with the lungs or heart

NHS, 2018; [Health in Aging Foundation, 2017a](#); [Alzheimer's Society, 2019](#)

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## Risk Factors for Delirium

- There are many factors that put some people at a higher risk for developing delirium.
- **Individual risk factors:**
  - worsening thinking abilities, such as a dementia
  - being over 65 years of age
  - having poor vision and/or hearing
  - having many health conditions
  - being dependent on caregivers to complete activities of daily living, such as bathing and going to the bathroom
  - using many medications

[Alzheimer's Society, 2019](#)

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## Risk Factors for Delirium



[Health in Aging Foundation, 2017b](#)

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### Environmental risk factors:

- lack of things to look at or listen to
- too much to look at or listen to
- frequent room changes
- isolation from family, friends and familiar objects
- having no orienting devices, such as clocks or calendars
- not using needed seeing and/or hearing aids
- use of physical or drug restraints

## Josephine



- Josephine is 85 years old and lives at home with her partner.
- She enjoys spending time in the garden and playing with her grandchildren.
- Josephine has early signs of dementia and is hard of hearing.
- She recently had a fall and is in the hospital.



## Reflection... Josephine

Do you think Josephine is at risk for delirium?

Yes, Josephine is at risk for delirium because she:

- is over 65 years old
- has dementia
- has poor hearing
- was recently hospitalized which isolates her from familiar objects and people

## Signs of Delirium

Someone with delirium may experience one or many of the following:

- confusion about time or place
- a short attention span, and inability to concentrate
- rapid changes in moods, including restlessness, agitation, anger, excitement, aggression, and fear
- saying things that do not make sense or having disorganized thoughts
- being more alert or more drowsy than usual
- slurred speech
- seeing people and things that are not there
- losing bladder and/or bowel control
- trouble staying awake, drifting in and out of sleep, or reversing sleep and awake time

Health in Aging Foundation, 2017c; Harvard Health Publishing, 2018; Alzheimer's Society, 2019

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## Signs of Delirium

- The signs of delirium occur suddenly
- Delirium can last hours, days or weeks.
- Signs tend to fluctuate – that is, they can go away, then reappear.
- Signs can also be different from one person to the next.

Health in Aging Foundation, 2017c; Harvard Health Publishing University, 2018; Alzheimer's Society, 2019

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## Dementia, Delirium & Depression

### Delirium

Sudden episodes of confusion, difficulty with attention, disorganized thinking and/or decline in consciousness that last from hours to weeks.

It is a medical emergency, requires treatment right away and can be reversed.

### Dementia

Slow decline in mental abilities over months and years.

It is possible for an individual to have dementia and experience delirium or depression at the same time.

### Depression

Depressive symptoms, such as depressed mood, loss of interest, and low energy happen on most days, for most of the time, for at least 2 weeks.

Registered Nurses Association of Ontario, 2017

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## Why is it Important to Detect Delirium?

- When delirium is detected, its cause(s) can be identified and treated, and its symptoms can be safely managed to reverse the delirium and reduce its negative health impacts.
- Delirium is associated with:
  - a higher chance of death in the following year
  - post-surgical complications
  - lessened ability to carry out daily tasks independently
  - long-term thinking problems
  - increased length of hospital stay and need for long term care placement
- Delirium is usually reversible with proper treatment.

Harvard Health Publishing, 2018; Alzheimer's Society, 2019; Kukreja, D., Günther, U., & Popp, J., 2015

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## How is Delirium Detected?

- If delirium is suspected, call 911 or tell a health care provider immediately. It is helpful for someone who knows the person well, such as a caregiver, to describe any sudden changes to the older adult's usual mental state or behaviours and how quickly these changes came about.
- To diagnose delirium, a health care provider will:
  - complete a medical history
  - perform a physical
  - perform a mental assessment
  - investigate further by ordering laboratory test to determine possible causes

[Alzheimer's Society, 2019; Health in Aging Foundation, 2017d](#)

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## How is Delirium Treated?

- Each person will have different treatment and management.
- A slower recovery is more common if delirium is severe, if the person has dementia or if the person is 85 or older.
- Some people might have long-lasting memory and thinking problems after delirium. This is most common in older adults whose delirium continues for a long time.
- Delirium can reoccur once the person returns home.

[Health in Aging Foundation, 2017a; Health in Aging Foundation, 2017e; Vancouver Island Health Authority, 2011](#)

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## How is Delirium Treated?

A combination of strategies are used to address the causes and manage the symptoms of delirium.

- **Supportive care** to create a safe, familiar and supportive environment. For example, promoting hydration, family interaction, rest, nutrition, movement and adequate urination and bowel movements.
- **Drug treatments** are often not ideal; however, some medications may be needed to manage the causes of delirium such as pain, infection, sleep and psychosis.

[Health in Aging Foundation, 2017e](#)

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## Supportive Care: What Caregivers can do

- **Be with the older adult as much as possible.** Friends and family offer comfort and familiarity. Helping during mealtimes encourages food and liquid intake.
- **Keep eyeglasses, hearing aids and dentures on the older adult** so they feel less disoriented.
- **Make the surroundings feel familiar.** If in the hospital, bring personal objects, such as family photos or a blanket.

[Health in Aging Foundation, 2019](#)

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## Supportive Care: What Caregivers can do

- **Help the older adult remember where they are** by explaining why they are in the emergency room, hospital or other facility. Offer simple explanations of what is happening and let them know of any changes to their routine.
- **Encourage movement** by helping with repositioning, sitting and walking. Talk to the health care team about safe movement.
- **Keep an up-to-date list of the older person's medications.** Including all prescription medications, over-the-counter medications, vitamins and natural supplements, as well as their dosages.
- **Keep an up-to-date list of the older person's health issues** to bring to appointments or in case of emergency.

[Health in Aging Foundation, 2019](#)

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## Preventing Delirium



Prevention is better than treatment. Older adults and their caregivers can help prevent delirium through everyday activities.

### Keep the mind active.

- Keep up with hobbies and activities such as reading, doing puzzles or playing cards.
- Have family and friends visit and call often.

[South West Health Line, 2016](#)

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## Preventing Delirium



### **Eat and drink well.**

- Eat meals sitting up if possible.
- Eat a variety of fruits and vegetables.
- Drink enough water, avoid pop and limit juices and caffeinated drinks.

### **Maintain healthy bowel and bladder elimination.**

- Use bowel and bladder routines.
- Tell a health care provider about urinary retention, frequent urination, constipation and incontinence.

[Government of Canada, 2019](#); [South West Health Line, 2016](#)

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## Preventing Delirium



### **Be physically active.**

- Do whatever movement that is comfortable, for example walking and arm raises, a few times per day.
- If in bedrest, reposition frequently.
- Use walking aids, such as canes or walkers if needed to move safely.

### **Get enough rest.**

- Try not to nap late in the afternoon.
- Keep a regular sleep schedule.
- Stop drinking fluids 2 hours before going to bed.
- Avoid caffeinated drinks and alcohol in the evening.

[Smith, M., Robinson, L., & Segal, R., 2019](#); [South West Health Line, 2016](#)

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## Preventing Delirium

### Stay oriented.

- Keep track of the date, time, year and season.
- Stick to a routine as much as possible.
- Use memory cues such as putting reminders about upcoming appointments on the fridge.
- Keep surroundings clean and organized.

### Maintain hearing and vision.

- Make sure glasses and hearing aids are clean, fit well and are working.
- Make sure living space is well lit.

[South West Health Line, 2016](#)

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## Josephine



- After her recent fall, Josephine had to have hip fracture surgery.
- She is now being moved from the hospital to a rehabilitation centre.
- We know that Josephine is at risk for delirium because of her age, dementia, hearing impairment and recent surgery.

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## Reflection...Josephine

What can Josephine's caregivers do to help prevent delirium?

Josephine's caregivers could:

- talk to the health care provider about what type of movements Josephine could do
- make sure Josephine's hearing aids are on and glasses are clean
- be with Josephine during her mealtime and encourage her to eat and drink
- encourage regular visits from family and friends
- keep easy-to-read clocks and calendars by Josephine's bed, and tell her about the date and time and current events



## You have completed the Delirium eLearning Course!

For more information on this and other topics, please visit our [eFit Resources for Individuals & Caregivers on www.sagelink.ca](http://www.sagelink.ca).

We appreciate your feedback. Please contact [info@sagelink.ca](mailto:info@sagelink.ca) if you have suggestions, comments or have any questions.

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