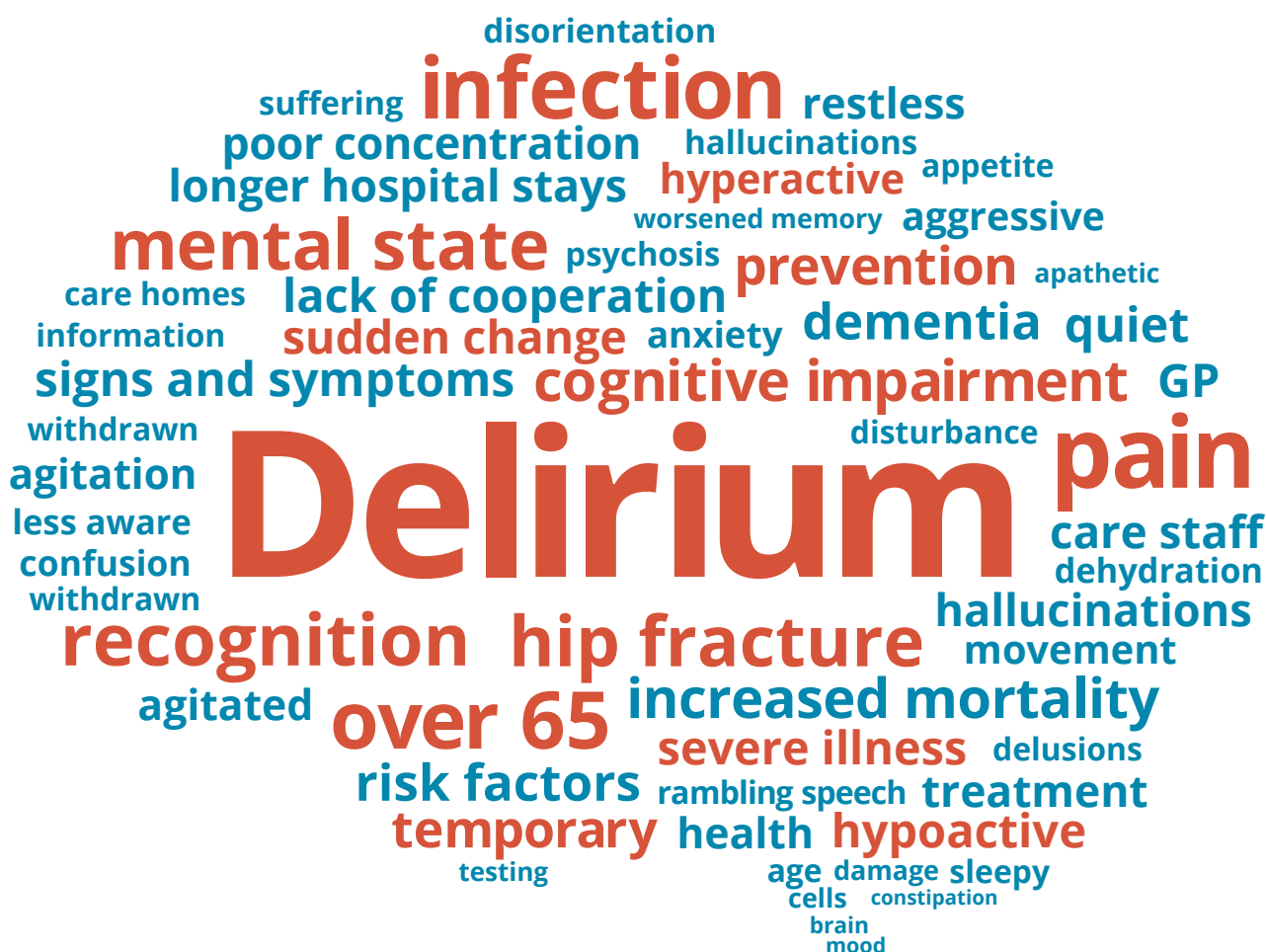


# Recognising and preventing delirium

A quick guide for care home managers



Delirium is preventable in  
30% of cases

# Think Delirium!

Delirium is a sudden change in a person's mental state. It is a serious condition that is sometimes mistaken for dementia or, more rarely, depression. Unlike dementia, delirium develops quickly and is usually temporary. Having delirium can mean:

- Longer hospital stays
- Increased risk of dementia
- Increased mortality

Treatment will depend on the underlying cause and should be managed by a healthcare professional, such as a GP.

## Risk factors for delirium



Aged over 65 years



Cognitive impairment and/or dementia



Current hip fracture



Severe illness

Most people living in care homes will be at risk. Care staff have an important role to play in looking out for any changes and providing support to reduce the risk of delirium occurring.

## Recognising delirium: signs and symptoms

### Hyperactive delirium

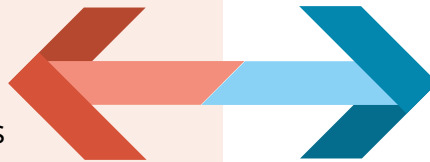
Makes a person restless, agitated, aggressive

- Increased confusion
- Hallucinations/delusions
- Sleep disturbance
- Less co-operative

### Hypoactive delirium

Makes a person withdrawn, quiet, sleepy

- Poor concentration
- Less aware
- Reduced mobility/movement
- Reduced appetite



Mixed delirium occurs when the person moves between the two types. The severity of symptoms can vary during the course of a day.

If any of these changes occur, an assessment from a healthcare professional (usually the GP) should be requested.

# Preventing delirium: general principles

To help prevent delirium in anyone at risk:



Make sure support is provided by carers who are familiar to them



Avoid moving the person unnecessarily, and keep their surroundings familiar



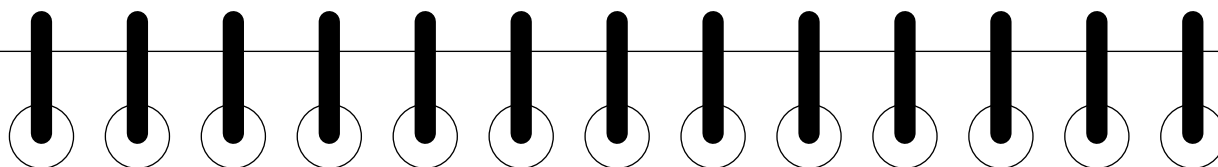
Request a review if they are taking multiple medications



Check on admission, and then daily, for any changes that might indicate delirium and refer for an assessment if needed

## Preventing delirium: assess and plan

Factors that make delirium more likely are listed below, with steps to help reduce the risk.



### Cognitive impairment/disorientation

- ✓ Make sure the person can see a clock and calendar
- ✓ Talk to the person to help orientate them
- ✓ Make sure any hearing aids and glasses are being worn and work well

### Dehydration/constipation

- ✓ Encourage the person to drink
- ✓ Support the person to avoid/address constipation

### Infection

- ✓ Look for signs of infection
- ✓ Avoid using a catheter as far as possible

### Disturbed sleep

- ✓ Avoid disturbing the person during sleep periods

### Limited mobility

- ✓ Encourage the person to walk
- ✓ Provide support to do a range of active exercises, even if walking isn't possible

### Pain

- ✓ Look for signs of pain, particularly if the person has a learning disability or dementia\*
- ✓ Make sure pain is well-managed

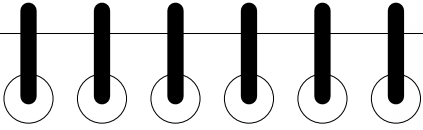
### Poor food intake

- ✓ Make sure any dentures are clean, being worn and fit well
- ✓ Look at the advice in 'Nutrition support in adults' (NICE guideline 32)

\*Abbey Pain Scale is just one example of a tool that might help with this.

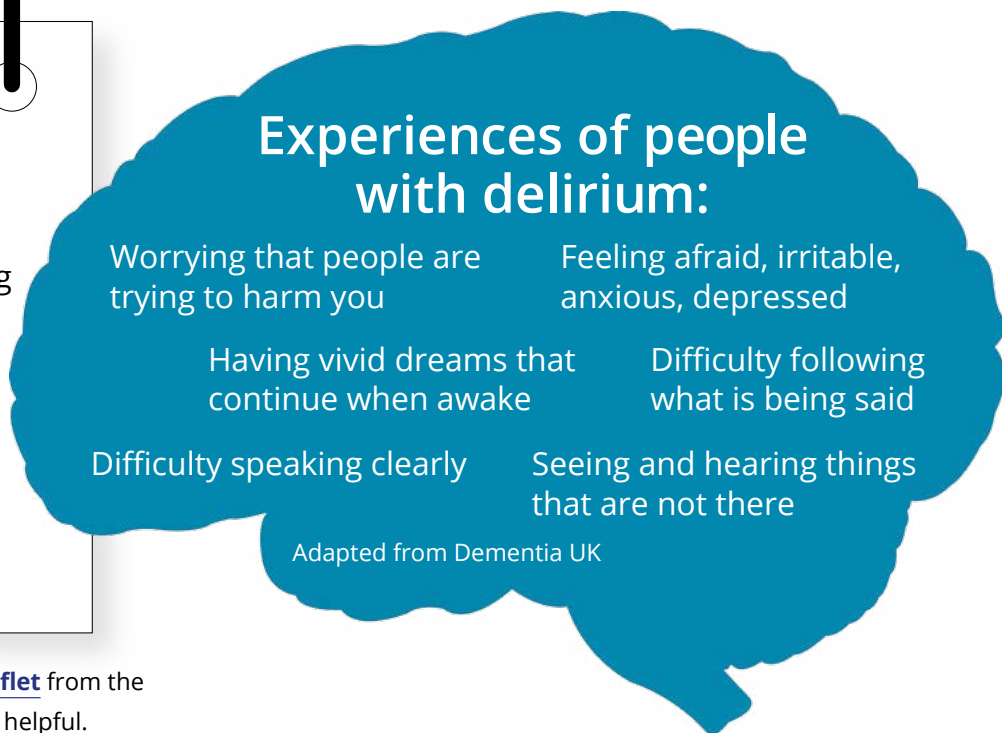
# Sharing information

Being well-informed may help reduce any distress for the person and their family.



Care staff should provide information:

- Where to find **support**
- The importance of telling care staff about any **sudden changes**
- Delirium is a common condition that is usually **temporary**
- How **other people** with delirium have felt



## Experiences of people with delirium:

- Worrying that people are trying to harm you
- Feeling afraid, irritable, anxious, depressed
- Having vivid dreams that continue when awake
- Difficulty following what is being said
- Difficulty speaking clearly
- Seeing and hearing things that are not there

Adapted from Dementia UK

The [public delirium information leaflet](#) from the Royal College of Psychiatrists may be helpful.

## Further information

[Delirium: prevention, diagnosis and management](#) – NICE guideline, including assessment and care plan templates in [Tools and resources](#)

[Delirium in adults](#) – NICE quality standard

[Public delirium information leaflet](#) – Royal College of Psychiatrists

[Delirium awareness video](#) – produced by Dr Sophia Bennet and Dr Mani Krishnan, part of the [#icanpreventdelirium](#) conversation

[Delirium](#) – Alzheimer’s Society

[Delirium \(confusion\)](#) – Dementia UK

[Delirium toolkit](#) – Healthcare Improvement Scotland

This content has been co-produced by NICE and SCIE and is based on NICE’s guideline on delirium and quality standard on delirium in adults.

**National Institute for Health and Care Excellence**  
[www.nice.org.uk](http://www.nice.org.uk)

© NICE 2017. All rights reserved. See [Notice of Rights](#)

**Social Care Institute for Excellence**  
[www.scie.org.uk](http://www.scie.org.uk)