

# Delirium: prevention, diagnosis and management

Information for the public

Published: 1 July 2010

[www.nice.org.uk](http://www.nice.org.uk)

## About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about the care and treatment of people with, or at risk of, delirium that is set out in NICE clinical guideline 103.

In March 2019 we removed olanzapine as a treatment for delirium.

## *Does this information apply to me?*

Yes, if you are an adult (18 or over) with, or at risk of, delirium who is in hospital, long-term residential care or a nursing home.

No, if you:

- are receiving end-of-life care
- are under the influence of, or withdrawing from, drugs or alcohol
- have delirium associated with drugs or alcohol.

NICE has published separate advice for the care of people with alcohol-related physical health problems, including delirium related to alcohol use (known as delirium tremens) ([www.nice.org.uk/](http://www.nice.org.uk/)

[guidance/CG100](#)).

## Your care

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution ([www.gov.uk/government/publications/the-nhs-constitution-for-england](http://www.gov.uk/government/publications/the-nhs-constitution-for-england)). All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your care team. Your choices are important and your care team should support these whenever possible and should treat you with dignity and respect.

To help you make decisions, your care team should explain delirium and the possible treatments for it. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. It should also take into account whether you have any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

Your family and carers should be given their own information and support. If you agree, family and carers should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as treatment progresses, or circumstances change. This may include changing your mind about your treatment or care. If you have made an 'advance decision' (formerly known as a 'living will'), in which you have given instructions about any treatments you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent ([www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition](http://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition)) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from [www.nhs.uk/CarersDirect/moneyandlegal/legal](http://www.nhs.uk/CarersDirect/moneyandlegal/legal). In Wales healthcare professionals should follow advice on consent from the Welsh Government ([www.wales.nhs.uk/consent](http://www.wales.nhs.uk/consent)).

In an emergency, healthcare professionals may give treatment immediately, without obtaining your

informed consent, when it is in your best interests.

## What is delirium?

Everyone presenting to hospital or long-term care should be assessed for their risk of developing delirium.

Delirium is a change in a person's mental state or consciousness, which is often shown as confusion, difficulties with understanding and memory, or personality changes. There are different kinds of delirium – some people may be agitated and restless or have delusions and hallucinations, others may just become unusually sleepy.

Delirium is a common and serious illness in people in hospital or long-term care (nursing or residential care). However, it can be prevented and treated if dealt with urgently.

It usually develops over 1 or 2 days and is usually temporary. Some people may have delirium when they first come to hospital or long-term care, or it may develop during a hospital stay or long-term care.

People who develop delirium can be at risk of other problems such as falls and pressure sores. People who are already in hospital may need to stay for longer and are more likely to go into long-term care.

## Information and support

You and your family or carers should be offered information that describes people's experience of delirium.

You and your family or carers should be encouraged to watch out for changes in usual behaviour and you should be encouraged to share your experience of delirium with your care team as you recover. You should also be told about any support groups.

This information should be provided clearly, taking into account whether you have any specific cultural or language needs or difficulties with memory, thinking, or ability to read and write.

## Who is at risk of developing delirium?

Care professionals should always be aware that people in hospital or long-term care are at risk of

delirium and that if someone develops delirium it can have serious health effects.

When you go to hospital or to a long-term care home you should be assessed to see if you are at risk of developing delirium. This is so that your care team can try to stop delirium developing.

You are at risk of delirium if you are 65 or older, already have difficulties with memory or understanding (known as cognitive impairment) or have dementia, have a broken hip, or are seriously ill.

Everyone in hospital or long-term care should be assessed regularly for any changes in these risk factors – for instance, if you become very ill.

## Finding out if you have delirium

If you are thought to be at risk of delirium, you should be assessed to see if your behaviour has changed in a way that suggests you might have delirium. You and your family or carers should be asked about these changes, which might be:

- in the way you understand things or make decisions (for example, reduced concentration, slower responses, increased confusion)
- in what you think you hear or see (for example, hallucinations)
- how you behave physically (for example, if you are moving around less, if you are restless or agitated, if your appetite changes, or if your sleep is disturbed)
- in the way you behave socially (for example, changes in what you say to people and how you say it, if you are unusually quiet and withdrawn, or changes in your mood or attitude).

If there are no such changes in your behaviour, you should be assessed at least once a day for any changes.

If changes in your behaviour are noted, you should have a formal assessment to confirm whether or not you have delirium. This involves asking you specific questions to test your responses. A special test that does not rely on ability to speak is used for people in critical care (which includes intensive care, intensive therapy and high dependency units) because it can be more difficult to spot delirium in these people. If delirium is diagnosed, this should be recorded in both your hospital record and your GP's notes.

## Preventing delirium

If you are at risk of delirium you should not be moved to a different room, ward, or bed on a ward unless absolutely necessary because you could become confused about where you are. You should be looked after by a team of professionals you are familiar with. You should have a health check to find out about any problems that could contribute to delirium developing (detailed below) within 24 hours of you going into hospital or long-term care.

### *Confusion*

To help stop you being confused about where you are there should be appropriate lighting where you are staying and any signs should be clear (for instance, showing where the toilets are). You should also be able to easily see a clock and a calendar.

Your care team should talk to you and explain who they are, and what care they are giving you. They should make sure you understand where and who you are, and what is happening to you. They should also work with you to improve your understanding and memory. Family and friends should also be able to visit regularly.

### *Dehydration, poor diet and constipation*

You should be encouraged to drink so you don't become dehydrated or constipated. If necessary, you can be given fluids through a drip.

If you have problems with your diet (for instance, if you are not eating enough or the right kinds of foods, or have problems eating or swallowing), your care team should follow advice NICE has published about nutrition support in adults. You can find out more about this from 'Nutrition support in adults' (NICE clinical guideline 32), which is available from [www.nice.org.uk/guidance/CG32](https://www.nice.org.uk/guidance/CG32). If you wear dentures, your care team should make sure they fit properly.

### *Difficulty breathing*

You should be checked to make sure you are getting enough oxygen and be given extra oxygen if you are not.

### *Infection*

If you have an infection it should be identified and treated.

You should not be offered a urinary catheter unless absolutely necessary.

Your care team should follow advice NICE has published on infection control. You can find out more about this from NICE clinical guideline 139, which is available from [www.nice.org.uk/guidance/CG139](http://www.nice.org.uk/guidance/CG139).

### *Difficulty moving around*

You should be encouraged to walk around if you can, and be given walking aids if you need them. If you have had an operation, you should be encouraged to get moving as soon as possible. You should be shown exercises to help reduce stiffness and keep your joints flexible – these can be done whether you can walk or not.

### *Pain*

You should be asked if you are in pain and, if you have difficulty telling your care team about it, signs of pain should be looked for. If you are in pain your care team should make sure you have the pain relief you need.

### *Prescribed medication*

Some types of medication can contribute to delirium. Your healthcare team should discuss with you what medication you are taking and decide whether it is possible to stop any medication that could contribute to delirium.

### *Difficulty hearing or seeing*

If the cause of your hearing or sight problems can be treated, it should be (for instance, if your ears are blocked with wax). You should have hearing aids or glasses if you need them.

### *Sleep*

You should be able to sleep at night without being disturbed so noise should be kept to a minimum during this time. Medication rounds and nursing or medical procedures should be timed so that they don't disturb your sleep, if possible.

## Treating delirium

The care team treating delirium should try non-drug treatments if possible before considering drug treatment.

If you are diagnosed with delirium, your care team should find out what could be causing the delirium and treat it (for example, a urine infection).

Your care team should explain what is happening and what treatment you are having. Your family, friends or carers may be able to help with this. It is also important that while you are being treated for delirium, you are not moved to a different room, ward, or bed on a ward unless necessary because you could become confused about where you are. You should be looked after by a team of professionals you are familiar with.

Occasionally people with delirium can become distressed and can behave in a way that is thought to be a risk to themselves or others. In this case the care team should first try to calm them down without using medication. If this doesn't work or if it isn't appropriate, treatment with medication (haloperidol) may be used but this should usually be for 1 week or less. This medication can reduce the severity of delirium in some people. It should be used with caution in people who have particular illnesses, such as Parkinson's disease or a type of dementia called dementia with Lewy bodies.

If a person's delirium does not get better, despite treatment, they should be assessed again to see if any underlying problems were missed the first time. They should also be assessed for dementia.

### Questions you might like to ask

- What is delirium? Please can you tell me more about it?
- Why does delirium develop?
- I think my relative/the person I'm looking after might have delirium. How can I tell if they have delirium or if they are just very ill?
- Where can I get help? Are there any support organisations?
- How long does delirium usually last?

- Does it have any lasting effects on your health?
- I am a relative/carer of someone who has delirium – what can I do to help?

## More information

The organisations below can provide more information and support for people with delirium or at risk of delirium. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Alzheimer's Society, 0845 300 0336 [www.alzheimers.org.uk](http://www.alzheimers.org.uk)
- The Intensive Care Society (ICS), 020 7280 4350 [www.ics.ac.uk](http://www.ics.ac.uk)
- ICUsteps [www.icusteps.com](http://www.icusteps.com)

You can also go to NHS Choices ([www.nhs.uk](http://www.nhs.uk)) for more information.

ISBN: 978-1-4731-3447-8

## Accreditation

