

DELIRIUM RISK REDUCTION and INTERVENTION TRAINING  
for care home staff



Michelle Haddow: Dementia Nurse Lead Specialist

Care Home Collaborative



# Learning Outcomes

- Build on existing knowledge of delirium
- Identify the causes of delirium
- Understand the different types of delirium
- Consider your role, and how you can reduce delirium risks for residents
- Describe what actions you will take forward if delirium is suspected
- Understand the difference between dementia and delirium



# What is Delirium?

Delirium is a mental state that causes confusion, disorientation, and problems thinking or remembering clearly. It usually starts suddenly, over days or hours but, if detected quickly, and treated it can be completely reversible!!

**Delirium is an acute insult to the brain and is a medical emergency!**





# What Causes Delirium?

- Age
- Urinary retention
- Surgery
- Multiple medications
- Chronic health conditions
- Severe illness
- Dehydration
- Dementia
- Body temperature
- Constipation
- Poor sleep pattern
- Sensory impairments
- Environment – over stimulated
- Infection



# Types of Delirium

The symptoms we see in delirium depend on the type of delirium the person is experiencing. There are 3 main sub-types;

- **Hyperactive delirium**
- **Hypoactive delirium**
- **Mixed delirium**



# Hyperactive Delirium

**The term 'hyper' comes from the word 'hyperactive' which means 'to have more energy than normal, and cannot think easily or stay still'**

- Restlessness, constantly on the go
- Resistive to interventions
- Agitation and/or aggression
- Delusions , a fixed belief such as being poisoned
- Hallucinations – seeing or hearing things that aren't there
- Poor sleep pattern
- Easily startled – hyper alert
- Increased risk of requiring antipsychotic medication

# Complications from Hyperactive Delirium



- More likely to need psychiatric medicines
- Risks linked to medication: falls, constipation, over-sedation, stroke and heart attack
- Transfer to hospital
- Long hospital stay



# -hypoactive Delirium

**The term 'hypo' comes from the word 'hypoactive' which means the person is less active than usual and thinking is slowed.**

- Fatigued or sleepy – may be difficult to wake up
- Withdrawn
- Poor food and fluid intake
- Slowed / slurred or no speech
- Looks depressed



# Complications from Hypoactive Delirium



- Harder to detect
- Poor 6 month survival rate
- Additional complications constipation, dehydration, falls
- Fractures resulting from falls
- Pressure sores
- Chest infection
- Urine infection and/or urinary retention
- Acute kidney injury

# Mixed Delirium



Mixed delirium is a combination of both hypoactive and hyperactive delirium.

Someone experiencing this type of delirium will fluctuate between periods of lethargy and hyperactivity.

This fluctuation can change during the day, from day to day or even hour to hour.

# Can Delirium be Prevented?



**YES!** Delirium can often be prevented with the following basic interventions

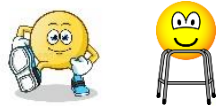
• Sensory aids



• Good sleep routine



• Mobilising



• Pain management



• Good hydration



• Good nutrition



• Preventing constipation





# Change in Mental State

**Early signs that a resident is becoming delirious;**

- New confusion
- More confused than usual
- More sleepy or withdrawn than normal
- New problems with concentration
- Worse concentration than normal

**These symptoms can appear very quick, or can fluctuate over the day or days!**

# Single Question in Delirium (SQiD)



**Is this person more confused or drowsy than normal?**

**If the answer is 'yes' report this to the nurse in charge immediately**



# When Delirium is Suspected?

**Think about investigations you can do in the care home such as:**

- Check temperature, blood pressure, oxygen saturation and pulse
- Get a urine sample if possible for urinalysis
- Assess for constipation
- Is the person still passing urine?
- Could the person be in pain? Use a pain assessment tool if they can't tell you such as the Abbey Pain Scale

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Continued...



- Contact GP, OHO or ambulance depending on your assessment of the situation and provide details from your physical observation checks.
- Contact family to inform them that their loved one is unwell and to discuss 'Right Care, Right Place'
- Document
- If the resident needs to go to hospital provide: transfer summary, list of medication, DNAR status and emergency contacts



- Talk to the person in short, simple sentences
- Check that they have understood you, and repeat things if needed
- Reassure them
- Help them to eat and drink if needed, and offer food and drink often
- Inform family who can often help the resident feel less distressed
- Have a light on at night so that they can see where they are if they wake up

**Delirium is often more distressing for the person at night**





# What's the Difference?

## Dementia

- Develops over months and years
- Progressive
- Mainly effects memory and function
- No usually preventable e.g. Alzheimer's

## Delirium

- Rapid onset
- Resolves over time
- Mainly effects attention and awareness
- Preventable
- Causes are reversible
- Can cause dementia if no rapid intervention

Delirium is a serious, life threatening condition that develops rapidly over days or hours.

If an older person develops delirium they are much more likely to:

- Experience a high level of distress
- Have an increased risk of developing dementia or a rapid and irreversible decline in dementia
- Continue to experience the symptoms of delirium for up to 6 months
- Be admitted to hospital
- Have an increased risk of mortality



It is important to know that there are different types of delirium

## Hyperactive Delirium

- Restlessness
- Agitation
- Poor sleep
- Hallucinations
- Easily startled
- Delusions
- Aggression

## Mixed Delirium

Can fluctuate between hypoactive and hyperactive delirium during the course of the day or day by day.

## Hypoactive Delirium

- Lethargy
- Withdrawn
- Poor diet intake
- Slower speech
- Not interested in usual things they enjoy
- Seems depressed

When there are changes in the mental state of a resident  
**THINK DELIRIUM!**

Questions?

