

Delirium and Intensive Care

It is common for patients who are critically ill to experience delirium, usually called ICU delirium.

This information sheet will explain what it is, what causes it, and what might help patients with delirium.

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What is delirium?

Delirium is a name for acute confusion. It is sometimes described as like being in a nightmare, but it feels very real to patients. A patient with delirium is hallucinating, which means they can be seeing, hearing, or feeling things that don't exist outside their mind. They can imagine they are in different situations, and these are often very frightening. For instance they may:

- not know they are in hospital
- think they can see animals who are about to attack them
- think they have been kidnapped
- think staff are only pretending to be nurses
- think they, or people close to them, have died
- try to make sense of the noises around them but have a different explanation for them, so for instance if another patient is upset, they may think someone is being tortured.

The patient is convinced that what they are experiencing in their mind is actually happening. It can be terrifying for them and very worrying for relatives.

A patient who has delirium may still recognise friends and family but they will not believe it when they are told that they are imagining these frightening situations.

They feel in danger that they can't escape from, so they may try to get out of their hospital bed or demand to be taken home.

Patients with delirium can find it very difficult to understand or remember information – so even if they appear to understand what is happening, or may

be joining in a conversation, they may not remember what has just been said to them. Delirium can also change quickly, one minute you will be having a normal conversation and next they will say something that makes no sense to those listening.

Patients with delirium often cannot talk about what they think is happening to them. If they have a tracheostomy (where a tube has been put through a hole in

“The patient is convinced that what they are experiencing in their mind is actually happening”

the patient's neck) they cannot talk normally and so it is difficult for them to tell the staff and their family what they think is happening. Patients may be sedated (which means they have been given medicine to help them sleep) and this makes it even more confusing for them, and even though they may have different levels of being awake and aware, they can still experience delirium.

Are there different types of ICU delirium?

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“Patients with these two types of delirium can act very differently”
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Delirium can show itself in two ways – it will either be obvious to those with the patient (which is called hyperactive delirium) or not obvious (which is called hypoactive delirium). In hyperactive delirium, patients can be very agitated and upset, which is distressing for

relatives. It is also difficult for nursing staff who are trying to keep a patient safe – the patient may pull out their IV lines (drips and tubes that are attached to them) or keep trying to get out of bed, or even sometimes can hit out at staff because they think staff are trying to hurt them. Hypoactive delirium is not easy to spot, because there is no sign that the patient is experiencing such frightening thoughts.

Patients with these two types of delirium can act very differently, for example, they either don't sleep at all or they sleep all the time; they are continually restless or they remain absolutely still.

Why does delirium develop?

When a patient is critically ill, many parts of their body can be affected, including their brain. Delirium is a sign that their brain is not working properly.

Intensive care delirium can also be caused by:

- infection
- the drugs given to patients to help treat their illness or condition
- kidney, heart or lung failure

Some intensive care patients are more likely to get delirium, such as:

- older patients
- those who had become forgetful before their ICU treatment
- those who were already on medicines before ICU treatment
- those who have liver problems
- patients on ventilators (breathing support)– at least two out of every three ventilated patients will suffer from delirium.

I think my relative or friend might have delirium?

It can be difficult to tell if an intensive care patient has delirium because they are often sedated and there may not be obvious signs. In some intensive care units, staff will try to find out if a patient has delirium by doing a short test of concentration with them and they can do this test every day. However they can only do this with patients who are awake enough to squeeze a hand (as a form of communication).

If you think your relative or friend has delirium, because they are acting differently to normal, or appear very upset, let the nurse or doctor know to see if they can help.

What can I do to help the patient with delirium?

There are ways you can try to help a patient with delirium, such as:

- holding their hand, and reassuring them.
- telling them often that they are in hospital and they are safe.
- talking with them. If the patient is sedated, and you are not sure what to talk about, try reading a favourite book or a newspaper to them. They may find it comforting to hear your voice. However, choose what you are reading carefully to make sure that it doesn't upset them further.
- keeping a diary of what is happening to the patient. The patient may find this very helpful later on because if they had delirium, they will have very confused memories about what happened to them in ICU. The nurses may be able to help you with this.

- Telling staff if the patient normally wears glasses or hearing aids, and helping the patient to put these on. It may help the patient to understand where they are if they can see their surroundings, and if they can hear when spoken to.

Medical staff will try to help patients with delirium by doing things such as:

- Trying to establish a day / night routine for the patient to help normal sleep.
- Trying to get them moving even if it is just sitting on the edge of the bed.
- Trying to get them off the ventilator and cut down their sedation.

How long does delirium usually last?

It is usually temporary and will last from a few days to a week. Sometimes, it can last longer and may take several weeks to completely clear. Even once the patient is no longer delirious, it may take some time for them to realise that what they experienced in their mind did not really happen.

Does it have any lasting effects?

Delirium is a serious event that should get better as patients recover. However it is common in some patients who have more problems after ICU. They are less likely to do as well as patients who do not get delirium. This could be because patients who are very ill often get delirium. Some patients who had delirium can have long-term problems with brain function, for example concentration and memory, but other patients can make a complete recovery.

“Delirium is a serious event that should get better as patients recover”

Some patients who have had delirium can have very vivid dreams after their illness and this can happen for up to two months afterwards.

What can a patient do to help themselves after ICU delirium?

Some patients will have no memory of their time in ICU. Others can find it very distressing to think about it because they may have found it a very frightening experience. Whatever their memories, it can take a patient some time to recover emotionally from a critical illness. When they feel able to, some people may find it helpful to:

- try to piece together what happened to them in ICU, what treatments they had etc. This helps to make sense of what was imaginary and what was real, because it can be very hard to work that out, even weeks after an ICU stay
- to read their patient diary of what happened to them while in ICU
- see if it is possible to go back and visit the ICU unit. This can be very difficult for the patient to do, but can help them make sense of what happened to them. Staff may have time to explain the machines and what treatments they had
- talk to a follow up nurse / outreach nurse or a counsellor about their time in ICU.

Some patients may not want to remember what happened and may not want to talk about it. Others may find it very painful to remember their time in Intensive Care, and may need to take their time before they can begin to think about what has happened to them.

More information

This supplement was written by Dr Valerie Page, Consultant Intensive Care, Watford General Hospital and Catherine White, Information Manager, ICUsteps.

There is a general Delirium Awareness Video on YouTube which explains more about delirium www.youtube.com/watch?v=BPfZgBmcQB8

note: The end of the film talks about longer term consequences for general delirium, which does not apply to patients who have had ICU delirium.

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