

Managing Delirium

What is delirium?

- A sudden change in a person's mental status over a period of hours to days
- Mental clouding with less awareness of one's environment
- Confusion about time, place and person

What are the signs and symptoms of delirium?

- Reversal of sleep and awake cycles
- "Sundowning" or confusion that is worse at night
- Mood swings that may change over the course of a day
- Difficulty focusing attention or shifting attention
- Hallucinations or seeing, hearing or feeling things which are not there
- Agitation and irritability
- Drowsiness and sluggishness
- May be restless and anxious

What to report to the hospice/palliative care team?

- Any of the signs or behaviors listed above
- Changes in food or fluid intake
- Decrease in urine output
- Change in frequency or type of bowel movements
- Depression
- Wandering
- Withdrawal from people or activities
- Any change in medications the team is unaware of

What can be done for delirium?

Delirium is common at the end-of-life. It has many causes. The team will try to find out what is causing the delirium. The team will discuss treatment options with you. As a caregiver you may:

- Keep the patient safe
- Remind the patient who you are when you assist with caregiving. Tell them what you are going to do. For example, “I am going to help you get out of bed now”
- Offering support such as “I am right here with you”
- Try to maintain a routine and structure
- Avoid asking a lot of questions
- Provide a quiet, peaceful setting, without TV and loud noises
- Play the patient’s favorite music
- Keep a nightlight on at night
- If starting a new medication, watch for improvement, worsening or side effects and report to healthcare provider

Other HPNA Teaching Sheets on are available at www.HPNA.org.

Reference

Core Curriculum for the Generalist Hospice and Palliative Nurse. Dubuque, IA: Kendall/Hunt Publishing Company; 2011.

Hospice and Palliative Nursing Assistant Core Curriculum, Pittsburgh, PA: Hospice and Palliative Nurses Association; 2009.

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