

## VISITING

Limit visitors to those who know the person well and inform them of what to expect. It can be helpful to have one contact person who will be responsible for communication between hospital staff and family. Consider a visiting roster. Too much activity can be overwhelming.

## LEAVING HOSPITAL

In many cases delirium has not fully gone by the time of discharge but returning to a familiar environment and familiar routines can often be helpful to resolve delirium.

If you have concerns after discharge or symptoms get worse, please notify your GP.



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St Vincent's Private Hospital Toowoomba

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## Do you need an INTERPRETER?

The hospital provides a free, confidential interpreting service. Please ask your doctor or nurse to organise one for you.

**HA BISOGNO DI UN INTERPRETE?** L'ospedale offre un servizio interpreti gratuito e confidenziale. Chieda al Suo medico o alla Sua infermiera di organizzarLe un interprete

**¿NECESITA UN INTÉRPRETE?** El hospital le ofrece un servicio de intérpretes gratuito y confidencial. Por favor, solicite a su médico o enfermera que lo organice.

**ΧΡΕΙΑΖΕΣΤΕ ΔΙΕΡΜΗΝΕΑ?** Το νοσοκομείο παρέχει δωρεάν, εμπιστευτική υπηρεσία διερμηνείας. Παρακαλείστε να ζητάτε από το γιατρό ή νοσοκόμο σας να κανονίζει διερμηνέα για σας.

**TREBA LI VAM TUMAČ?** Bolnica pruža besplatnu i povjerljivu službu tumača. Molimo vas, upitajte vašeg liječnika ili medicinsku sestru da vam to organiziraju.

**ДА ЛИ ВАМ ТРЕБА ПРЕВОДИЛАЦ?** Болница пружа бесплатне, поверљиве услуге преводиоца. Замолите свог лекара или медицинску сестру да вам обезбеде преводиоца.

**QUÍ VỊ CỎ CẦN THÔNG NGÔN VIÊN KHÔNG?** Bệnh viện cung cấp dịch vụ thông ngôn miễn phí và kín đáo. Xin yêu cầu bác sĩ hay y tá sắp xếp thông ngôn viên cho quý vị.

**您需要傳譯員嗎?**  
本醫院提供免費而保密的傳譯服務。請要求您的醫生或護士為您安排傳譯員。

**TERCÜMANA İHTİYACINIZ VAR MI?** Hastanemiz ücretsiz ve gizlilik ilkesine bağlı tercümanlık hizmeti sunmaktadır. Doktorunuz veya hemşirenizden size bir tercüman temin etmelerini rica ediniz.

**MA U BAAHAN TAHAY TURJUMAAN?** Isbitaalku wuxuu bixiyaa adeeg turjumaan oo lacag la'aan ah, qarsoodina ah. Fadlan weydii dhaqtarkaaga ama kalkaaliyahaaga inay turjumaan kuu ballamiyaan.

**هل أنت بحاجة إلى مترجم؟** تقدم المستشفى خدمة ترجمة مجانية وسريّة. الرجاء الطلب من طبيبك أو الممرضة الترتيب لمترجم لأجلك.



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UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

# DILIRIUM

INFORMATION FOR PATIENTS AND CARERS

## WHAT IS DELIRIUM?

Delirium is a confusion that often happens suddenly and can fluctuate during the course of a day. Often the symptoms come and go. It can last a few days but sometimes weeks to months. It can start before or during hospital admission and people who have experienced delirium have a higher risk of experiencing it again.

Delirium is associated with new behaviours including confusion and forgetfulness, inability to focus and pay attention. At times there can be agitation or aggression, paranoia, drowsiness, fear, suspicion, anger and sadness.

Delirium can be frightening and at times, distressing for all involved. It is not always possible to find the cause for delirium.

Delirium is different from dementia which has a gradual onset and is a lasting condition.

## SOME COMMON CAUSES OF DELIRIUM?

Some things put us more at risk of delirium than others. For example, how unwell you are, or your age, or if you have had an operation or spent time in the Intensive Care Unit.

It is not always possible to find the cause of delirium but infection, pain, certain medications, not eating and drinking, having an operation and a change of environment can play a part.

## COMMUNICATION AND EMOTIONAL SUPPORT THAT YOU CAN OFFER

It is important to speak clearly and simply. Be calm and not in a rush. It is important not to argue, especially if there is fear and confusion. Distract the person from their experience by engaging in enjoyable activities and favourite pastimes. Be reassuring, calming and encouraging using positive language. Allow them the opportunity to talk about their experience if they are able to.

Understanding the person's usual routine, likes & dislikes can be of great help. If you become distressed or upset by their behaviour, please let staff know and take a break.

## SOME THINGS YOU CAN DO TO HELP

- Remind the person of time and place regularly
- Introduce yourself if they don't recognise you but don't be upset by this, it is common.
- Repeat information regularly as needed, they may ask many questions and repeat themselves.
- Guide them to clocks, calendars, newspapers in their room.
- Bring in items that help to remind the person of home, including photos, a dressing gown, or radio/device with their favourite music.
- Talk with them about things that are upsetting them. If they are experiencing hallucinations, reassure them they are safe and protected in hospital.

## PHYSICAL CARE

When safe, physical activity is important for recovery. This may include removing unnecessary or irritating treatments and encouraging regular walking.



## WHAT YOU MIGHT SEE

- Disorientation, memory deficit, poor attention, reduced concentration, distractibility.
- Rambling, incoherent speech, poor problem solving skills
- Fear, anxiety, irritability and anger
- Hallucinations
- Disturbance to sleep. Symptoms are often worse at night.

## SAFETY

Our focus is to provide safety while delivering therapeutic, personalised care that is meaningful to the patient. In doing so, it may be likely that staff will:

- Assess risk to patient & others
- Select interventions based on level of risk
- Monitor for accidents, wandering, absconding, falls, aggression and agitation.
- Restrict activity if and as required
- Place in easily observable area of the ward
- Minimise access to dangerous objects