

For more information and resources on delirium please visit the following websites:

NICE Delirium Guidelines (103)
www.nice.org.uk

Alzheimer's Society
0845 300 0336 www.alzheimers.org.uk

The Intensive Care Society (ICS)
020 7280 4350 www.ics.ac.uk

You can also go to NHS Choices (www.nhs.uk) for more information.

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RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

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Don't Discount Delirium



Early recognition of delirium could help prevent the person falling over, becoming even more unwell and/or being admitted to hospital. In some cases, early recognition of delirium could prevent their death.

What is delirium?

Delirium is a common and serious medical condition that results in a person experiencing a sudden change in their behaviour. Delirium used to be referred to as an acute confusional state. The onset of delirium always indicates the presence of a physical disorder or acute illness.

Any person can get delirium but it is more common when a person is older, has a cognitive or sensory impairment, is very ill, or requires complex treatments.

Of those aged 80 and older living at home, one in 10 people could have delirium at any time. In care home residents, six in 10 could have delirium at any time.

Nurses and nursing assistants working in all settings are well placed to recognise delirium in the patients they care for. It is important to remember that delirium is common in people with dementia - if you see sudden changes in a person living with dementia don't discount delirium.

Early recognition of delirium could help prevent the person falling over, becoming even more unwell and/or being admitted to hospital and in some cases, early recognition of delirium could prevent their death.

How do you recognise delirium?

Delirium can be difficult to recognise and sometimes the signs are subtle. That is why any change in a person should trigger the question 'has the person got delirium?' It is better to rule it out than miss it completely. The table below shows common early signs of delirium that you can look for.

AROUSAL (AWAKENESS)	THINKING	PERCEPTION
More sleepy than usual	Poor concentration	Seeing things
More alert or active than usual	Slow responses	Hearing things
Hard to wake up	More confused	Paranoia

FUNCTION	BEHAVIOUR
Less mobility	Refusing to co-operate
Less movement	Withdrawn
Restless/agitated	Change in attitude
Not eating	Change in communication
Sleep problems	

What can you do if you think your patient has delirium?

Remember, if you identify delirium, it is very likely that the patient has a medical condition that requires assessment and treatment urgently. Ensure that your patient is safe and escalate or tell someone according to your local policy.

ALWAYS ACT WHEN YOU SUSPECT DELIRIUM!

