



Quick Information Sheet

Delirium

in Hospice and Palliative Patients

Delirium is a state of sudden and often severe confusion. It develops over a short period of time usually hours to days and symptoms may improve or worsen in 24 hours. It can be caused by many conditions such as fluid and electrolyte imbalances, medications, infections particularly urinary tract infections and pneumonia, and drug abuse. Delirium can occur in all age groups, but is more common in the elderly. It is often temporary and reversible if the underlying cause is identified and treated. At end-of-life, delirium is most often caused by medication side effects or the body's response to changes that occur in the last days or hours of life.

Do not confuse delirium with dementia. Dementia has a slow onset and is non-reversible. Dementia is a chronic condition that is diagnosed by a healthcare professional. It is possible for patients with dementia to have delirium.

Common Signs and Symptoms of Delirium

- Changes in alertness
- Inability to recognize familiar faces and surroundings
- Lack of attention, inability to concentrate
- Confusion about time or place
- Hallucinations (visual or auditory)
- Emotional or personality changes such as anger, anxiety, irritability, agitation
- Disorganized thinking such as jumping from one topic to another
- Changes in sleep pattern
- Withdrawn, no display of emotion, lethargy, tiredness
- Language and speech changes
- Restlessness (picking at sheets or clothing, repeated attempts to get out of bed)

Helpful Ways to Care for the Patient with Delirium

- Creating a calm environment
- Playing familiar music may promote a soothing environment
- Making the environment safe to prevent falls or injuries
- Keeping the room well lit and having familiar objects nearby
- Providing orientation to time, place, and person when appropriate. Providing glasses and/or hearing aides can help

- Maintaining nutrition and hydration. Ensuring dentures are worn and assisting with oral care as needed

- Encouraging staying awake during the day in order to sleep better at night
- Offering spiritual support when appropriate
- Reassuring family and visitors that the altered behavior is due to a medical condition

What to report to the hospice/palliative care team

- Any signs or symptoms of delirium listed above

Not everyone with delirium has all of the signs and symptoms. Any new problem will be evaluated by the hospice/palliative care team and new ways to manage the symptoms will be discussed.

The nurse can provide additional information about this condition. Report any changes to the nurse so they can plan interventions for optimal care.

Other HPNA Quick Information Sheets www.hpna.org

References

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