

Confusion in hospitalised patients

Information for family members



Dear Relatives and Friends

During a hospital stay, patients may suffer from acute mental confusion. When this happens, these patients may live in their own world for a time and are unable to understand what doctors, nurses and visitors are telling them.

The aim of this brochure is to provide you with a better understanding of this condition.

Your visit will contribute to the well-being and recovery of your relative. In this brochure, we have compiled information on frequently asked questions. The nurses and doctors looking after your friend or relative will also be happy to answer any questions you have and address your concerns.





What is delirium?

Acute mental confusion, also known as delirium, presents as a sudden change in a patient's behaviour. These changes in perception, recognition, thinking, awareness and behaviour may last for a period of days. Relatives often report that they hardly recognise their loved one when they are in this state, because they are acting very differently than normal. Fortunately, this condition usually resolves with time.

Patients with delirium may experience one or more of the following:

- Changes in concentration, the patient is easily distracted
- Forgetfulness or worsening of existing forgetfulness, things must be said repeatedly
- Unstructured and illogical thought processes, inappropriate answers to questions
- Disorientation or worsening of existing disorientation: not being aware of where and/or who they are, what day it is, or what is going on around them
- Feeling afraid or threatened
- Being agitated or aggressive
- Restlessness, or lethargy and withdrawal
- Alternating between normal and confused states
- Alternating between being overly drowsy and hyperactive
- Seeing, hearing or smelling things that are not there, not recognizing people they know, or using the wrong name when speaking to them.

What causes or contributes to delirium?

- Injuries or diseases such as infections or metabolic disorders
- Pain
- Hospitalisation (e.g., unfamiliar setting)
- Certain types of medication, even if they are regular medications that the person has taken for years
- Insufficient intake of food or fluid
- Stress or sensory overload (e.g., extensive procedures or therapies, unfamiliar people, noise)
- Discontinuation of nicotine, alcohol, drugs or routine sleeping medications
- Problems with urination or constipation
- Impaired perception (e.g. not having glasses or hearing aids at hand)

Delirium can occur at any age. Children and the elderly (in particular those with other health conditions or with dementia) are particularly susceptible.

The severity of the illness for which the patient is hospitalised also has an impact on the development of delirium. Delirium is a frequent complication for patients in the intensive care unit, for example.

How is delirium treated?

With delirium, we try to find the underlying cause. If the patient has a bladder infection or is in pain, for example, we treat with appropriate medications to help the problem. We also attempt to minimise disruptive environmental factors as much as possible. We may provide a clock or calendar for patients or locate their glasses or hearing aids in an attempt to help them feel less disoriented.

So that these mental changes cause your loved one as little distress as possible it is very helpful for us to be able to talk with one another. In particular, it is very important for us to learn from you whether there has been a recent or abrupt change in your relative's behaviour over the past days to weeks. Please also inform the staff about any sleeping pills, alcohol or other drugs that your loved one takes regularly, as this information may help guide treatment.

How do those affected experience delirium?

Acutely confused people often sense that something is not right, but nonetheless experience the delirium as their reality. They may not always respond appropriately to the situation. They need gentle support and a great deal of compassion to find their way back to normal.

Some patients remember their delirium later and may find the memories distressing, which is why explanations can help them deal with feelings of guilt or shame around this unsettled time.

How should I act during the visit?

Visits from friends and relatives are important. They provide a sense of security in unfamiliar surroundings.

Sometimes people suffering from delirium may have a different experience of a visit different compared to their friends or relatives. In our experience, the following approaches are helpful:

People with delirium have problems concentrating.

It may be hard for your loved one to follow a conversation. Some patients react to this with restlessness and irritability, while others start to cry and say they just want to go home.

Since patients with delirium have a limited ability to take things in, it may be too much for many people to visit at once. This is why we would recommend that only 1–2 people visit at a time.

People with delirium have difficulties making decisions.

Questions with multiple choices (e.g. «Would you like coffee, tea, or water?») may be too difficult. Instead, ask direct questions such as: «Would you like some coffee?» Patients can answer such closed-ended questions of this kind with a simple yes or no.

People with delirium get tired more quickly.

It may nonetheless be extremely beneficial for them if you sit and spend time together.

You can do the following to support your relative:

Your relative will be able communicate better if she or he is wearing dentures and

has available their normal assistive devices, such as glasses or hearing aids.

Your presence is extremely valuable to us.

Please speak to the nursing staff before and after your visit so that we can share important information address any questions with each other.

What can I do during my visit?

- Do not take hurtful statements or aggressive behaviour personally
- Go for walks together (must be coordinated with the nursing staff)
- Get involved with care activities, such as washing your loved one's hair, giving a manicure, eating together (please arrange this in coordination with the nursing staff)
- Look at a picture book or a magazine together
- Watch television together (animal films are suitable, news programmes and action films are not)
- Listen to music together
- Read out loud to your relative
- Sit quietly together holding hands



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**We wish you strength during this difficult time,
with the hope that your relative experiences a
quick and full recovery.**

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