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PATIENT & CAREGIVER EDUCATION

# Caring for Someone with Delirium

This information will help you learn about delirium. It will also help you care for a friend or family member with delirium.

## About Delirium

Delirium is a sudden change in the way a person thinks and acts. People with delirium can't pay attention to what's going on around them, and their thinking isn't organized. This can be scary for the person with delirium, their family, caregivers, and friends.

Delirium can start in a few hours or over several days. The symptoms can come and go. Most of the time, delirium is caused by an illness or injury.

Delirium isn't the same as dementia. Dementia is a state of confusion that slowly gets worse over time and won't get better. Delirium happens suddenly and usually gets better with treatment.

# Signs of Delirium

Someone with delirium may have 1 or more of these signs. They may:

- Seem confused.
- Be restless and upset.
- Be easily annoyed or bothered.
- Seem troubled.
- Be paranoid (worry that someone is trying to harm you).
- Be more alert than usual.
- Have trouble staying awake.
- Look or act depressed.
- Not make sense when they talk.
- See or hear things that aren't there.
- Mix up their days and nights.
- Be forgetful.
- Have trouble focusing.
- Not know where they are.

Call the person's doctor or nurse right away if they seem confused or show any signs of delirium.

# Causes of Delirium

Different things can cause delirium. Some common causes are:

- Infection
- Side effects of medications or a change in medication
- Recent surgery with anesthesia (medication that makes you sleep)
- Chronic illness that's getting worse. A chronic illness is a disease that goes on for a long time and often doesn't go away completely (such as chronic kidney or liver disease).
- Low or high levels of sodium, potassium, calcium, or magnesium in their blood
- Dehydration (having too little water in your body)
- Not eating enough, or not getting enough nutrients from food over a long period of time
- Low or high blood sugar
- Constipation (having fewer bowel movements (poop) than usual)
- Not being able to urinate (pee)
- Pain
- Drinking too much alcohol or if someone suddenly stops drinking alcohol

- Withdrawal from benzodiazepines or other sedative-hypnotic medications (medications that relax you). For example, Lorazepam (Ativan®), alprazolam (Xanax®), and diazepam (Valium®) are common benzodiazepines. Not getting enough vitamin B1 (thiamine)

## **Risk factors for delirium**

Some things can put a person at a higher risk of getting delirium. A person may be at risk for delirium if they:

- Are more than 70 years old.
- Have had delirium in the past.
- Have memory or thinking problems.
- Are in the hospital for a serious illness.
- Are dehydrated.
- Have a lot of vomiting (throwing up) or diarrhea (loose or watery bowel movements).
- Have problems seeing or hearing.
- Take 5 or more different medications.
- Are on a breathing machine.

# Treatment for Delirium

The best way to treat delirium is to find and treat the thing that's causing it. Sometimes, many tests are needed to find the cause. These tests can include blood tests, x-rays, brain imaging (such as MRI's and CT scans), and electrocardiograms (EKGs). The person's doctor or nurse will also ask questions about their medical history such as past illnesses, treatments, and other things about their health.

Once the cause of the delirium is found, treatment can start. If the person is upset or nervous, they may be given medication to help them relax. Medical equipment that isn't needed will be taken out of their room to help them feel safer. Some people will also have someone in their room to make sure they're safe such as a nursing assistant.

## How to Help a Person with Delirium

There are many ways you can help a person with delirium. You can help them by:

- Encouraging them to rest and sleep.
- Keeping their room quiet and calm.
- Making sure they're comfortable.
- Encouraging them to get up and sit in a chair during the day.
- Encouraging them to work with a physical or occupational

therapist.

- A physical therapist can help them move around and get out of bed.
- An occupational therapist can help them do daily tasks to take care of themselves (such as going to the bathroom) and show them mental exercises they can do (such as Sudoku or crossword puzzles).
- Helping them eat and drink.
- Making sure they drink a lot of liquids.
- Making sure they have their glasses, hearing aids, or both.
- Asking their friends to visit, if possible.
- Talking about current events or things inside or outside their room.
- Explaining where they are and why.
- Reading them books or letters.
- Playing them music they like or calming music.
- Bringing them familiar items from home (such as pillows or pictures).

## **Recovering from Delirium**

Delirium can last from a day to sometimes months. If the person's medical problems get better, they may be able to go

home before their delirium goes away. Some people's delirium symptoms get much better when they go home. Other people might keep having memory issues and forget the date and where they are for months after the cause of their delirium is treated.

Their doctor, nurse, social worker, and case manager will help you plan for their care at home. Call their doctor or nurse if you have any questions or concerns.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

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