

How to Manage Confusion or Delirium for Your Family Member

Confusion

It is not uncommon for patients to become confused while in the hospital. Thirty to 50 percent of patients develop new confusion during hospital stays.

Confusion that starts quickly over hours or days is known as delirium or acute confusion. Delirium symptoms can come and go away quickly, many times in one day. Each person experiences delirium differently. Symptoms may vary with each person.

Delirium symptoms can last a few days to several months. It can be treated once the cause of the delirium is found.

Causes

Delirium is often related to a medical cause that may or may not be known. Causes include:

- being in a strange environment
- side effects of certain medicine(s)
- recovery from surgery
- physical problems (dehydration, severe pain, alcohol withdrawal)
- diseases (infection, cancer, brain injury).

People are at an increased risk if they:

- are older than age 65
- have visual or hearing problems
- do not get enough sleep
- take several medicines
- cannot move on their own

- do not eat well or not enough
- have dementia (loss of memory and thinking skills)
- have a history of being confused while in the hospital.

Symptoms

Symptoms of delirium include:

- disorientation to time, place, people
- problems paying attention/focusing
- different levels of alertness (awake, restless, very sleepy)
- rambling speech
- problems sleeping or staying asleep
- hallucinations (seeing things that don't exist)
- paranoia (thinking that people are against them).

Your family member may also have behaviors that include acting out against himself or herself, or others. These behaviors include:

- pulling out tubes and equipment needed for care
- attempting to climb out of bed
- kicking or hitting.

If these behaviors occur, safety measures may be needed. The health care provider(s) will talk with you about medicines or restraint to keep your family member as safe and calm as possible. These will be used only after other options do not work.

(over)

If your loved one needs medicines or restraint, he or she may not be able to fully participate in care (physical therapy, tests).

Finding the Cause, Treatment

Acute confusion needs treatment. To find the cause, the health care providers will watch your family member, ask for a medical history (including drug and alcohol use), do a physical exam, and give tests as needed (blood or urine tests, tests to check thinking and memory skills, X-rays).

Once the cause of confusion is found your health care providers will:

- watch for changes in your family member's mental status
- treat physical conditions that may be adding to the confusion
- stop or replace medicine(s) that may be adding or causing the confusion
- prescribe medicine(s) to control some symptoms (agitation, hallucinations, sleep problems)
- often tell your loved one where he or she is
- assign the same caregivers as much as possible
- change your family member's environment (turning lights on or off, keeping the room quiet, changing the room temperature)
- keep a familiar routine based on information from you, other family and friends.

What You Can Do

The following are some things you can do to help your family member while he or she is staying in the hospital.

- **Orientation**
 - Remind your family member where he or she is. Tell him or her the day or time. Use gentle statements.
 - Do not ask your family member questions. That may increase his or her anxiety.
 - Remind your family member not to pull out tubes or equipment.

- Involve your family member with word games or talking about current events.

■ Family involvement

- Reassure and spend time with your family member. (Ask if you can stay at night.)
- If your family member had confusion in the past, tell the health care providers what helped.
- Tell the health care providers if you notice any changes in your family member's mental state.
- Give the health care providers any changes in family phone numbers.

■ Visual and hearing problems

- Bring your family member's glasses and hearing aids to the hospital.
- Speak clearly and calmly. Use simple phrases. Look at your family member when you speak. Speak into the "better" ear.

■ Sleep problems

- Have conversations and activities during the day and decrease noise and activity at bedtime.

■ Activity

- Take your family member for a walk, if allowed.

■ Familiarity

- Bring photos, mementos and comforting items (such as blankets or stuffed animals) to put by the bedside.
- Suggest your family member listens to familiar music or watches familiar TV shows.
- Tell the health care providers how they can make their daily routine as similar to what your family member has at his or her home.

Talk with your health care provider if you have any questions or concerns.