

How can you tell if someone has delirium?

If a person has delirium they may:

- Be more restless, have reduced inhibitions, be a lot more active and on the go, agitated (or more so than is usual for them)
- Be sleepier, withdrawn, not eating, reduced interest in activity, slowed movements, quiet and drowsy (or more so than is usual)
- Not know where they are or not recognise someone they would usually (feel disorientated)
- Have poor focus and attention, more distracted
- See, feel or hear things that are not there (hallucinations)
- May be suspicious of people close to them (delusions) that is out of character for them
- Disturbed sleep habits or reversal of night-day sleep-wake cycle
- Rapid and unpredictable mood changes, tearful and then very happy
- Struggle with understanding speech, written words or making sense



Illustration by Glen Cutwerk
www.glencutwerk.com

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Single Question in Delirium (SQiD) “Do you think (the person/ your family member) has been more confused lately and/or seemed more drowsy?”

SQiD can pick up 80% of possible delirium!!!

A local dementia service example from the African Caribbean Care Group



<https://www.accg.org.uk>



Any questions



- We have time for a few questions - we have about 5 minutes
- We will pick up questions from the chat or if anyone wants to come in with a question, please raise your hand

Section – Getting help

Link to the carers top tips document <https://dementia-united.org.uk/news/2024/02/22/delirium-top-tips-for-carers-and-family-members/>



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Getting help – a lived experience example from Liz



How do you get help?

Get help early to ensure the best recovery

- Your general practitioner (GP) and some areas have a Crisis Team
- Call 111 if you are calling outside of normal working hours
- Call 999 if you think they may need to be seen by the ambulance service

Here are some tips “I’m calling about my family member”; state your relationship

“My concern is that they may have delirium”

“They’re showing unusual or out of character behaviours, for example XXX when they would usually YYY”

- Give some examples e.g. “sleeping all day, or restless and on the go, not following simple instructions”
- Say how long they have had these symptoms , what you’ve done so far, if the person is deteriorating and changing over time, provide details



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When you may need urgent help



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- The numbers we have mentioned already to call 999, 111
- The police can also help you
- You may want to keep your family member at home; say that and describe what you can do help if this a possibility. Ask “what are my options?”

Critical things to think about in terms of safety for you and the person

- Is the person living alone?
- Environment they are living in e.g. going out the door, stairs, neighbours
- What symptoms or behaviours would make them unsafe? e.g. not drinking, agitation towards others
- Who else can you call or ask for help from? e.g. neighbours, friends and family a distance away are good to talk things through with too

Preparing for a possible hospital admission

A bag packed ready with clothes, toiletries, list of current medication, list of bag contents, bag labelled

- Contact numbers clearly accessible in the bag
- Include notebook and pens

Music and activities, life story books, photos

- We know that music can impact on our mood, thinking and behaviour.
- These will help with distraction, engaging with hospital staff

Do you have a **'Getting to know me'** where someone has dementia; this provides a detailed picture of your family member

- It will let staff know that the symptoms are delirium rather than mistaking them for a dementia type illness or a deterioration in someone's dementia.
- Have copies ready!

If you have a registered **lasting power of attorney for health and welfare**, this will need to be shown to the hospital staff - including the original

- Have copies ready!

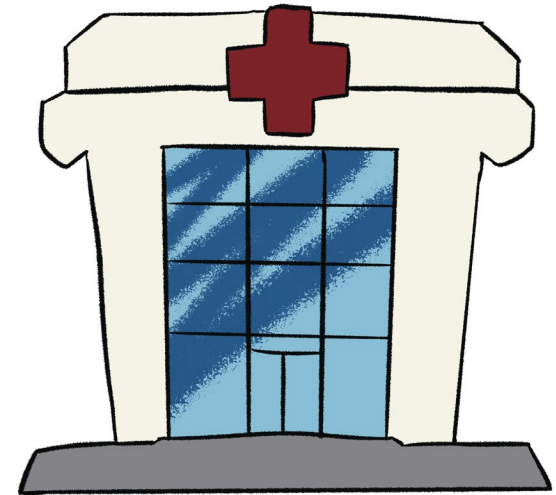


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Preparing for hospital - a lived experience example from Marion



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