

Section – Diagnosing and identifying causes of delirium

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



Illustration by Glen Cutwerk
www.glencutwerk.com

How is delirium assessed and diagnosed

Health and social care staff use a screening tool called the 4AT – which has questions that they ask the person with a suspected delirium

- They will also ask family, care staff that know the person about their recent behaviour and symptoms

They diagnose delirium using the screening tool, the information from someone who knows the person as well as looking for triggers and causes of the delirium.

NICE Delirium guidance for health and social care staff

“If there is difficulty distinguishing between the diagnoses of delirium, dementia or delirium superimposed on dementia, **manage the delirium first.**” [2010]

If in doubt, we say, treat as delirium.....

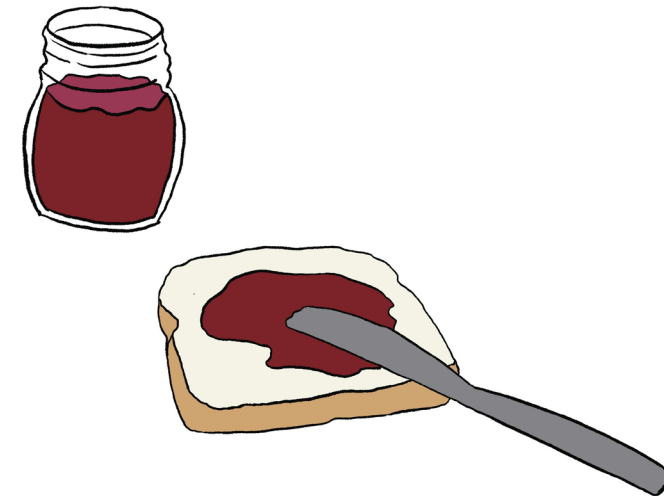


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Triggers and causes of delirium

A system called PINCH ME to consider all the possible causes of delirium:



Pain – is the person saying they're in pain or holding themselves like they are in pain. They may be less likely to get up from a chair, or struggling to walk and you are worried they may be more likely to fall

Infection – have you noticed the person is showing signs of an infection such as hot to touch, sweating more, going to pass urine more.

Nutrition – have they reduced or stopped eating.

Constipation – is the person saying they're constipated or are there signs such as repeated going to the toilet, length of time in the toilet, reports pain

Hydration – have you noticed that the person isn't drinking as much as is usual for them, are you struggling to get them to drink.

Medication – have they started any new medication where side effects may be contributing.

In some people there may be more than one cause, so we use PINCH ME to make sure we consider all causes.

Investigations for causes of delirium

Here are some examples that staff may use as well as considering blood tests for someone living at home;

- Weighing scales
 - Paperweight arm bands to detect malnutrition, if someone is unable to get on to weighing scales
- Take a sample and not use a urine dipstix test only
 - Newcastle Urine Collection pack (from NHS catalogue) when someone is wearing a continence product
- Pain Scales rating 0-10, visual scales, carer rating scales
- A mouth care assessment
- Diet and fluid intake charts
- Bristol Stool chart

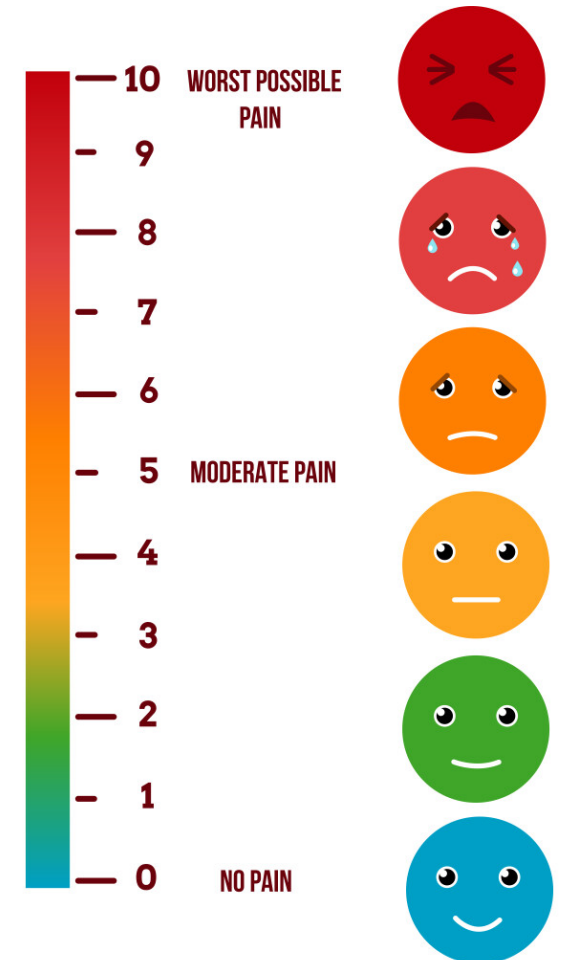
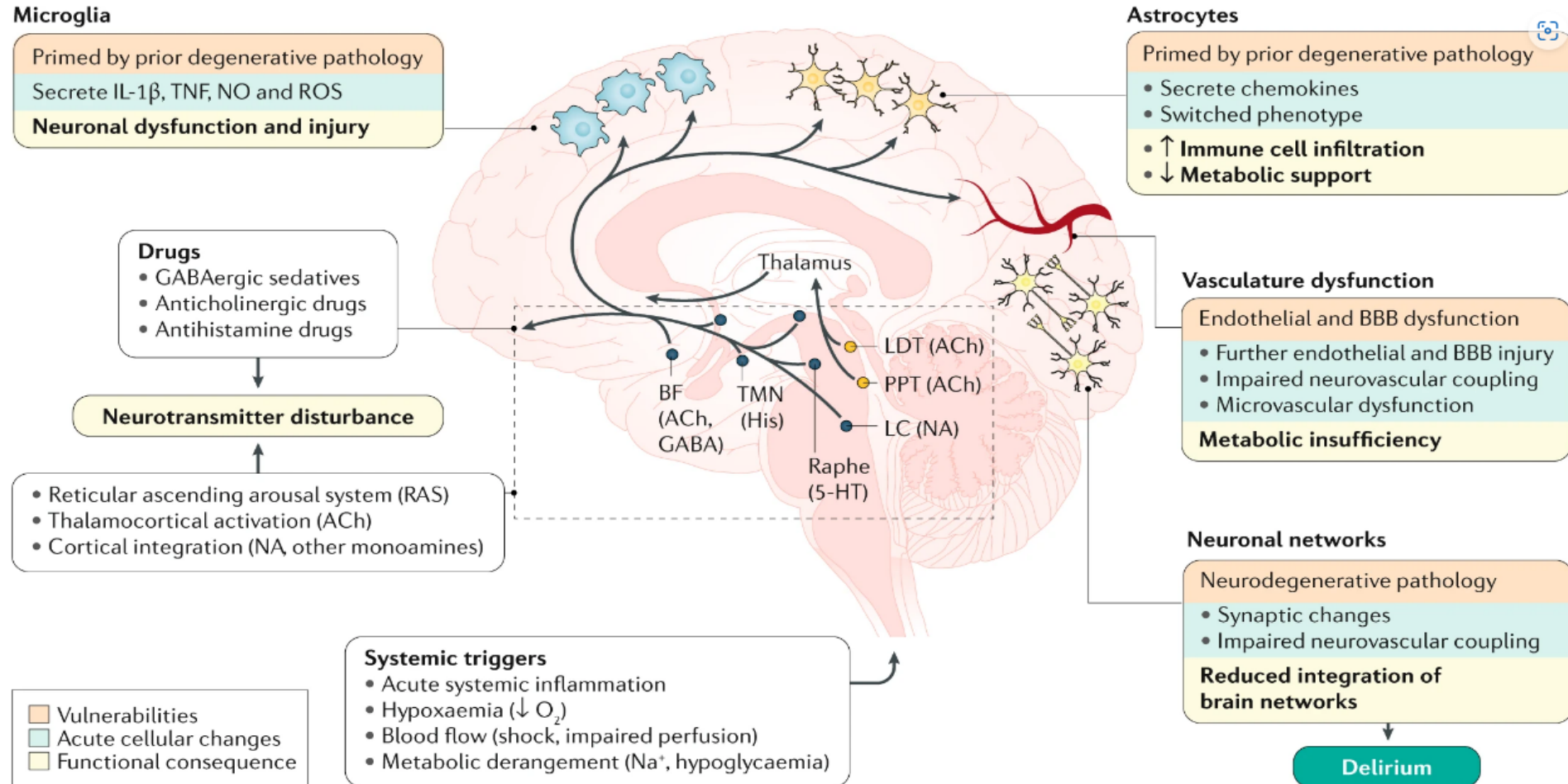


Fig. 4: Major mechanisms in delirium pathophysiology.

From: [Delirium](#)



Causes of delirium - lived experience example from Ruth

Ruth; "If reliving and sharing my experiences of delirium helps just one person, then it will have been worth it "





Causes of delirium - lived experience example from Liz



Section – Things you can do to help someone with delirium

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Things you can do to help

Delirium will usually improve as the underlying illness is treated.

- Make notes of changes in behaviour and times so that you can share this information if needed.
- Talk to your care team about how they can support your family member to remain where they are for their care and treatment.
- Keep other family members and friends updated so that they can offer additional support.
- Prevent your family member from becoming dehydrated or malnourished - encouraging them to eat and drink well – Make sure they have access to drinks available throughout the day – Encourage eating snacks over the day, if they are not wanting a full meal
- Ensure they are getting up and exercising, even if this is exercising whilst sitting
- Help them to get a good natural sleep – Look at ways to reduce noise and lighting at as they settle for bed, encourage time to wind down before going to bed and to avoid caffeinated drinks before bedtime
- Activity and occupation are important. Make sure they wear glasses, hearing aids and dentures. Encourage them in familiar activities, even if only briefly



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Things you can do to help - Lived experience example from Liz



Section – Supporting someone in hospital

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Supporting someone in hospital - a lived experience example from Marion



During a hospital admission

Talk to staff about delirium using our top tips resource. You can share these slides and the recording from the training. We have lots of other resources that they can access on the Dementia United website.

Some hospitals have devices (iPads, MP3s) you can borrow whilst in hospital and you can ask the staff to load songs onto the device and play them.

- You may be happy to bring a device from home with these songs on; that could have headphones attached.

Life story books, picture books or photos – make sure these are things you are not worried about going missing

A reminder that John's Campaign supports family visiting for people affected by dementia. You can find out more via the website here: johnscampaign.org.uk

A reminder about information about the person – you can use a This is Me, or a Getting to Know Me template. Make lots of copies to share.

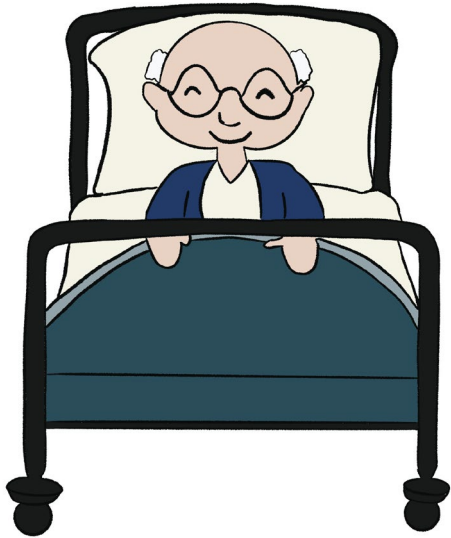
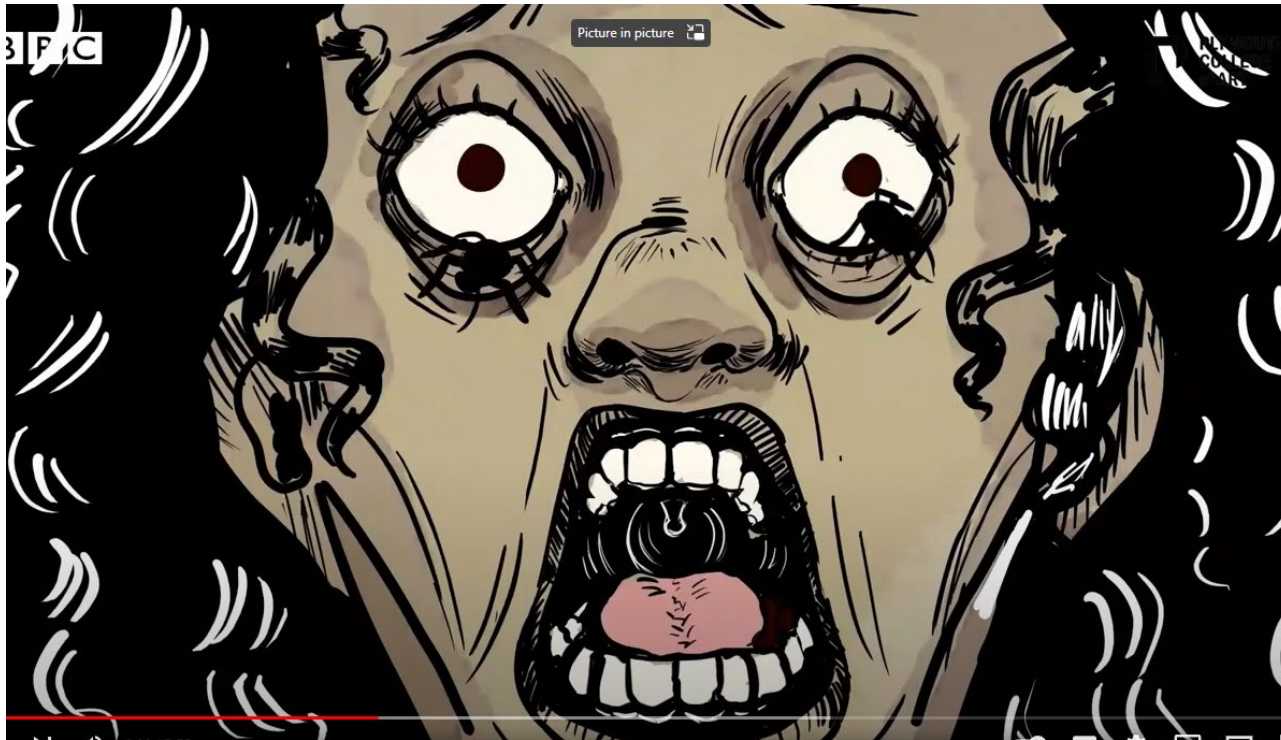


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Lived experience – distressed behaviour experience



<https://www.bbc.co.uk/news/av/uk-england-devon-56404049>

[What is it like to have delirium? - BBC News](https://www.bbc.co.uk/news/av/uk-england-devon-56404049)

Meeting the needs of someone who is distressed

We start with the principle that **all behaviour is communicating a need**

A person's behaviour may indicate many things; here are just a few possibilities:

- Being in pain
- Being afraid
- Feeling lost
- Very tired
- Being overwhelmed by too much noise or activity on the ward
- Not having enough activity to stimulate them or keep them occupied
- Trying to express a need – hunger, thirst, the need for the toilet; struggling with communication
- Effects of medication
- Trying to find someone or something familiar



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Put yourself in the shoes of a person with these sorts of thoughts and feelings. If you were in a strange and disturbing place and you couldn't retain information, what or who might help you feel more safe and secure? **Familiar people and familiar things can provide support, comfort and reassurance.**

No evidence supports the use of medication to sedate when delirium is present



- In fact, there is a large amount of evidence that suggests sedation can be a cause of further delirium or sustain the delirium symptoms duration
- If medication is needed and is being considered, it is important to weigh up in a person-centred way each person's specific risks of using medication (effects, side-effects) versus not using medication. This weighing up needs to include the person/family including abiding the Mental Capacity Act (MCA) principles in relation to mental capacity assessment and best interest decision making.

Risk assessments and a care plan are required and should be reviewed with family and care teams on an agreed regular basis. Have an agreed plan for discontinuing any medication that has been started.

Prevention of other causes of delirium needs to be kept under review; e.g. has any new medication increased delirium symptoms?

Things you can do to support in a care home

Talk to staff about delirium using our top tips resource. You can share these slides and the recording from the training. We have lots of other resources they can access on the Dementia United website.

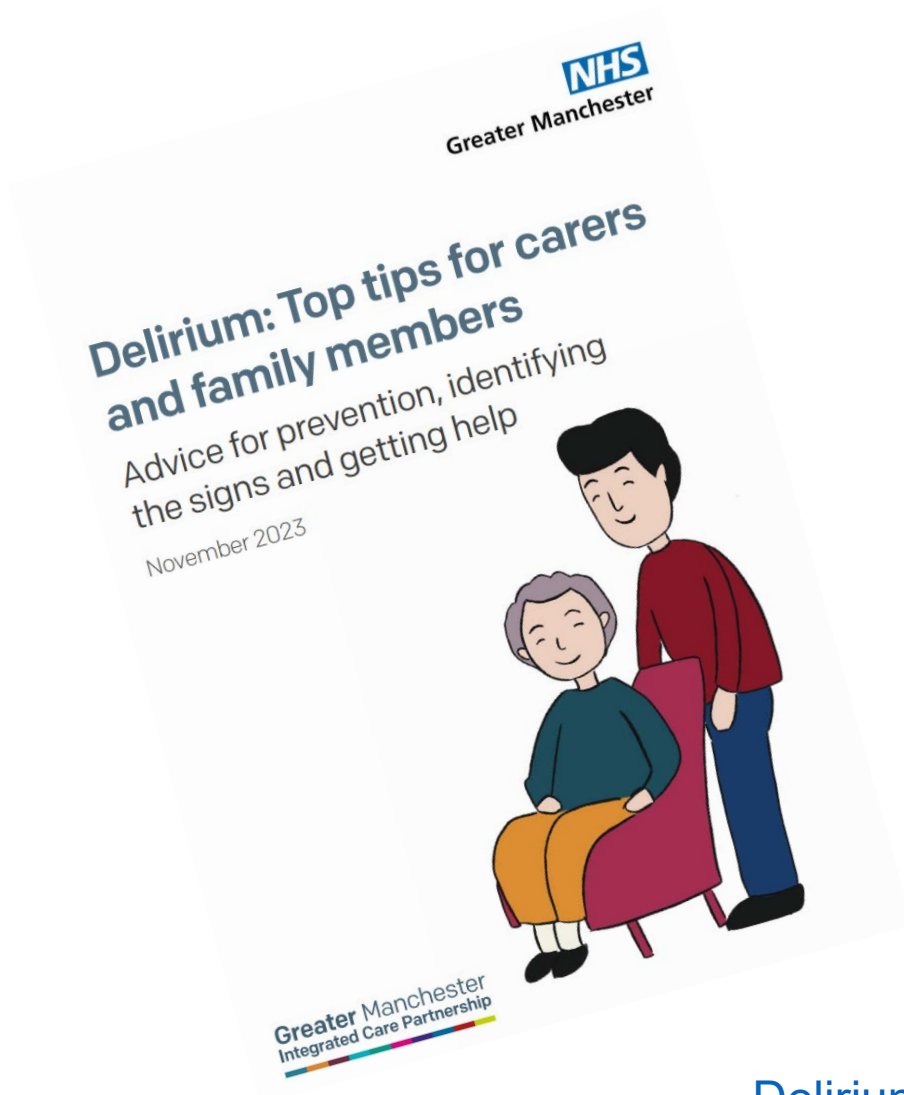
Talk to the staff about a prevention plan.

Ask what could be put in place to get them seen quickly if they develop delirium.

- Ask what support could be in place to prevent them from going into hospital.
- If you can visit more often and help with eating and drinking support if it's needed, offer this.
- Ask if your family member would be able to stay in their care home if they develop delirium and this would help their recovery.



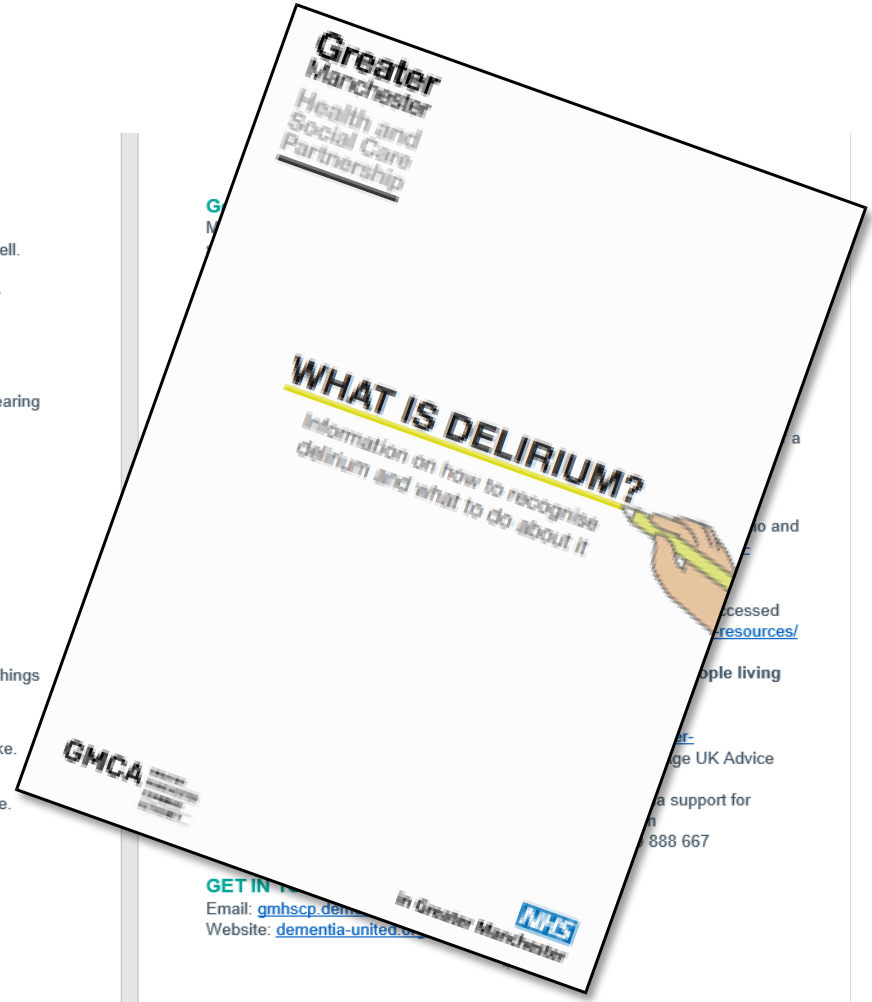
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How to help someone with delirium

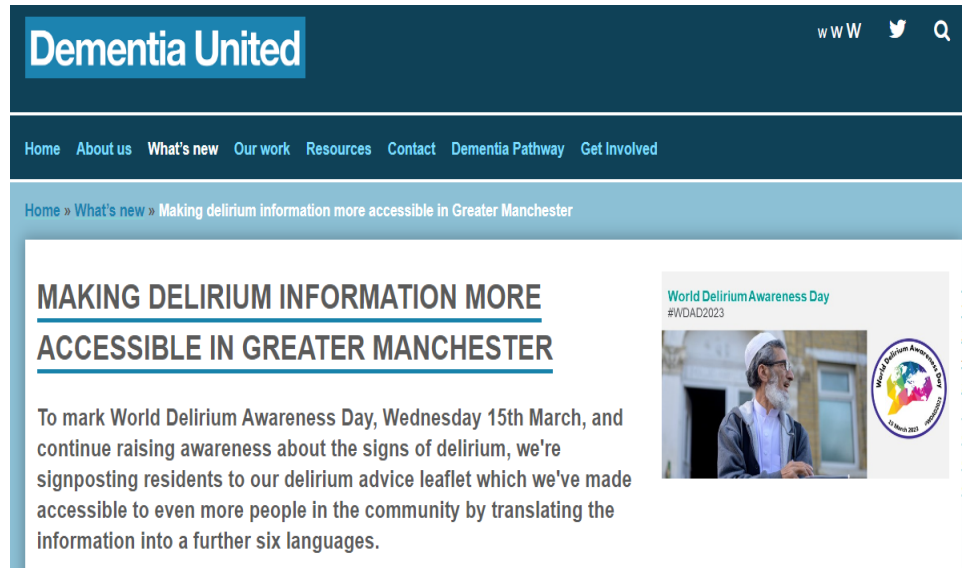
The following things help somebody with delirium feel better and get well.

- Encourage to eat regularly, little and often if they are not eating 3 meals a day.
- Encourage drinking 6-8 cups a day.
- Encourage them to wear their glasses if they have these and hearing aids.
- Encourage exercise and getting up out of bed.
- Make sure they get a good night's sleep.
- Encourage going to the toilet regularly, to avoid becoming constipated.
- Ask a doctor or pharmacist to check if they are taking multiple medicines, or in pain.
- Explain where they are, if they are in an unfamiliar place, write things to help with remembering.
- Use things they know such as photographs to chat with them. Encourage them to engage in activities and hobbies that they like.
- Use clocks and newspapers to remind them of the date and time.



Meeting the needs of diverse communities – translated in to 16 languages [Making delirium information more accessible in Greater Manchester - Dementia United \(dementia-united.org.uk\)](#)

Raising public awareness [Delirium toolkit training resources - Dementia United \(dementia-united.org.uk\)](#) and [Delirium - Dementia United \(dementia-united.org.uk\)](#)



Any questions



- We have time for a few questions - we have about 5 minutes

We can pick up these from the Teams chat or if anyone wants to come in with a question, please raise your hand

Section – Evaluation and feedback

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Please can we take a few minutes to consider...

1. What was helpful or useful from our training?
2. Was there anything you wanted more of?
3. How did you hear about the training today?



Scan the QR code to complete the short feedback form, or click the link in the chat.



Thank you



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Acknowledgements

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Greater Manchester's Dementia Carers Expert Reference Group

Greater Manchester's Delirium community of practice groups

Greater Manchester Dementia United's governance board members and ten borough's dementia leads