

My family member's usual behavior:

Thinking ability: How are the person's usual concentration, attention, memory, and problem-solving ability?

Daily routines: Describe the person's housekeeping, meal prep, social contacts, and transportation routines.

Communicating: What is their style of self-expression? Can they use the telephone, computer, or write letters?

Mood: Is the person easy-going or a worrier, optimistic or pessimistic?

Sleep habits: Describe the person's usual pattern, and remedies that help them sleep.

Is it Delirium?

If you suspect delirium, please fill out this checklist and take it to your healthcare provider

- Unable to pay attention?
- Restless and upset?
- Sleepy, then alert?
- Speech slurred?
- Not making sense?
- Sees or hears things not there?
- Mixes up days and nights?
- Unable to concentrate?
- Doesn't know where they are?
- Can't stay awake?

Medical History

- Dementia?
- Depression?
- Previous delirium?
- New illness?

List medications, include prescribed, over-the-counter, and any herbal remedies.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

List any medications that have been recently started or stopped.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

When did you first begin to notice a change in behavior? _____

How to find us:



- T** The Tannery Mall, 465 Davis Drive
- M** Medical Arts Building, 581 Davis Drive
- F** Southlake Foundation, 615 Davis Drive
- P** Parking
- H** Southlake Regional Health Centre
- Bridge crossing Davis Drive. Accessible from P3 of the Parking Garage and Level 3 of the Medical Arts Building.

For more information, please contact:

Southlake Regional Health Centre
 596 Davis Drive
 Newmarket, Ontario L3Y 2P9
 Tel: 905-895-4521
www.southlakeregional.org

Delirium in the Older Person



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Delirium is a sudden onset of mental confusion causing changes in behavior, and older people are at greater risk. Recognizing and reporting the symptoms early can save lives. Delirium is not Dementia

What does Delirium look like?

People with delirium can act confused and may:

- Be restless and upset
- Slur their speech and not make any sense
- See or hear imaginary things
- Mix up days and nights
- Drift between sleep and wakefulness
- Be forgetful
- Have trouble concentrating
- Be more alert than normal
- Not know where they are
- Have trouble staying awake

What can cause Delirium?

- An infection
- Medication side-effects
- Not taking medications as prescribed
- Recent surgery with anesthetic
- Worsening of a chronic illness
- Dehydration
- Malnutrition
- High or low blood sugar
- Constipation or diarrhea
- Pain
- Alcohol intoxication or withdrawal
- A recent injury (e.g., a fall)
- Recent move or hospitalization
- Grief and stress over a recent loss (e.g., death of family, friend, pet)
- Ill-fitting hearing aides or glasses
- Low B12

How is Delirium treated?

Treating delirium means treating the underlying cause, which needs to be identified before treatment can begin. This usually means doing tests and answering questions. Once the cause is understood, treatment may include medication, as well as adjustments to the person's environment.

Please talk to your health care provider about what you can do.

What puts my family member at risk?

Your family member is more likely to develop a delirium if he or she has:

- Had delirium before
- Memory or thinking problems
- Severe illness resulting in hospitalization
- Dehydration
- Problems with seeing or hearing

Will my family member return to normal?

For many people, delirium can clear in a few days or weeks. In other cases, some may not respond to treatment for many weeks and there are a few who do not fully return to their normal selves. You may see some problems with memory and thinking that do not dissipate. Every person is different, and speaking with your health care provider about your family member or loved one is recommended.

What can I do to help?

- Promote healthy rest and sleep
- Reduce noise and distractions
- Keep light low or off when resting
- Increase comfort with a pillow, blanket, warm drink, or back rub
- If possible, avoid using sleeping pills
- Promote physical activity
- Assist individual with sitting and walking
- Talk with your health care provider about exercise and safe activities
- Promote hydration & healthy eating
- Encourage and help with eating
- Promote the consumption of fluids
- Promote healthy hearing
- Ensure the wearing of hearing aids
- Check hearing aid is in working order
- Promote healthy vision
- Encourage wearing of glasses and keep them clean
- Use enough light
- Consider using a magnifying glass
- Promote mental stimulation
- Arrange for familiar people to visit
- Talk about current events and surroundings
- Read out loud; try large print or talking books

Who should I tell?

Hospital Environment

- Any healthcare team member

Community

- Family doctor
- Community Care Access Centre
- Geriatric Outreach Program
905-895-4521 ext. 6317

Questions to ask the Healthcare Provider:

- What is the cause of the delirium?
- How long does it last?
- Will my family member recover?
- How can this be prevented from happening again?
- Should changes be made in the person's environment?
- How can we, as the family, help?

Produced with permission from:



Adapted with input from:

- *Ontario Regional Geriatric Program Central (2008)*
- *Burne, D. RN, BA (Psych), CPMHN(C) (2005)*
- *Upper Island Geriatric Outreach Program (2004)*
- *North York General Hospital (2003)*
- *Hamilton Health Sciences, Regional Geriatric Program (2002)*
- *Earthy, A., Fraser Health Authority (2002)*
- *Capital Health Region Day Program, Victoria, BC (1997)*