

ICU Delirium

Many ICU patients experience what is called ICU delirium. This information for patients and relatives will explain what it is, what causes it, and what might help patients with delirium.

What is delirium?

The term “delirium” is used to describe an acute state of severe confusion.

Delirium can begin rapidly or may come on gradually. It may come and go quickly or last from days to weeks.

People with delirium

- Cannot think clearly
- Have trouble with paying attention
- May hallucinate and hear or see things that are not there
- May not understand what is going on around them
- May not understand that they are in hospital and may feel that they are trapped
- May think that staff or their own relatives are lying to them or trying to trick them
- May misunderstand sounds that they hear and things that they see. For example if they hear another patient upset nearby they may think that the person is being tortured
- May feel that they are stuck in a nightmare

Patients with delirium may be convinced that what they are experiencing in their mind is real. This can be terrifying for them and very worrying for their relatives.

Delirium is common

About 2 out of 3 ICU patients in ICU experience delirium

7 out of 10 patients experience delirium when they are on a breathing machine or soon after.

Causes of delirium

When a patient is critically ill, many parts of their body including their brain can be affected. Experts think delirium is caused by a change in the way the brain is working. This can be caused by:

- less oxygen to the brain
- infection or sepsis
- liver, kidney or heart failure
- certain medicines
- severe pain
- medical illnesses
- alcohol, sedatives, or pain killers
- withdrawal from alcohol, nicotine

People most likely to get delirium

People who

- have dementia or pre-existing memory issues
- older patients

- have surgery
- take certain high-risk medications
- have poor eyesight or hearing
- have infection or sepsis
- have heart failure, liver failure or kidney failure
- patients on ventilators, at least two out of three patients on ventilators will suffer from delirium

Together, what can we all do to help?

- Speak to your nurse if your loved one is not him/herself
- Hold your loved one's hand and reassure them
- Remind your loved one of the day, date and situation
- Bring glasses and hearing aids
- Decorate the bedside with calendars, personal items and family photos
- Talk about friends, family and familiar topics. If the patient is sedated and you are not sure what to say to them try reading a favourite book or newspaper to them. However, choose what you are reading carefully to ensure that it doesn't upset them further.
- Provide the patient with favourite music or TV shows
- Keep a patient diary of their ICU stay. This can be very helpful later to patients with delirium as they can be very confused as to what took place during their ICU stay.

Medical and Nursing staff will try to help patients with delirium by doing such things as

- Nurses routinely screen patients for delirium
- Trying to establish a regular day/night routine for patients to help them get normal sleep
- Trying to get them moving, even if it is just by sitting out on the edge of the bed
- Trying to wean their sedative medications if appropriate

How long does delirium usually last?

Delirium is usually temporary lasting from days to weeks however sometimes it may take months to completely clear. Even once delirium has passed it may take the patient some time to realise that the things they experienced in their mind did not really happen.

Does delirium have any long-lasting effects?

Delirium is a serious event which should get better as patients recover from their illness. Some people with delirium can have long-term problems with brain function such as with concentration and memory, but other patients can have complete recovery. Some patients can also experience vivid dreams or even symptoms of post-traumatic stress disorder or depression for a number of months after their illness.

At this time, we cannot predict which patients will experience long-lasting effects from delirium.

What can a patient do to help themselves after ICU delirium?

Some patients have little to no memory of their time in ICU while some can find it very distressing to think about it. Whatever their memories, it can take patients time to emotionally recover from their serious illness.

When they feel ready, some patients might find it helpful to

- Try to piece together what happened during their ICU stay, what treatments they had etc. This can help them to make sense of what was real and what was imaginary
- To read their patient diary of what happened to them during their ICU stay
- See if it is possible to go back to visit the ICU. This can be very difficult for patients to do but it may help them make sense of what happened to them. Staff may have time to explain the machines and the treatment they had.
- Talk to a follow up nurse or counsellor about their time in ICU

Some patients may not want to recall their time in ICU or to talk about it and others may need to take time before they can begin to think about what has happened to them.

Where can I get help? Further supports.

If you have any questions or concerns or would like more information please speak to a member of staff and they will do what they can to help.

- ICUsteps is a volunteer led group for ex-ICU patients and relatives. They have information on their website, including a booklet called 'Intensive Care: A guide for patients and relatives', patient and relative experiences and they have support groups in some areas of the UK. www.icusteps.org
- There is more information and links on the website www.icudelirium.org which was set up by Dr. Wes Ely, Vanderbilt University Hospital, Nashville.
- There is a general Delirium Awareness Video on YouTube which explains more about delirium
<https://www.youtube.com/watch?v=BPfZgBmcQB8>
(note: The end of the film talks about longer terms consequences for general delirium, which does not apply to patients who have had ICU delirium)

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