

ONE PAGE DELIRIUM GUIDE – NON PHARMACOLOGICAL INTERVENTIONS

Hypoactive delirium:

Lethargy, move slowly
 Confusion, reduced awareness, poor attention
 Delusions, paranoia, nightmares, hallucinations
 Withdrawn often *misdiagnosed* as depression.

Hyperactive delirium:

Cannot consistently organise thought, poor attention
 Restless
 Hallucinations, delusions, paranoia
 Disorientation
 Agitated, mistrustful

Medication such as anti-psychotics can cause harm and do not reduce delirium, so should be considered only as a last resort if the patient is agitated and poses a risk to themselves or others. Here are some alternative strategies:

Strategy	How to...
Address possible contributing factors	Reduce pain, constipation, dehydration, hunger, infection
Orientation	Ensure patients have their sensory aids – glasses or hearing aids. Remind patients who you are, where they are, why they're here, what time and day it is, when their visitor is coming and that they are safe
Help patients sleep	Access eye masks and earplugs, minimise noise and cluster care at night, try to engage patient in conversation or activity during the afternoon/evening to help circadian rhythm so they sleep at night
Early mobilisation and help patients feel safe	Encourage patients to move, get out of pyjamas, work sit in a chair, work with the physios. Encourage patients to call their families