What are the manifestations of delirium?

A patient suffering from delirium may present several of the following manifestations:

- He is often disoriented and may have attention, memory or language problems.
- He may say, do or want to do things that do not make sense in his condition (going outside in his pajamas in winter, going on a trip when he has difficulty getting out of bed, etc.). He may also have hallucinations (hearing or seeing things that are not there.
- He may show aggression, anger, distrust, mood changes.
- He may be agitated or, on the contrary, have much slower reactions than usual.
- The manifestations of delirium can change markedly during the same day or from one day to the next.

How to deal with a sick person in delirium?

Reassure him. Maintain a calm environment around him containing familiar objects. Avoid excessive stimulation. Give him reference points (the date, time of day).

- If he has inappropriate ideas, gently bring him back to reality. It is recommended not to argue, as this can cause aggression.
- Try to allow yourself some rest time to catch your breath. If possible, have occasional replacements with the patient.

What does the healthcare team do when a patient is confused?

- If you notice signs of confusion in the patient, do not hesitate to inform their nurse. Indeed, the nurse pays special attention to detect signs of delirium as soon as they appear.
- When a patient suffers from delirium, the doctor identifies the factors that could be involved, readjusts the medication if necessary, and implements the appropriate treatment.
- With appropriate treatment, the manifestations of delirium disappear in half of the cases or become less severe in the other cases.



The masculine is used to lighten the text, without prejudice to the feminine form.

Document developed by the palliative care research team at Maison Michel-Sarazin (Ref: Gagnon et all. J Pall Care, 2002)

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Delirium

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Description

In a patient suffering from cancer, it sometimes happens that the operation of the brain becomes disturbed. This disturbance can cause a confusional state called delirium.



What causes delirium

Delirium is not caused by a psychological problem, but by a combination of medical factors, such as:

- A dysfunction of vital organs such as the kidneys, liver or lungs.
- Damage to the brain by cancer cells.
- Side effects of certain medications required to relieve symptoms.

Delirium is different from Alzheimer's disease. This is usually a transient problem and is not a type of dementia.

Attitudes to favor with the person

Here are suggestions for preventing confusion and delirium.

- Encourage sleep at night and wakefulness during the day (which does not exclude short naps if necessary, especially in the early afternoon).
- Help him remember where he is, the date and time of day (morning, afternoon, evening, night) if necessary with a calendar and a clock.
- Try to recreate a familiar environment (photos, personal objects, pillows, etc.).
- Keep stimulation light (conversation, music, TV, sitting or walking if possible) without excessive stimulation (avoid noise).
- Speak in simple sentences and words, slowly, without whispering



You remark in some person symptoms that follow, notify the treating team

- If he shows signs of confusion (for example, he does not know the date or where he is / he behaves inappropriately);
- If there is a change in their ability to express themselves;
- If there is a change in his activity level (for example, he becomes slow or agitated);
- If there is a change in his personality or emotions (for example, he becomes irritable, suspicious, sad or anxious);
- If he misinterprets words and noises he hears or things he sees (for example, he interprets a drawing on a sweater as dirt), or if he hears words and noises or sees things that are not there (for example, he hears a siren when there is none);
- If his overall functioning suddenly decreases (for example, he can no longer work together as before to eat, dress or wash himself);