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Author: Dr E Jolly, Dr B Cornforth and Dr D Padiachy.

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# **Delirium in Orthopaedic Patients** (page 1 of 3)

## **What is delirium?**

Delirium is a state of acute or new confusion. It can happen when a person is unwell or after an operation. The severity and symptoms can vary and can be frightening for the patient, their relatives and their friends.

People with delirium:

- cannot think clearly and become confused
- have difficulty paying attention
- have trouble understanding what is going on around them
- may see or hear things that are not there.

Patients with delirium may have some of the following symptoms:

- appear agitated or withdrawn
- not know their name or where they are
- not know why they are in hospital or what has happened to them
- not recognise friends and family
- become incoherent, perhaps shouting and swearing
- try to climb out of bed or pull out drips and tubes
- have difficulty sleeping at night and sleep more in the day
- become paranoid and believe staff or visitors are trying to harm them.

## **Delirium is common**

Approximately 4 out of 10 patients admitted with a hip fracture become delirious. Some other patients also have an increased risk. These include people who:

- are older
- have dementia
- have poor eyesight or hearing
- are very unwell
- are on many medications
- drink a lot of alcohol
- have depression
- are immobile.

## Why does delirium develop?

The exact cause of delirium is unknown but after an operation or when a person is unwell the physical challenges to the body affect the way the brain works. Some specific causes which can be treated include:

- infections
- pain
- side effects of some medications
- dehydration
- constipation
- low oxygen levels
- loss of glasses or hearing aids
- withdrawal from alcohol or nicotine
- abnormal levels of salts or electrolytes in the blood.

## How is delirium treated?

There is no specific test for delirium, the treatment involves recognition by medical and nursing staff and treatment of any identifiable underlying cause. Treatment may include:

- oxygen, antibiotics, laxatives and adjusting medications
- maintaining a calm quiet environment
- encouraging sleep at the right time
- having familiar people visit
- sometimes using specific calming medication in cases of extreme agitation
- occasionally referring the patient to the hospital mental health team

## How can visitors help?

- do not take it personally if the confused person says hurtful things
- speak softly, calmly and simply
- bring hearing aids and glasses
- remind the patient about the place and time of day
- provide clocks and calendars
- bring dentures and inform staff about favourite snacks and drinks
- decorate the room with familiar items and talk about family and friends.

## Will the delirium improve?

Most people who develop delirium are treated for any identifiable causes and improve greatly over a few days or weeks. However, patients who have had delirium:

- are more likely to need to stay in hospital for longer than those who do not become confused
- may need more help at home than they did before
- may not remember having been unwell
- may need further follow up if they have been started on medications to treat the delirium or had memory problems before developing delirium.

A small number of patients may have symptoms that do not resolve and an alternative diagnosis should be considered such as dementia or depression. If you are concerned after discharge contact your GP.

If you have any questions or would like more information about delirium please contact the medical team.