COVID-19

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# A ONE PAGE GUIDE TO DELIRIUM FOR STAFF WHO ARE NEW TO CRITICAL CARE

## 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Withdrawn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 |

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