

## Table work – Delirium

1. How does it feel to care for people in delirium? What about hypo delirium?
  - Exhausting
  - Hypo often ignored
  - Hyper get 1-to-1 care, hypo don't
  - Those with hypo don't like having someone with them – staff doing it feel embarrassed
  - Staff describe patient whose behaviour fluctuate as 'naughty'
  - Practically difficult to manage behaviours
  - Hard to accept this is 'not normal' for that person
  - Patient, carer and staff all frightened
  - Fluctuation is a problem, recovery is expected after treatment, but in delirium it goes up and down
  - Aggressive behaviours can upset family – tempting to say it will get better, but it doesn't always
  - May not be accepted for rehab
  - Hypoactive more challenging – getting food and fluids in
  - Carers can help as advocates, eg, "Why is he on this drug?" What about person without an advocate?
  - Difficult to differentiate between delirium and dementia. Everything gets ascribed to dementia.
2. How do you care for the family of people with delirium? What do you tell them?
  - Leaflets
  - Explain – What delirium is, how long it takes to recover, could be months, managing expectations, they may not recover
  - Managing "loss" – grief about the person they knew
  - Main thing is talking to them, not a leaflet. Doing it regularly s things change
  - Reassuring when staff change
  - Explaining rapid change
  - Some at table only see patients with known dementia. May talk about step down in function after delirium

- Others wouldn't talk about risk of dementia. Trying to "firefight". De-escalate the problems from the delirium
  - Referral to memory clinic – would mention dementia as a possibility if being referred to memory clinic
3. How do you work as a team?
- Doctors say bloods are fine, but the OT needs to make discharge plans
  - Doctors look at 5%. Nurses, OTs, Physios, Social Worker deal with rest
  - There is a need to get people with delirium home quickly. Support team needed, delirium specific
  - MDT meetings important
  - 24hour information important. What happened at night?
  - Other staff, eg porters, may not understand. Some nurses may also know very little
4. What are your experiences of talking to other members of staff about delirium?
- One individual can have a negative influence on the team if they don't want to engage with the problem of delirium
  - Dementia specialists can also feel their knowledge of delirium is lacking
  - How do we get staff to do prevention?