You will probably need to go over these points each time you visit. As you know the patient best, the team really values your contribution to delirium care, and your suggestions are welcome.

Bringing in photographs or music may help. Please let staff know if the patient uses glasses or hearing aids, as this can also help.

How long does delirium last?

How long delirium lasts can vary, so please talk to the ICU team about this. For most patients, delirium will get better as their physical health improves. Some patients continue to experience delirium after being stepped down onto the ward or even at home and will improve at a slower pace.

If you are concerned, please tell a member of staff or contact the Recovery after Critical Illness team (details over the page).

Where can I find out more?

You will find several patient experience stories under the 'For patients' section of the ICU Support Network website www.readingicusupport.co.uk

ICU Steps charity also has information about delirium on its website https://icusteps.org/information/information-sheets

Recovery after Critical Illness
Level 3 South Block
Tel: 0118 322 7248
Email: raci@royalberkshire.nhs.uk

Contact us if you have any concerns regarding your relative's altered mental state. (Please leave a message out of office hours.)

The team will visit the patient when they go to the unit as part of the normal rehabilitation process, for continued observation if there are any concerns.

ICU Support Network website
www.readingicusupport.co.uk

To find out more about our Trust, visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Intensive Care Unit, January 2026
Next review due: January 2028

NHS Royal Berkshire NHS Foundation Trust

Delirium

Information for relatives and carers

Patients on ICU can sometimes experience increased anxiety, agitation and hallucinations. This can be caused by delirium, a common condition that occurs in 30-80% of those on ICU. This leaflet explains what delirium is and how you can help.

What is delirium?

Delirium is a common clinical syndrome. It rapidly develops over 1–2 days. It shows us that the brain is responding to critical illness.

Patients can become acutely confused.

They may be hallucinating – that is, seeing, hearing, or feeling things that appear very real for them, but not for anyone else. Often, the hallucinations can be distressing (for example, being kidnapped, or being threatened by staff or relatives). This can be distressing to witness – please speak to a member of the team if you need. (Please see our 'Hallucinations' leaflet.)

The patient may struggle to concentrate, understand and remember information given to them and may be more anxious and restless.

However, delirium can also cause a decrease in responsiveness and a lack of interaction.

Types of delirium

There are three types of delirium:

- **Hyperactive:** Behavioural changes can include increased restlessness, agitation, and aggression. They may have a disturbed sleep pattern (e.g. being awake at night and asleep in the day). They may also give confused answers or use language that they would not usually. Some may not cooperate with either staff or relatives.
- **Hypoactive:** Behavioural changes may include not moving as much as normal and being very still. Some patients may become low in mood and withdrawn, and may take time to respond to you or not respond to you. There may be changes in appetite (e.g. not eating as much as usual). They may also suffer from a disturbed sleep pattern.
- **Mixed:** when the patient varies between the two other types described.

What causes delirium?

There are a number of factors that contribute to delirium. Here are some common ones:

- Being critically ill (e.g. an infection, sepsis).
- Medicines (e.g. sedation, pain relief).
- Sleep disturbance.
- Metabolic disturbances (e.g. high/low blood sugar levels, high/low levels of salts in the blood).
- Personal factors can also play a part in making people more likely to develop delirium, e.g. alcohol, previous cognitive issues such as dementia or stroke.

While the ICU tries to minimise some of the causes (like adjusting sedation, or trying to maintain day/night routines), it is unfortunately not possible to prevent delirium.

Measures used to keep delirious patients and others safe

It may be necessary to use physical restraints, such as mittens, or medication, if the patient is a danger to themselves (e.g. pulling at lines/tubes) or others (e.g. lashing out). (Please see our 'Use of restraint mitts in ICU' leaflet.)

Staff will also monitor the patient for delirium using a validated tool – the Confusion Assessment Method for use in the ICU (CAM-ICU) or request a review by a psychologist to assist with diagnosis.

What you can do to help

If your relative develops delirium, try to offer comfort and reassurance. Explain:

- That they are safe.
- That they are in hospital.
- The time, day and date.
- The routines of the Unit.
- That they are ill.

It is important to understand that they may not understand or believe you.