

There seem to be some common themes such as being in a spaceship or being at sea.

Some people see insects flying around, others see a colour very vividly, or flashing lights.

There is no way of predicting what hallucination someone may have.



This leaflet has been produced as a result of nationally funded research (NIHR) in which patients, relatives and staff worked collaboratively, sharing their experiences of being involved in critical illness.

Accelerated Experienced Based Co design.

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Recovery after Critical Illness

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Contact the Recovery after Critical Illness team if you have any concerns regarding your relative's altered mental state. (Leave a message if it is out of office hours.)

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

www.readingicusupport.co.uk



 **University of
Reading**



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www.royalberkshire.nhs.uk

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

RBFT ICU

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Hallucinations

Information for
patients, relatives
and carers

It is very common for patients in ICU to have hallucinations (nightmares, delusions, fantasies).

A hallucination is the experience of something (seeing, hearing, smelling, touching, tasting) that *seems to be real* to the person, but has been created by the brain as part of the critical illness.

Patients in ICU believe that the hallucination *has really happened* to them though factually it has not.

Patients may not behave as they normally would. They may:

- Tell you they are seeing strange things.
- Tell you about a conversation they have heard.
- Not want to see you.
- Not believe what you tell them.
- Seem agitated / restless.
- “Pick” at things around them.
- Not concentrate on you when you visit.
- Ask about their surroundings.
- Talk to someone else who is not there.
- Want you to take them home.
- They may appear frightened.

Sometimes, the hallucinations can be distressing (for example, the perception of being kidnapped, hurt, or being threatened by staff or relatives).

There are a number of reasons for hallucinations. Here are some common ones:

- Being critically ill.
- Medicines (sedation, pain relief).
- Recent surgery.
- Lack of sleep.
- Being in a strange environment.
- Loss of day / night routine.
- Disorientation to time (not sure of day/date/day or night).
- Fever.
- Electrolyte imbalances.
- Blood sugar levels.

These usually *get better with time* but may still occur when the patient goes back to the ward or their home.

While the ICU tries to minimise some of the causes (like optimising sedation, or trying to maintain day/night), it is not possible to prevent hallucinations in all cases.

It may be useful for you to ask your relative about what is happening to them, or ask them what / who they are seeing / hearing / talking to.

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.
- The layout of the Unit.
- That it is normal to experience this – that they are not “going mad.”

It is important not to challenge the hallucinations, as this can increase agitation and distress. You may also be part of the hallucination and your loved one may not be responding to you as they normally would.

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

Staff will also monitor the patient for hallucinations. It is worth noting that staff members may be part of the hallucination and so the person who speaks to your relative may not be the one directly looking after them.

On the ICU Support Network website, you will find several patient experiences of hallucinations in the ‘For patients’ section.

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