Delirium in the Intensive Care Unit (ICU)

Delirium is a severe state of confusion. It often occurs quickly and can come and go. It may involve changes in thinking, attention and perception. Most often this lasts for a short time.

**What are the causes of delirium?**
Patients in the ICU are at high risk for developing delirium. Experts think delirium is caused by a change in the way the brain is working. This may be caused by: severe illness, infections, decreased oxygen, alcohol withdrawal, certain medicines, lack of sleep, and other treatments that are needed while in the ICU.

**What are the signs of delirium?**
The ICU staff is trained to know and treat delirium. Signs of delirium may change from day to day. Patients may:

- Be confused, they may not seem like themselves
- See or hear things that are not there
- Be unable to think clearly
- Be unable to pay attention
- Be tense & restless
- Slur speech or use bad words
- Have trouble staying awake or mix up day and night

**How is delirium treated?**
Treatment depends upon the cause of delirium. The health care team works together to treat delirium. When patients become more stable, we try to: keep patients comfortable yet alert, review the need for medical devices (breathing tube, bladder catheter, or central line) each day and remove them as soon as possible, and get patients out of bed.

**What can I do to help?**
You are vital to your loved one at this time. While staff provides a safe setting, you can help support your loved one and help them feel safe. Talk with the staff about what you can do.

**In the ICU:**
- Reduce noise by turning off the TV and radio.
- Be sure your loved one has hearing aides, glasses, or any other devices needed.
- Sit with your loved one. Your company can be very helpful.
- Speak in a calm voice and use simple words to help your loved one know what is going on.
- Remind them of day and date.
- Talk with your loved one about familiar things that interest him or her such as family, friends & hobbies.
- Bring in family photos or known items to give comfort. Do not bring valuables.
• Use good lighting. Keep the lights on during the day and into the early evening to prevent confusion of voices and sounds. Dim the lights at night.
• When your loved one is confused, it is ok to say “yes, you are confused at this time.” Let them know it will likely go away.
• If your loved one has a normal routine, please share this with the nurse.

After the ICU:
• Talk about what happened during your loved one’s time in the ICU. This can help him or her sort out which memories are true and those that are not.
• Let your primary doctor know that you had delirium in the hospital.

Seeing your loved one with delirium can make you upset and leave you feeling helpless. Talk with the nurse or doctor about any concerns you may have. We are here to help you and your loved one.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 11/2015 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7161