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HOSPICE PATIENT AND FAMILY EDUCATION AND TRAINING

MANAGING DELIRIUM

Visions, Hallucinations, Confusion, Restlessness, and Agitation

What is Delirium?

- A sudden change in a person's mental status over a period of hours to days.
- Mental clouding with less awareness of one's environment.
- Confusion about time, place, and person.

What are the Signs and Symptoms of Delirium?

- Reversal of sleep and awake cycles.
- "Sun downing" or confusion that is worse at night.
- Mood swings that may change over the course of a day.
- Difficulty focusing attention or shifting attention.
- Hallucinations or seeing, hearing or feeling things which are not there.
- Agitation and irritability.
- Drowsiness and sluggishness.

What to report to the Hospice and Palliative Care team?

- Any of the behaviours listed above.
- Changes in food or fluid intake.
- Decrease in urine output.
- Change in frequency or type of bowel movements.
- Depression.
- Wandering.
- Withdrawal from people or activities.
- Any change in medications the team is unaware of.

What can be done for delirium?

"Terminal delirium" is a condition that may be seen when the person is very close to death, marked by extreme restlessness and agitation. Although it may look distressing, this condition is not considered to be painful.

Confusion, restlessness, and agitation are common. These symptoms may be caused by reduced oxygen to the brain, metabolic changes, dehydration, and pain medications. The team will discuss treatment options with you.

The person may speak to, or claim to have spoken to, people who have already died, or to see or have seen places not presently accessible or visible to you. These visions are normal. It does not indicate a hallucination or drug reaction. The person is beginning to detach from this life and is

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being prepared to transition. It is important to differentiate visions from hallucinations or “bad dreams” that may be caused by medications or metabolic changes. While visions of loved ones are generally comforting, “bad dreams” may frighten the dying person.

There are medications available to control symptoms. Be aware there may be unfinished business. Dying persons may try to hold on until they feel a sense of security and completion. Picking, pulling, and fidgeting behaviours may also be seen. This can result from medications, metabolic changes, or decreased oxygen to the brain.

As a caregiver, you may:

- Keep the patient safe.
- Remind the patient who you are when you assist with care giving. Tell them what you are going to do. For example, “I am going to help you get out of bed now.” Even if they know you well, they may not recognize you or your voice this time.
- Offer support such as “I am right here with you.”
- Try to maintain a routine and structure.
- Avoid asking a lot of questions.
- Do not contradict, explain away, belittle or argue about what the person claims to have seen or heard. Just because you cannot see or hear it does not mean it is not real to your loved one.
- Provide a quiet, peaceful setting, without TV and loud noises.
- Never startle the dying with bright lights, harsh tones, or abrupt movement.
- Use a gentle voice and reassuring touch.
- Play the patient’s favourite music.
- Keep a nightlight on at night.
- With mindful awareness, be sensitive to any cues that might signal that there is something the person wants to resolve before he/she can let go.
- Ask the hospice team if there are any medications that might help relieve the agitation and be open to following the prescription.
- If starting a new medication, watch for improvement, worsening, or side effects and report to healthcare provider.