

Understanding delirium in children during/after hospital care

Paediatric Intensive Care Unit

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Information for Patients and Carers

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What is delirium?

This leaflet aims to explain what delirium is, how it can be identified and managed.

Children and babies who are very unwell, or who have had an operation may develop “critical care delirium”. This is an acute state of confusion. This can occur suddenly or over days during their illness or recovery period. It can be very alarming and frightening for carers to witness. Parents or carers are sometimes the first to notice this and often say “they don’t seem like my child”. Spotting and knowing about delirium helps us support children and their families in the best way possible, until the delirium ends.

What causes delirium?

There are many factors for delirium, but in most cases, there is no single cause that can be found. It is felt that delirium occurs because of a complex mix of

- an unwell child,
- the place in which they are being treated,
- the treatments and medications that they have.

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or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How common is delirium?

We are not sure. Research shows it happens in anywhere from 1 in 10 unwell children up to 7 in 10 critically unwell children in intensive care.

It happens more if they have needed sedation for more than 1 day.

All patients in intensive care should have their sedation levels checked regularly, and be screened for delirium 2 times a day. This checking is done by a healthcare professional.

How long does delirium last?

Delirium can be present from hours to days. Delirium is temporary, and children will not stay this way forever.

Possible signs of delirium: What you might notice:

- Your child moving a lot, being hard to settle, being restless.
- They may not be as clear-headed as usual, as if everything just passes them by, and it can be difficult to speak with them. They may not know where they are.
- The child may not recall things they have just been told, such as why they are in hospital. They may not realise that they are not remembering things.
- Children can present as watchful or suspicious, sometimes even aggressive. Other children might withdraw and become less responsive.
- Not recognising those around them, even their parents.
- Seeing or hearing things that aren't there (hallucinations) or mistaking normal noises (for example, thinking that a machine beeping indicates a bomb or explosion).
- The child's behaviour might change often, and sometimes symptoms can be worse at night.

Looking after families

We know it is hard for people to see their child upset and not like their usual self. It is important to remember that this is not permanent. Children often pick up on their carers' worries, so it is important that carers try to look after themselves. It is ok to leave the hospital, go somewhere else and even enjoy yourself. This does not mean you do not care about your child. It is important for you to take time out to keep your own strength up.

We recommend:

- Take breaks: go for a walk outside, rest in your room, or go home for a while
- If you worry about leaving your child, speak to one of the nurses to see if a member of staff can stay with your child, or ask a family member or friend to be there.
- Speak with a friend or family member who supports you.
- Eat regular meals and try to get at least a few hours of rest every day.
- Remember, people outside the hospital often want to help.
- Ask to speak with someone who supports families in hospital (for example, chaplaincy)
- Phone a support line such as Samaritans. Their number is 116 123

What to do if you notice symptoms of delirium

While you are in hospital, you can speak with any health worker if you worry that your child might have delirium. They will check your child and let you know what they have found.

If you worry that your child may have had delirium while in hospital and is complaining of symptoms of this when they go home, you can speak with your GP about whether they can refer your child for support. Children may have nightmares about strange experiences while in hospital or go back to behaviour they had grown out of before hospital, for example.

After intensive care

We know that children who have been in hospital very unwell may continue to have strange or patchy memories of their time there, particularly if they had delirium. Children may need reassurance that we would not expect them to remember all their time in hospital, or the what led to their being in hospital. Many children have strange dreams but feel embarrassed about it. It is useful to tell children that this might happen so that they do not worry about it and can talk about it if they want to.

Contact details

If you have questions about the contents of this leaflet, please ring the Paediatric Intensive Care Unit at UHL on 0116 258 3334 or 0116 258 6844, or speak to your child's medical team.

If you have any questions, write them down here to remind you what to ask when you speak to your child's nurse/ consultant:

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