



Patient & Family Guide
2019

Delirium After Cardiac Surgery

Aussi disponible en français : *Delirium
après une chirurgie cardiaque* (FF85-2107)



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Delirium After Cardiac Surgery

Delirium is a common complication after cardiac surgery. This can be stressful for you and your family. This pamphlet will help you and your family learn more about delirium after cardiac surgery.

What is delirium?

Delirium is a medical condition that causes a temporary problem with mental function.

- It often starts suddenly.
- The symptoms tend to come and go, and often get worse at night.
- People may have problems with attention (e.g., poor eye contact, being confused).
- Some people may be very sleepy or drowsy.
- Some people may be very agitated, and may pick at or see things that are not there.
- Some people with delirium show both drowsiness and agitation over a day or two.
- There is often an underlying cause or illness.

Is delirium the same as dementia?

Delirium is not the same as dementia (memory failure such as Alzheimer's disease). People with dementia have a greater risk of developing delirium if they become physically ill. Dementia happens slowly over time, not suddenly like delirium.

Is delirium the same as mental illness?

Delirium is not the same as mental illness, although some of the symptoms may be the same.

What are the symptoms?

- › confused thinking and actions
- › emotional upset or anxiety
- › misunderstanding what is seen or heard
- › suspicion of others
- › seeing or hearing things that aren't there
- › increased restlessness and irritability, or be quieter than usual
- › slow or slurred speech
- › trouble writing
- › problems with short and long-term memory

- › not being aware of the correct time and place
- › trouble concentrating and focusing attention

A person with delirium may or may not have all of these behaviours. The symptoms often get worse at night.

What causes delirium after cardiac surgery?

- General anesthesia.
- Complications from surgery and/or cardiopulmonary bypass.
- Low oxygen levels.
- Stress of having surgery.
- Infections, such as a bladder or lung infection.
- Worsening chronic health problems such as heart failure or obstructive lung disease.
- Severe illness, such as dehydration (not having enough fluid in your body) or uncontrolled diabetes.
- Taking many medications or the effects of certain medications.
- Suddenly stopping the use of certain drugs, alcohol, or tobacco.

Who is at risk of delirium after cardiac surgery?

Patients with the following are at a higher risk of delirium after surgery:

- › poor nutrition
- › depression
- › lack of sleep
- › uncontrolled pain
- › a urinary catheter
- › a family history of delirium
- › advanced age
- › previous dementia or delirium

What can make delirium worse while in the hospital?

- Using physical restraints, limiting movement, or long periods of bedrest.
- Dehydration, poor nutrition.
- Pain.
- Eyesight or hearing that is getting worse.
- Having a hard time going to the bathroom.
- A urinary catheter.
- No sleep or broken sleep (this is more common in the Intensive Care Unit (ICU) and Intermediate Care Unit (IMCU) because of the constant lights and alarms).
- Moving to an unfamiliar place.

What can family members do to help?

- Be calm and reassuring.
- Talk slowly and clearly. Use simple sentences about familiar, non-threatening topics.
- Speak supportively.
- Have face-to-face conversations.
- Don't argue or try to convince the person that they are wrong.
- Don't quiz, test, or challenge the person.
- Take care not to over-stimulate the person.
- Let the person rest without interruption so they will feel less tired.
- Bring in familiar things from home.
- Play soothing music.
- Encourage enough liquid and food intake.
- Lower caffeine intake.
- Keep the person comfortable and try to lessen pain. Let staff know if you need help with this.
- Increase activity and encourage the person to be up and about when it is safe to do so.
- Tell the nurses if the person is very restless or you note any change in behaviour.
- Make sure that hearing aids and glasses are in place.

- Help the person get to the bathroom when needed.
- Put a calendar or clock in view.
- Keep normal day and night light patterns.

Treatment and recovery

- Doctors and nurses will try to find the underlying cause(s) of the condition by doing a careful assessment, including a number of tests.
- The goal is to keep the patient safe from harm to themselves and others. Your family member may get medication to help improve the symptoms of delirium. At times they may need to be physically restrained. If this is necessary, the staff will talk about this with you. Having family present is helpful. If family is not available, staff may be assigned to sit with the patient to help keep them safe.
- The patient will often be less confused and disoriented when they are in their own home during the recovery stages. Recovery may take days to months.

More info:

Geriatric Medicine/Centre for Health Care of the Elderly (CHCE):

› 902-473-8603

Notes:

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For more information, go to <http://library.novascotia.ca>

Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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The information in this pamphlet is to be updated every 3 years or as needed.