

Non-Pharmacological Management of Delirium

Non-pharmacological management of delirium requires a multi-disciplinary approach to patient care. Specific interventions include re-orientation, family participation, early mobility, hydration, sleep hygiene and reducing environmental stimuli as well as being alert to pain and constipation (Karadaş and Özdemir, 2019; Burton et al, 2021, Lange et al, 2022).

Patients experiencing delirium can be disorientated and confused, thus having effective verbal and non-verbal communication and interpersonal skills will help alleviate the patient's anxiety and fears. Specifically, health care professionals should introduce themselves to the patient, orientate the patient to time, place and person, explain what is happening and why. The patient's short term memory may be impaired as a result of the delirium therefore, it is important to repeat information as and when necessary. Patient agitation and responsive behaviours can arise as a consequence of the delirium. Understanding, empathy and reassurance are essential responses to these. Involving and liaising with family members to support and re-orientate the patient during this time is important.

Delirium adversely affects the patient's sleep/wake cycle which contributes to patient fatigue, disorientation and confusion. Sleep hygiene can be promoted in a number of ways. It is important that environmental stimuli are reduced to enable the patient to rest and not become over stimulated as this will exacerbate the situation. Therefore, excessive noise and harsh lighting needs to be reduced. These actions along with active promotion of quiet times especially at night and at specific times during the day will also promote sleep. Designated patient rest periods where there is reduced activity and reduced visitors will facilitate patient rest and sleep.

Being alert to pain and discomfort is important as these factors can aggravate the patient's experience of delirium. Assessment and management of these factors may include non-pharmacological measures such as positioning, oxygenation, checking for and alleviating thirst or hunger. Checking oxygen saturations and bloods are important as these may require management. Dehydration can exacerbate delirium. Therefore, the patient's hydration and nutritional needs should be assessed and attended to. Depending on specific individual requirements and contraindications, this may be provided orally, enterally or parenterally. A contributing factor to delirium is constipation, this needs to be assessed for and managed accordingly. Appropriate hydration and where possible mobilisation will also help this. Early

mobility is also recommended both as a preventive measure and also a way of reducing the delirium.