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BRIEF REPORT

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You are safe here: A flyer with re-orientating messages for families of patients with delirium in the intensive care unit

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Abstract

Patients in delirium require trustful communication and re-orientation. We developed a flyer with positive, re-orientating suggestions for families of delirious patients in intensive care units. Suggestions include creating a safe environment, interpreting

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unusual behaviours positively and fostering mental resilience. Additionally, families are encouraged to prioritize their own well-being, recognizing their crucial role in supporting their loved ones. This flyer offers practical strategies across four key areas: ensuring security and orientation, reframing noises and body experiences, managing agitation and reshaping perceptions. By equipping families with knowledge and tools, this resource aims to promote understanding, resilience and strength to humanize delirium care.

KEYWORDS
delirium, encephalopathy, family flyer, intensive care unit, orientation

1 | BACKGROUND

Delirium is a severe disturbance in cerebral networks by an acute encephalopathy, occurring in 30%–60% of patients on intensive care units (ICUs), and characterized by an abrupt onset, fluctuation, deficits in attention and other cognitive impairments.[1] Patients in delirium often make delusional experiences between dreams and reality and have frightening hallucinations. Clinicians and families can be perceived as aliens, soldiers or murderers, who want to perform experiments or torture, instead of medical procedures.[2] The vivid experience of delirium can last for years and impairs the quality of life and social relationship in patients and their loved ones.[3–5]

2 | JUSTIFICATION

Patients in delirium require trustful communication and re-orientation. One of the frequently recommended interventions to prevent and treat patients in delirium is the integration of family members and relatives into the care of patients with delirium.[6,7] The patient's family knows the patient best, as they are well known to the patient, most times trustful and represent a lifeline to normal life. In delirium, they can give the patient security and re-orientate them back to reality.[8] Munro et al. published a randomized trial, using the recorded voice of family members, who spoke 10 re-orientating sentences, and played these every hour to patients; this intervention was shown to reduce the incidence and duration of delirium, compared with unknown voices.[9,10] This design was repeated by other groups with similar results, also as part of multicomponent bundles.[11–13] Nevertheless, families and relatives are in a complex situation, and they also need care and support for themselves.[14] It cannot be expected from them that they would know how to re-orientate patients in delirium without prior explanation.

3 | AIM

Families of patients with delirium need information, education and sometimes guidance. For this purpose, we developed a flyer with re-orientating messages, spoken by families and relatives to critically ill patients in delirium.

4 | THEORETICAL BACKGROUND

The psychological approach is mainly based on cognitive re-constructioning. Experience of stressful situation is based on cognitive judgements.[15] Current perceptions and experiences can be re-constructed by cognitive re-framing, allowing a sense of control, altering negative perceptions into positive experiences and improving well-being.[16] As most family members and relatives are still known and appear to be trustful to patients in delirium, it seems to be plausible to integrate them into this approach. If they could explain delirium, rationalize the perceptions of hallucinations or delusional experiences, and suggest a different, positive meaning, patients are more able to understand their situation, regain control and experience well-being. These messages from the family can reduce the severity of delirium, help patients to re-orientate and gain hope and resilience.

5 | DEVELOPMENT

A subgroup of an international delirium research network (www.deliriumday.com) collaborated in this project and developed the flyer. Researchers of different professions (nurse, physician, physiotherapist, psychologist) with expertise in delirium management and a former ICU patient with delirium experience were asked for interest and participation. The content of the flyer was based on previous research and has been extended and categorized into different sections.[9–13] The authors consented the flyer in three rounds of review and revisions. In total, seven family members of ICU patients with delirium and a former patient pre-tested the flyer, and two family members suggested minor revisions in wording. The final version was approved by all the authors. As all the authors are native speakers from several different countries and experienced authors, the flyer could be translated from English into 10 different languages. In this context, we did not use multiple scientific forward-and-back translations for this

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TABLE 1 Adaption to national and cultural conditions.

Content	Adaption[a]
In general	Consider simple language, because families are stressed and might have difficulties to understand our jargon Psychologists are competent and trained in communicating with families. If psychologist is not available, spiritual support may be considered and helpful such as priests/chaplain, who are available in every hospital Some languages and cultures require adaption to specific gender
English (UK)	British spelling
English (US)	American spelling
German	Consider not to be on first name terms ('Sie'). Visiting policies and times are very heterogenous, and exceptions for patients in delirium might be arranged
Italian	Family visits are allowed only in certain time slots, only in a few ICUs all day
Netherlands	Consider to add memes and infographics
Portuguese	Consider simple language, using 'Tu' or 'Você' (second or third person singular) according to the age and/or preference of the family. You can include other information you consider important in your ICU

[a]An adaption might not always be required and depend on local conditions.

purpose. Before its use, we recommend a critical review and potential cultural adaptions where it might be required (Table 1).

6 | APPLICATION

Families and relatives need to be educated for this on how to interact and care for their loved one experiencing delirium. They need information about delirium, the fluctuating course, and disturbed awareness and perceptions. They should be encouraged to ask any question and receive understandable answers. Depending on the existing relationship, which can range from unconditional love and trust to conflicts with risk of divorcement and violent abuse, families should decide for themselves whether they feel capable of using this flyer with the patient. The effect of re-orientation and improved well-being of these positive messages might be influenced by the quality of the pre-existing relationship between patients and families; hence, both should be observed or asked for unwanted reactions such as stress, fear or other reactions. In few cases, an abbreviation might be indicated. A brief training with ICU staff or other family members might be a good opportunity to develop understanding and confidence in using the flyer. In case of elective admission to an ICU, the flyer might be used for education and preparation of patients and families before admission.

The flyer should be given to the family with an educational conversation. The flyer can be printed on Din A4 landscape and folded. Target group are family members and relatives; the flyer can be used for training by clinicians as well as to guide re-assurance and re-orientation strategies. The conversation starts with a short introduction, explaining what delirium is and its treatment, and the potential role of family members, and how to use this flyer while reading and talking with a patient in delirium.

7 | CONTENT OF THE FLYER

The main parts are four sections with positive re-orientating messages: (a) for security and orientation including eight suggestions; (b) for re-framing noises and body experiences with five suggestions; (c) for agitation including six suggestions; and (d) for re-framing the mind with four suggestions. Finally, a few suggestions are given to families in case patients do not want their presence at the bedside, and how they can keep their well-being and energy during this critical period.

The flyer is available in the following languages: Arabic, English, French, German, Greek, Italian, Japanese, Netherlands, Polish, Portuguese and Spanish (see Supplement Material). We recommend considering further adaptions to national and cultural conditions (Table 1). In addition, educational materials such as infographics can be used to assist families, patients and clinicians in learning about delirium; templates are available on www.deliriumday.com.

8 | DISSEMINATION

We encourage readers to use this flyer in their ICU for preventing and treating delirium. Readers are free to use this flyer in practice, and if necessary, adapt the flyer to own culture and conditions. Please let us know when translations in further languages are publicly available. When the flyer is used in research or even as part of a bundle in research, please inform us by email and cite this reference.

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CONFLICT OF INTEREST STATEMENT

The authors report no conflicts.

DATA AVAILABILITY STATEMENT

The data that supports the findings of this study are available in the supplementary material of this article.

ETHICS STATEMENT

Because of the character of this publication, this work did not require an ethic approval.

PATIENT CONSENT STATEMENT

No patients were involved in this work.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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