

OUR PRIZE COMPETITION.

WHAT DO YOU UNDERSTAND BY DELIRIUM, AND WHAT ARE ITS MAIN VARIETIES? IN WHAT CONDITIONS IS IT LIKELY TO OCCUR? WHAT ARE THE MOST IMPORTANT POINTS IN THE NURSING OF A DELIRIOUS PATIENT?

We have pleasure in awarding the prize this month to Miss Amy Phipps, S.R.N., F.B.C.N., Longmarton, Ashford, Middlesex.

PRIZE PAPER.

Delirium is a general term used to describe a set of symptoms in which an irregular discharge of nervous energy takes place, the patient being in a state of perverted consciousness or occasionally of semi-consciousness.

There is usually great confusion of mind and a clouded state of consciousness, with intense excitement and uncontrolled muscular activity: usually the patient will not know who or where he is, will have no appreciation of time. The type and severity of delirium is found to be influenced very largely by the age, habits, constitution and individual idiosyncrasy of the patient.

Every case must be considered on its own merits, for whereas one patient will keep mentally clear through a state of high fever, another will tend to become delirious with a short sudden rise of temperature; this consideration applies in delirium from any cause.

Children readily become delirious, and nervously unstable people also under favourable conditions.

The condition may arise:—

(a) During the course of certain general diseases, specific fevers, pneumonia, certain forms of cardiac disease, etc.

(b) As an indirect result of injury.

(c) As the result of the absorption of drugs, especially narcotics of a cumulative nature. Under this heading may be mentioned the delayed after-effects of anaesthesia. Idiosyncrasy has a powerful influence in this type.

(d) Alcoholism.

The various varieties of the condition tend to merge into one another as another part of the nervous system becomes involved, or as the severity of the symptoms increase or diminish in intensity.

The main varieties are:—

(1) *Feverish delirium*.—This usually appears at the height of fever, and is more marked by night than by day; it is frequently spasmodic, with listless lucid intervals.

The speech is mainly dreamlike, or at times may betray great anxiety.

The onset is often gradual, commencing with headache, restless sleep, undue sensitiveness and disturbing dreams; later there may be illusions and hallucinations.

These symptoms may merge into complete confusion, with great restlessness, sleeplessness and possibly emotional outbursts; all sense of place and surroundings is lost.

If the condition prevails, there will later be profound dulling of the consciousness, and very little movement beyond picking at the bedclothes; in a severe case, coma and death may supervene.

(2) *Delirious mania or raving delirium*.—This usually occurs in connection with febrile conditions, head injuries,

or at a certain phase of changes in the nerve centres due to drug taking, alcoholism, or any condition where toxins are being generated in the system and are not being corrected at a sufficient rate in the normal way.

This type has all the symptoms of feverish delirium though in a highly exaggerated form.

It is characterised by great restlessness and sleeplessness; speech is quite incoherent, and the patient may be very noisy. Hallucinations and fleeting delusions are usually present, his attention cannot be attracted for a moment. This form is usually associated with furred tongue, very high temperature and pulse rate, hurried respirations and sordes of lips.

It is more common when the disease is aggravated by alcoholism, though by no means necessarily so.

The condition leads to great exhaustion, both bodily and mental, and the outlook is always extremely grave.

(3) *Low delirium*.—This form is associated with exhaustion; consists mainly in rambling and muttering talk, in which past events are all jumbled together. The identity of surrounding people and places is mistaken, the patient's attention can sometimes just be attracted but not held; there is picking at the bedclothes and twitching of the muscles in the arms, legs and face. There are short spasms of restless sleep, and fits of weeping when awake. The patient takes voluntary notice of nothing, and indeed, he appears quite incapable of doing so. Food is refused, artificial feeding usually being necessary.

(4) *Delirium tremens*.—This occurs in certain subjects as the result of prolonged indulgence in alcohol, when it may arise as the initial symptom of pneumonia, or as a result of personal injury, often associated with lack of food and sleep.

The onset is sudden, with great restlessness, and marked hallucinations, often associated with animals.

The patient is very tremulous, and is incessantly in motion; he talks incoherently and continuously and shows great excitement and fear; marks upon the wall take on life, and he may seek to escape.

There is great nervous prostration, associated with extraordinary physical strength.

Treatment of delirious patients depends greatly upon the cause of the condition, and therefore an exact history of the case and the particular physician's wishes for treatment are imperative.

Amongst principles of nursing may be noted:—The patient must never be left; every effort should be made to move any object which is definitely irritating; watch the patient without appearing to watch. Every effort must be made to husband the strength, and to get nourishment and medicines taken as ordered. Devoted, intelligent nursing can often save the patient's life.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Edith L. Rand, St. Leonard's Hospital, Shoreditch, and Miss E. G. Smith, Menston Mental Hospital near Leeds.

QUESTION FOR NEXT MONTH.

What are the symptoms of a case of erysipelas of the face? Describe the nursing treatment, and mention the complications which may be apprehended and guarded against.

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