

There seem to be some common themes such as being in a spaceship or being at sea.

Some people see insects flying around, others see a colour very vividly, or flashing lights.

There is no way of predicting what hallucination someone may have.



This leaflet has been produced as a result of nationally funded research (NIHR) in which patients, relatives and staff worked collaboratively, sharing their experiences of being involved in critical illness.

Accelerated Experienced Based Co design.

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The Rehab after Critical Illness team can be contacted on the above number if you have any concerns regarding your relative's altered mental state. (A message can be left if it is out of office hours.)

The team will visit the patient when they go the ward as part of the normal rehabilitation process for continued observation if there are any concerns.

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Hallucinations

Information for patients,
relatives and carers

It is quite *normal* for patients in ICU to have hallucinations (nightmares, delusions, fantasies).

A hallucination is “feeling” something (seeing, hearing, smelling, touching, tasting) that *seems to be real* but that has been created by the mind.

Patients in ICU believe that the *experience has happened* to them though factually it has not.

Patients may not behave like they normally would. They may:

- Tell you they are seeing things.
- Tell you about a conversation they have heard.
- Not want to see you.
- Not believe what you tell them.
- Seem agitated / restless.
- “Pick” at things around them.
- Not concentrate on you when you visit.
- Ask about their surroundings.
- Talk to someone else who is not there.
- Want you to take them home.
- They may appear frightened.

Sometimes, the hallucinations can be distressing (for example, imagining being kidnapped, or being threatened by staff or relatives).

There are a number of reasons for hallucinations. Here are some common ones:

- Being critically ill.
- Medicines (sedation, pain relief).
- Lack of sleep.
- Being in a strange environment.
- Loss of day / night routine.
- Disorientation to time (not sure of day/date/day or night).
- Fever.
- Electrolyte imbalances.
- Blood sugar levels.

These usually *get better with time* but may still occur when the patient goes back to the ward or their home.

Whilst the ICU tries to minimize some of the causes (like optimising sedation, or trying to maintain day/night), it is not possible to prevent hallucinations in all cases.

It may be useful for you to ask your relative about what is happening to them, or ask them what / who they are seeing / hearing / talking to.

Try to offer comfort and reassurance.

Explain:

- That they are safe.
- That they are in hospital.
- The time, day and date.
- The routines of the Unit.
- That they are ill.
- The layout of the Unit.
- That it is normal to experience this – that they are not “going mad.”

It is important to understand that you may be part of the hallucination – this can be good or bad.

If you are concerned, please tell a member of staff or contact the Rehab after Critical Illness team (details over the page).

Staff will also monitor the patient for hallucinations. It is worth noting that staff members may be part of the hallucination and so the person who speaks to your relative may not be the one directly looking after them.

On the ICU Support Network website you will find several patient experiences of hallucinations under ‘For Patients’ section. www.readingicusupport.co.uk