ALLIED HEALTH PROFESSIONALS

Allied health, function and recovery

Help allied health professionals and the wider team protect function during delirium and plan rehabilitation around the person's fluctuating abilities and previous level of independence.

Start with the person's usual function

- Establish usual mobility, transfers, self-care, communication, cognition, eating and drinking, routines, roles and support.
- Ask the person, family or carers what matters to them and what usually helps them communicate or take part.
- Record the source and date of baseline information. Distinguish pre-existing difficulty from the acute change.

Assess function in context

- Note how alertness, attention, fear, pain, fatigue, sensory loss and the care environment affect participation.
- Use observation across contacts and information from the wider team. A single better or worse period may not represent the person's current ability.
- Report any new or worsening clinical change rather than treating it only as a rehabilitation barrier.

Keep safe movement and activity going

- Support mobilisation as soon as clinically appropriate, with suitable assistance and walking aids available.
- For people unable to walk, encourage active range-of-motion exercise when appropriate.
- Use familiar, purposeful activity and cognitive engagement. Adjust the length and complexity of the session to the person's alertness and attention.

Remove barriers to participation

- Make sure glasses, hearing aids, dentures and communication aids are available, working and used.
- Coordinate pain management, toileting, hydration, nutrition and rest so that avoidable discomfort does not block activity.
- Explain one step at a time, allow time for a response and use consistent cues across the team.

Plan recovery and transition

- Compare current function with baseline and describe the direction of recovery, remaining fluctuation and support needed now.
- Share approaches that helped, equipment or assistance needs, unresolved risks and rehabilitation goals at handover or discharge.
- If recovery stalls or delirium persists, support re-evaluation of causes and appropriate follow-up rather than assuming a permanent new baseline.

Safety box - rehabilitation sits alongside medical care: New marked drowsiness, physiological deterioration, focal neurological change or a sudden loss of function needs urgent clinical reassessment. Adapt movement, food, fluids and activity to the current clinical and assistance plan. Do not wait for delirium to disappear before considering suitable engagement and rehabilitation.

Verified official sources

- NICE CG103: mobility, nutrition, sensory support and treatment
- SIGN 157 on Right Decisions: non-pharmacological treatment and rehabilitation
- SIGN 157 on Right Decisions: non-pharmacological risk reduction
- SIGN 157 quick reference guide
- NHS inform: delirium recovery and support

Use and review: UK-focused general education. This resource supports but does not replace clinical assessment, individual advice or current local guidance. Prepared from source materials curated by Professor Alasdair MacLullich, University of Edinburgh; AI-assisted production. Professor MacLullich led development of the 4AT and reports no financial interest in its uptake. Final named human clinical approval is required before use in patient care. Independent resource; not an official University of Edinburgh or NHS publication.