WARD-ROUND TEAMS

Daily multidomain delirium review

Support a concise daily multidisciplinary review of the person's trajectory, causes, brain-recovery conditions, complications and communication needs.

1. What has changed?

- Compare alertness, attention, cognition, perception and behaviour with the person's usual baseline and the previous review.
- Describe fluctuation, including the clearest and most impaired periods reported across the day and night.
- Do not equate quietness or sleepiness with improvement.

2. What is driving it now?

- Review each confirmed or suspected cause and whether the planned action happened.
- Reconsider illness, physiology, medicines, pain, hydration, nutrition, bladder and bowel function, sleep and the environment.
- Revise the formulation when new findings appear or the expected response has not occurred.

3. Are the conditions for brain recovery in place?

- Maintain calm communication, gentle reorientation and reassurance.
- Ensure glasses, hearing aids and other communication support are available and working.
- Support hydration, nutrition, mobility, normal sleep and a familiar routine as clinically appropriate.

4. Are distress and complications being prevented?

- Ask about fear, hallucinations or other distress; also observe for distress in people who cannot explain it.
- Review falls, immobility, pressure damage, dehydration, malnutrition and isolation risks.
- Continue appropriate mobilisation, engagement and rehabilitation rather than waiting for cognition to be completely normal.

5. Does everyone share the plan?

- Document the current clinical conclusion, trajectory, open actions and escalation plan. Give each open action a named owner and a review time.
- Update the person and family or carers in understandable language and invite their observations.
- Hand over what helps, what worsens distress and what remains uncertain.

Safety box - reassess deterioration promptly: New marked drowsiness, focal neurological change, physiological deterioration or rapidly escalating distress requires urgent clinical reassessment. Repeat delirium assessment when clinically indicated or required by the setting's pathway; avoid burdensome high-frequency cognitive testing as a substitute for observation and clinical review.

Verified official sources

- NICE CG103: daily observation, assessment and treatment recommendations
- SIGN 157 on Right Decisions: non-pharmacological treatment
- SIGN 157 on Right Decisions: monitoring tools
- Official 4AT user guide
- NHS inform: delirium and recovery

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.