PATIENT & FAMILY HANDOUT

How families can help at the bedside

To give relatives and friends safe, practical ways to support a person with delirium.

Share what you know

- Tell staff what the person is normally like, including memory, communication, mobility and usual sleep.
- Describe the first change you noticed and whether symptoms come and go.
- Share an up-to-date medicines list and mention recent illness, falls or procedures.
- Explain what usually calms, interests or upsets the person.

Communicate calmly

- Approach from the front, say who you are and use the person's preferred name.
- Use one idea at a time and allow time for a reply.
- Reassure rather than test their memory or correct every mistake.
- If a belief seems untrue, acknowledge the person's fear without arguing or agreeing that the belief is true.

Make the surroundings easier to understand

- Check that glasses and hearing aids are available, clean and working.
- Point out the clock and calendar and give brief reminders about place and time.
- Bring a familiar photograph, object or music if staff agree.
- Keep visits calm. A small number of familiar people may be easier than a busy group.

Help only within the care plan

Ask staff before helping with food, drinks, walking or transfers. Swallowing problems, fluid restrictions and falls risk need individual advice. Tell staff about pain, constipation, difficulty passing urine, poor intake or any further change you notice.

Look after your own capacity

Delirium can be upsetting for families. Take breaks, share visits where possible and ask the team for an update and a clear contact person.

Tell staff now Report any sudden worsening, marked reduction in response or immediate safety concern at once. If sudden confusion begins outside a care setting, in the UK call 999 or go to A&E and do not drive yourself. Outside the UK, call your local emergency number or use your local emergency service.

Verified sources

- NHS inform: Supporting someone with delirium
- NICE CG103: Communication, reorientation and family involvement
- SIGN 157: Risk reduction and management of delirium
- NHS: What to do while waiting for help

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.