PATIENT & FAMILY HANDOUT

Finding the possible triggers of delirium

To explain why the team looks for one or more causes, and how families can help.

Delirium is a sign, not the final diagnosis

There may be one cause or several causes acting together. A proper assessment considers the whole person. No single test tells the whole story.

Possible causes and contributing problems

- A new illness or infection, low oxygen, or a problem with blood sugar or body salts
- Pain, injury, an operation, constipation or difficulty passing urine
- Dehydration, poor food intake or another nutritional problem
- A medicine that has been started, stopped or changed, or withdrawal from alcohol or another substance
- Reduced mobility, disturbed sleep, an unfamiliar environment, or difficulty seeing or hearing

This list is not complete. The right tests depend on the person's symptoms, medical history and what the clinician finds.

Information families can provide

- What the person is normally like and exactly what has changed
- When the change was first noticed and whether it comes and goes
- Recent illness, falls, pain, procedures or changes in eating, drinking, bowels or passing urine
- A complete medicines list, including recent changes and medicines bought without a prescription
- Use of alcohol or other substances, and any glasses, hearing aids or dentures normally used

What to ask the clinical team

- What possible causes are being considered?
- What assessments or tests are needed for this person?
- Could more than one factor be involved?
- How will the team review whether treatment is working?

Urgent action Do not wait at home to work out the cause of new, sudden confusion. In the UK, call 999 or go to A&E now. Do not drive yourself. If the person is already in hospital or a care home, alert staff immediately. Outside the UK, call your local emergency number or use your local emergency service.

Verified sources

- NHS: Causes of sudden confusion
- NHS inform: Causes and treatment of delirium
- NICE CG103: Treating delirium
- SIGN 157: Risk reduction and management of delirium

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.