CLINICAL TEAMS

Delirium prevention: a tailored multicomponent plan

Help teams reduce delirium risk by addressing several modifiable factors together rather than relying on a single intervention.

Identify risk and individual needs

- Be particularly alert where NICE risk factors are present: age 65 or over, cognitive impairment or dementia, hip fracture, or severe illness.
- Ask about previous delirium, usual cognition and function, sensory needs, medicines and the person's normal routines.
- Assess modifiable contributors early and build a plan tailored to the person and care setting.

Support orientation and communication

- Explain the place, situation and team roles; make clocks, calendars and appropriate signs easy to see.
- Ensure glasses, hearing aids and communication support are available and working.
- Encourage familiar contact and involvement from family or carers where the person wishes and it is feasible.

Protect physiology and comfort

- Identify and address dehydration, constipation, hypoxia, infection, pain and poor nutrition.
- Review medicines with an experienced healthcare professional, including recent changes and cumulative burden.
- Minimise avoidable devices and interruptions while meeting the person's clinical needs.

Protect mobility, sleep and familiarity

- Encourage appropriate mobilisation and active participation in care.
- Promote daytime light and activity, then reduce avoidable noise and disruption at night.
- Avoid unnecessary transfers between rooms or wards and maintain familiar staff and routines where possible.

Make prevention a team process

- Assign actions clearly across the multidisciplinary team, document a named owner and review them at an interval appropriate to the person and setting.
- Observe for new or fluctuating changes and record them.
- When indicators appear, move promptly from prevention to delirium assessment and clinical management.

Safety box - prevention is not treatment: A prevention bundle must not delay assessment of a new change or treatment of an acute cause. If delirium is suspected, arrange the recommended assessment and clinical evaluation even if preventive measures are already in place.

Verified official sources

- NICE CG103: risk factors and tailored multicomponent prevention
- SIGN 157 on Right Decisions: non-pharmacological risk reduction
- SIGN 157 on Right Decisions: medicines optimisation
- SIGN 157 guideline PDF
- NHS inform: delirium risk and causes

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.