PATIENT & FAMILY HANDOUT

Helping to prevent delirium

To show how a coordinated set of simple, individualised measures can reduce risk.

Prevention is a team effort

Not every episode can be prevented. Risk can be reduced by identifying vulnerable people and addressing several needs together, particularly when someone enters hospital or long-term care.

Help the person stay oriented

- Explain where they are, why they are there and what is happening.
- Keep a clearly visible clock and calendar nearby.
- Encourage suitable conversation and activities.
- Make family visits possible and use familiar staff where practical.

What the clinical team may include

- An individual plan for food, fluids, constipation and safe movement.
- Assessment and management of pain, oxygen needs, illness and infection risk.
- Review of medicines, particularly after any change.
- Support for vision, hearing, mobility, sleep and familiar routines.

Support senses and sleep

- Keep glasses and hearing aids clean, working and within reach.
- Use dentures when safe and appropriate.
- Reduce avoidable night-time noise, bright light and interruptions.
- Avoid unnecessary room or ward moves where possible.

How families can help

Tell staff what the person is normally like, what helps them communicate, and what routines matter. Bring labelled sensory aids or familiar items if the care setting permits them. Report any new change promptly. Ask staff before helping with drinks, food, walking or transfers when there is a swallowing problem, fluid restriction or falls risk. Do not start, stop or change medicines yourself; tell the team about all medicines and recent changes.

Urgent action Prevention measures do not replace urgent assessment. If sudden confusion develops in the UK, call 999 or go to A&E now and do not drive yourself. Tell staff immediately if the person is already in hospital or a care home. Outside the UK, call your local emergency number or use your local emergency service.

Verified sources

- NICE CG103: Preventing delirium
- SIGN 157: Risk reduction and management of delirium
- NHS inform: Delirium
- NHS: Sudden confusion (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.