ASSESSING CLINICIANS

Delirium cause sweep: search systematically, then keep looking

Provide a structured prompt to identify urgent, reversible and interacting contributors without implying that every person needs the same tests.

First: could this be immediately dangerous?

- Assess airway, breathing, circulation, oxygenation, level of consciousness and the person's overall physiological state.
- Consider time-critical problems such as severe infection, low glucose, stroke or seizure, head injury, drug intoxication or withdrawal.
- Escalate immediately when the clinical picture is unstable or rapidly worsening.

Review illness, injury and recent events

- Look for evidence of infection, respiratory or cardiac illness, neurological disease, trauma or postoperative complications.
- Review pain, recent procedures, falls and any important change in mobility or function.
- Use history, examination, observations and the care setting to decide which investigations are justified.

Review medicines and substances

- Reconcile prescribed, non-prescription and complementary medicines as accurately as possible.
- Ask about recent starts, stops, dose changes, missed medicines and possible withdrawal, including alcohol where relevant.
- Arrange medication review by an experienced healthcare professional, considering how acute illness may change medicine effects.

Check fundamental needs and the care environment

- Assess hydration, nutrition, constipation, urinary retention, pain, mobility and sleep.
- Check access to glasses, hearing aids and communication support.
- Consider avoidable disturbance, unfamiliar surroundings, ward moves and loss of usual routine.

Synthesize, act and revisit

- Delirium often has more than one contributor; record what is confirmed, suspected, less likely or still uncertain.
- Treat identified causes and correct modifiable contributors while maintaining supportive care.
- Reassess the formulation if the person deteriorates, fails to improve or new information emerges.

Safety box - this is a prompt, not an investigation protocol: Do not delay urgent treatment while completing a checklist. Do not order or omit a test solely because it appears, or does not appear, on this sheet. Sudden confusion needs prompt clinical assessment, and the responsible clinician should tailor investigation and escalation to the whole presentation.

Verified official sources

- NICE CG103: treating delirium recommendations
- SIGN 157 on Right Decisions: non-pharmacological treatment
- SIGN 157 on Right Decisions: medicines optimisation
- NHS: sudden confusion and possible causes
- NHS inform: delirium causes and treatment

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.