PATIENT & FAMILY HANDOUT

What to say to staff when you are worried about delirium

To help families give clear, useful information and ask for prompt assessment.

Start with the change from normal

Suggested words:

> This is a sudden change from their usual self. It began around [time or date]. They are now [give two or three specific examples]. Could this be delirium? Please arrange an urgent clinical assessment and record my concern.

Give specific information

- What the person is normally able to do and how they usually communicate
- When the change began, whether it comes and goes, and what is different now
- Recent illness, pain, falls, operations, poor intake, constipation or difficulty passing urine
- Current medicines and any recent medicine changes
- Whether glasses, hearing aids or dentures are missing or not working

Ask focused questions

- Who will assess the person and look for possible causes?
- What causes are being considered, and could several be involved?
- What is the plan for pain, fluids, nutrition, movement, sleep and sensory aids?
- How and when will the team review the person's progress?
- Has delirium, or the concern about delirium, been recorded and shared with the relevant team?

If you remain concerned

Repeat the new changes clearly and ask to speak to the responsible nurse or clinician. If needed, ask for the nurse in charge or senior clinical review. Request that your concern and the response are documented. Local patient-support services may also explain how to raise an unresolved concern.

> Urgent action If the person is in hospital or a care home, tell staff immediately about a sudden change or worsening. If new, sudden confusion begins in the community, in the UK call 999 or go to A&E now and do not drive yourself. Outside the UK, call your local emergency number or use your local emergency service.

Verified sources

- NHS: Sudden confusion (delirium)
- NHS inform: Delirium
- NICE CG103: Assessment, diagnosis and information
- 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.