# Delirium action guide: what to look for, what to do

Delirium is a sudden change in a person's thinking, memory or alertness, caused by illness, medicines, dehydration, pain or surgery. It needs medical assessment now. It is also common: about 1 in 4 older people in hospital.

## The common signs

- Muddled about time and place, or clearly more confused than normal
- Unusual drowsiness: drifting off mid-sentence or responding less than usual. Hard to wake or barely responding is an emergency
- Restlessness or agitation, sometimes fear or anger
- New suspicion of family, carers or staff
- Seeing or hearing things that are not there
- Sleep turned upside down: awake at night, asleep by day

Symptoms come and go, and nights are often worse. A clear hour in the afternoon does not rule delirium out. The quiet, sleepy form is the most common, and the most missed.

## Delirium or dementia?

Ask one question: is this person different from their normal self, and did the change arrive within hours or days? Dementia usually develops over months and years. A sudden worsening should be treated as possible delirium or another acute medical problem until assessed.

**WORDS TO USE**

"She is normally independent, with a good memory. Since yesterday she has been muddled and very sleepy. She is not herself at all. I think this could be delirium. She needs medical assessment now."

## Get medical help now

**At home:** contact the urgent or emergency medical service where the person is. In England, call 999 or go to A&E. In Scotland, contact the GP urgently if open; otherwise phone NHS 24 on 111. Outside the UK, follow local health-service guidance.

**In hospital:** tell a nurse immediately, describe the change from normal and ask for a delirium assessment.

**In a care home:** tell the senior carer or nurse immediately and ask them to arrange medical assessment now.

## Call the local emergency number now (999 in the UK) if the person:

- cannot be woken, or barely responds
- is struggling to breathe
- shows stroke signs: drooping face, weak arm, lost or slurred speech
- has hit their head in a fall, especially on blood thinners
- has a seizure (a fit)
- is getting worse in front of you, over minutes or hours

**Palliative care:** if there is an agreed palliative-care plan, contact that team urgently and follow the plan.

**A false alarm costs a few minutes. A missed delirium can cost far more.**