Helping at the bedside

Families are not spectators in delirium care. These simple things reduce fear and confusion, and they are part of the treatment. Do what you can; anything on this page helps.

Be there, simply

A familiar face and voice brings a strange world back together, at least for a while. Sit quietly and, if they welcome touch, hold a hand. Say who you are. Keep daytime visits lively and the evening calm. Short, regular visits beat one exhausted marathon; share them around the family.

Talk simply

Short sentences, one idea at a time. Mention the day, the place and what happens next as natural conversation: "It's Tuesday morning. You're in hospital. Lunch is coming soon." Don't test them with questions.

If they believe things that are not true

Do not argue, and do not play along. Respond to the feeling: "That sounds frightening. I'm here with you." Offer the truth once, simply, then steer the conversation somewhere safe and familiar.

Set up the bedside

- Glasses on and clean; hearing aids in and working (spare batteries in the drawer); dentures in
- A clock or calendar where they can see it
- A few things from home: photos, their own blanket, the crossword page
- Familiar music, played quietly, helps some people

Drinks, meals and moving

- Ask staff what food, drink textures and amounts are safe. Check for a swallowing plan or fluid restriction
- Do not give food or drink if the person is too drowsy to swallow safely
- If it is safe to help, offer small amounts often and follow the care plan
- Tell staff about a dry mouth, dark urine or new drowsiness
- Ask what movement is safe, then encourage it: chair for meals, standing with help, a short walk

When you cannot be there

Phone the ward, ask for the nurse looking after your relative, and ask them to phone you if anything changes overnight. What you have told the staff keeps working in your absence.