

Delirium: ten questions

For use before and after a delirium teaching session. Choose one answer for each question. It takes about five minutes.

Name or code	Staff group	Date	Before / After
1. Which of these changes could be delirium?			
A. A man who has been forgetful for two years and is as he usually is			
B. A woman who has become sleepy and much less talkative since yesterday			
C. A woman who is upset because her visit has been cancelled, and is otherwise her usual self			
2. Which form of delirium is most often missed?			
A. Agitated delirium, with restlessness and trying to leave			
B. Drowsy and withdrawn delirium, with slow responses and reduced activity			
C. Delirium with frightening hallucinations			
3. A man with dementia is much more confused today than yesterday. Which statement is correct?			
A. Dementia explains the change, so no assessment is needed			
B. Delirium and dementia often occur together, so the new change needs assessment			
C. People with dementia do not develop delirium			
4. Who is usually the best source of information about a person's usual state?			
A. Family, carers or staff who know the person, and the records			
B. A member of staff meeting the person for the first time			
C. The result of a single memory question			
5. You notice that a resident is much drowsier than usual this morning. What should you do first?			
A. Write it down for the next routine visit			
B. Wait to see whether it improves by tomorrow			
C. Tell the nurse or senior staff member now, saying what has changed and when it began			
6. A person's 4AT score is 4 or more. What does this mean?			
A. Delirium is likely, and a clinician should confirm it with a clinical assessment			
B. The person has dementia			
C. Delirium has been ruled out			
7. Which statement about the causes of delirium is correct?			
A. Delirium usually has a single cause			
B. Delirium often has more than one cause, such as infection, pain, constipation or medicines			
C. Confusion alone shows that the person has a urine infection			
8. A frightened patient believes staff are trying to harm him. What is the best first response?			
A. Tell him firmly, and repeatedly, that his belief is wrong			
B. Acknowledge his fear, explain who you are and check for pain or other needs			
C. Leave him alone until he calms down			
9. Which of these helps to prevent delirium?			
A. Keeping the person in bed all day to avoid falls			
B. Moving the person to a quieter ward at night			
C. Helping the person use glasses and hearing aids, drink enough, move and sleep			
10. A man is going home after delirium. What should his family be told?			
A. Delirium always clears before discharge			
B. Recovery can take weeks or months; who to contact; and to seek help quickly if he becomes suddenly worse			
C. No follow up is needed once he has left hospital			

Answers and explanations

Each question links to one of the six foundation outcomes in the curriculum. Compare the before and after scores for the group, and look at which questions staff still get wrong: those topics need more time.

Q	Answer	Explanation	Outcome
1	B	Delirium is a new change over hours or days. Long-standing forgetfulness with no new change is not delirium. Being upset for a clear reason, with no change in attention or alertness, is not delirium.	1
2	B	Drowsy, withdrawn (hypoactive) delirium is the most common form in older people in hospital and the form most often missed.	1
3	B	Dementia increases the risk of delirium. A new change in a person with dementia needs assessment, not an assumption that it is the dementia.	2
4	A	People who know the person, and the records, can describe what is usual and when the change began.	2
5	C	A new change needs prompt assessment. Report what changed and when. Use the emergency response if the person is very difficult to wake, has breathing problems or is getting rapidly worse.	3
6	A	A 4AT score of 4 or more suggests likely delirium. A clinician confirms the diagnosis with a clinical assessment.	3
7	B	Several causes often occur together. Confusion alone does not show a urine infection.	4
8	B	Acknowledge the fear without agreeing that the threat is real, explain who you are and look for pain and other needs. Seek clinical help if distress or risk continues.	4
9	C	Prevention uses several everyday measures together, chosen for the person. Keeping people in bed all day and moving them between wards should be avoided.	5
10	B	Recovery varies and may continue after discharge. A new deterioration needs prompt assessment. Families need a named contact and advice about urgent help.	6

The questions draw on Delirium in 30 (deliriumacademy.com/introduction-to-delirium) and are different from the ten assessment questions in the course. Original text CC BY 4.0: you may copy and edit this quiz. Please credit Delirium Academy.