Useful words in delirium care

At the bedside

For health and care staff working with adults. Use one short phrase, pause and listen. Adapt to the person and your role. These are suggested teaching examples, not patient quotations. Explain care while arranging any assessment or help needed.

Introduce yourself

“Hello, Mrs Ali. I'm Jo, your nurse this morning.”

Pause. “I'd like to check whether you're comfortable.”

Use the preferred name and language. Check hearing aids, glasses and communication aids. Arrange an interpreter when needed. Address the person directly.

Explain before touching

“May I help you move your arm?”

Wait for a response. Do not assume that touch will reassure. A gesture or pointing may be easier than speech. Seek advice if communication remains difficult.

Ask about discomfort

“Are you sore anywhere? You can point.”

Ask one question at a time. A person who speaks little may still be frightened or in pain. New difficulty waking requires immediate clinical help.

Respond to a frightening perception

“That sounds frightening. I don't see someone there. I'm here with you now.”

Pause, check the surroundings and offer a concrete action. Avoid arguing, confirming a frightening belief or promising complete safety.

Listen to a report of harm

“Thank you for telling me. Please tell me what happened.”

Check immediate safety, record the person's words and follow the appropriate safeguarding or incident route. Delirium does not make the report untrue. Do not promise secrecy.

Explore refusal

“You don't want me to do that. Tell me what is worrying you.”

Pause non-urgent care if safe. Check pain, fear and preferences. Respect a valid refusal. Refusal or delirium alone does not establish incapacity; obtain the appropriate review.

Report a new change

“This is a new change. Earlier they [observation]. Now they [observation]. Please assess them now.”

Use the local emergency response immediately for new difficulty waking, collapse, severe breathing difficulty or stroke symptoms. Escalate further if concern remains and the response is delayed.

With the person and family

Choose a time and setting that allow discussion. Ask what they have understood and what worries them most. Give information in small amounts. Repeat it and offer written information. Use clinical explanations only when they match the assessment and your responsibility.

Explain an established diagnosis

“You have delirium. Your illness has affected your attention and thinking. We are treating the problems we have found.”

If the diagnosis remains uncertain, say “This may be delirium” and explain the next assessment. Symptoms can include drowsiness, reduced communication, restlessness or frightening experiences. Describe what has happened to this person.

Use family observations

“What are they usually like when well? When did you first notice this change?”

Ask one question at a time and record who provided the account. Ask the patient whom they want involved and respect privacy. Use an interpreter or advocate where needed.

Recognise the family's limits

“Please tell us what you can manage. The ward team remains responsible for care while they are in hospital.”

Before discharge, establish the support needed and what each person is willing and able to provide. Do not assume that a relative can stay or supervise throughout the day and night.

Explain continuing delirium

“The delirium is still affecting your thinking. We will review what could be contributing and what help you need.”

Discuss observed changes, uncertainty and a specific review plan. Recovery may take weeks or months, and some people have continuing difficulties. Avoid a fixed recovery deadline. New deterioration needs assessment.

Offer discussion of memories

“Would you like to talk about what you remember, or leave it for another time?”

Respect their choice. Offer explanation of known events and help for continuing distress. Do not assume that all memories are imaginary.

Finish with an actual plan

“We have agreed [action]. [Person or service] will review [issue] on [date or time]. If [change or missing response], contact [route].”

Complete the details and distinguish a requested review from a confirmed appointment. At discharge, explain current difficulties, medicine changes, support and the local urgent contact plan. Send a clinical handover and confirm the receiving service can provide the agreed care. Check how help will be obtained if the person has difficulty using a telephone.

Information to share

Delirium Support has free patient and family leaflets, a form for sharing usual abilities with staff, guidance on raising concerns, and editable Word sheets: https://deliriumsupport.com/downloads/ and https://deliriumsupport.com/staff-resources/

Full teaching, 100 scripts, practice cases and discharge templates: https://deliriumacademy.com/communication-in-delirium-care/

NICE CG103 and SIGN 157 inform the module. The precise scripts are educational examples. Version 1.0, 20 September 2026. Alasdair MacLullich / Delirium Academy.