100 forms of words for delirium care

Suggested language for staff caring for adults. These are teaching examples, not patient quotations or a validated intervention. Choose one phrase at a time, pause and adapt to the person. Lines after a pause are optional next turns, not a paragraph to read aloud. Use the correct place and role. When the patient is present, include them throughout family updates. Work within your role. Use diagnostic wording only when it matches the assessment, and promise only actions you can deliver. New deterioration needs urgent assessment. Refusal and allegations of harm need proper review. Read the linked module for consent, communication support and escalation. Delirium Academy, version 1.0, 20 September 2026. https://deliriumacademy.com/communication-in-delirium-care/

Find a situation

Use the online search to find a phrase quickly. The library is a reference, not a list to complete during a consultation.

Beginning an encounter

001 | First introduction
“Hello. I'm Alex, your nurse today.”

Pause, then: “What would you like me to call you?”

002 | Returning after a short interval
“It's Alex, your nurse. We spoke a little earlier. I've come back to help you get comfortable.”

003 | Explaining before touching
“May I move this pillow behind your shoulder?”

Pause for a response. If agreed: “Please tell me if it hurts.”

004 | Giving one piece of information
“You are in hospital.”

Pause, then: “I'm looking after you this morning.”

005 | Choosing who is involved
“Who would you like involved in this conversation? What would you like us to share with them?”

Ask one question at a time. Respect a wish not to involve someone, within applicable care and legal duties.

Helping communication

006 | Hearing difficulty
“Would your hearing aids help? I'll check that you can hear me before we continue.”

007 | Glasses out of reach
“Your glasses are beside the bed. Would you like help putting them on?”

008 | Too many people speaking
“Let's have one person speaking at a time. I'll explain what we are planning, then leave time for your questions.”

009 | An interpreter is needed
“We need an interpreter so we can understand each other properly. I'll arrange that through the team.”

010 | The person needs longer
“Take your time. I'll wait while you think about that.”

Explaining assessment

011 | Before a brief assessment
“I'd like to check how your thinking and attention are today. This will help us understand the change people have noticed.”

012 | The person worries about getting answers wrong
“This helps us understand how illness is affecting you. You are not being judged.”

013 | The person is struggling to respond
“I can see this is difficult. We can pause.”

Review the person's condition. During a formal assessment, follow the tool's instructions; this phrase does not change its scoring rules.

“Tell me when you are ready.”

014 | Explaining a concerning result to family
“The assessment raises concern about delirium. We are considering it alongside the examination and the change from their usual condition.”

015 | A better result despite earlier concern
“They are doing better during this assessment. Your account of what happened earlier is still useful, and we will include it in the review.”

Explaining the working diagnosis

016 | Delirium is likely
“The sudden change in your thinking is likely to be delirium. We are looking for the illnesses or other problems contributing to it.”

017 | Diagnosis established
“You have delirium. Your illness has affected your attention and thinking. We will explain what we have found and how we are helping.”

018 | Several explanations remain possible
“Delirium is one possibility. We need more information about your usual condition and what has changed.”

019 | Clinician explaining an established diagnosis to family
“The name for this sudden change is delirium. It can make a person confused, drowsy or frightened. We are assessing what has caused it.”

020 | The family thought it meant dementia
“Delirium develops quickly. Dementia usually develops over a much longer period. A person can have both, and the recent change needs assessment.”

Looking for causes

021 | The cause is still uncertain
“We have found some possible contributors. We are still checking whether other problems are involved.”

022 | Explaining a blood test
“This test may help us understand part of the illness. We will interpret it with the examination and the other results.”

023 | Asking about pain
“Are you sore anywhere? You can point if that is easier than describing it.”

024 | Asking about a new symptom
“Has anything else felt different today?”

If more prompting is needed, ask about one symptom at a time.

025 | Explaining why the plan changed
“The new information changes our assessment. We are adjusting the plan and will explain what we expect to happen next.”

Medicines

026 | Taking a medicine history
“Please include medicines bought without a prescription, sleeping tablets, patches and anything taken only occasionally. They may help us understand the change.”

027 | Establishing what was actually taken
“The prescription list tells us what was prescribed. Do you know which medicines were being taken before admission?”

028 | Explaining a review
“We are checking the benefits and possible unwanted effects of each medicine in the current illness.”

029 | A family asks to stop a medicine
“I'll ask the prescribing team to review that concern. Changes need to take account of why the medicine was prescribed and the risks of stopping it.”

030 | Prescriber explaining a medicine for severe distress
“We propose [medicine] to help with [specific symptom]. The benefit we hope for is [benefit]. Possible harms include [relevant risks]. We will review it [when] and [monitoring or stopping plan].”

Use only after an individual prescribing decision; discuss consent, alternatives and questions. Complete each field. Discuss one part at a time and check understanding before continuing.

Asking about perception

031 | Opening the subject
“Has anything you have seen or heard here seemed unusual or difficult to explain?”

032 | Following a report of a figure
“Can you tell me about the person you saw and how you felt when it happened?”

033 | Checking present distress
“Is this happening now? Is it frightening you?”

034 | The person hesitates to say
“You can tell me about it. It may help us understand what you are experiencing.”

035 | The person describes a pleasant experience
“Thank you for explaining. I'll let the team know what you have experienced, including that it has felt pleasant to you.”

Responding to fear

036 | The patient fears an intruder
“That sounds frightening. I don't see anyone there. I'm here with you now.”

037 | The patient fears poisoning
“You are worried about what is in the cup. I'll pause and explain what it is. We can ask someone you trust to join us.”

038 | The patient believes belongings were taken
“Let's check where your belongings have been put. I'll ask the staff who were helping earlier.”

039 | A report of harm involving staff
“Thank you for telling me. Please tell me what happened. I'll get help to check your concern.”

Assess immediate safety, record the words used and follow the safeguarding or incident route. Do not assume the report is untrue or promise secrecy.

040 | Reassurance has not helped
“You are still worried. Let's pause what we are doing and find another way to help.”

Distress during care

041 | Washing is causing fear
“I'll pause. Is something hurting or worrying you?”

042 | Several tasks are planned
“Shall we start with [one task]?”

043 | The person feels crowded
“There are several of us here. We'll give you more space and have one person explain.”

044 | The person is becoming more distressed
“You seem more distressed. I'll ask a colleague to help us check what you need.”

045 | After a difficult encounter
“That was upsetting. I'd like to understand what felt worst so we can approach it differently.”

Wanting to leave or declining care

These are conversation openings. Respect valid refusal, support decision making and obtain the appropriate clinical review. They do not authorise treatment or restriction.

046 | Exploring the reason
“You want to go home. What are you most worried about if you stay here?”

047 | A responsibility at home
“You are worried about your dog. Let's find out who is looking after him while you are here.”

048 | The patient declines a procedure
“I'd like to understand your concern. I'll explain why it has been suggested and ask the team to review the options with you.”

049 | Requesting help from a colleague
“The patient wants to leave and is distressed. Please come now to assess the situation and the immediate risks.”

050 | Explaining the need for further discussion
“I'd like to understand what you want.”

Pause, then: “I'll ask [clinician] to discuss this with you.”

Drowsiness and withdrawal

New difficulty waking, collapse, severe breathing difficulty or stroke symptoms require the local emergency response immediately. Communication must not delay help.

051 | Reporting a clear change
“At breakfast she spoke in full sentences. Now she repeatedly falls asleep while I speak to her. Please assess her now.”

052 | The person is difficult to wake
“I need urgent help. This patient is difficult to wake and has changed from earlier.”

053 | Explaining to family
“Delirium can include drowsiness and withdrawal. We are assessing the change even though they are lying still.”

054 | A person who speaks little
“I'll explain what I'm doing. You can answer in whatever way is easiest for you.”

055 | Reduced intake with drowsiness
“They are more drowsy and have taken very little today. Please review them now and check what help with eating and drinking is safe.”

Dementia with a new change

056 | Asking what is different
“What can they usually do or talk about that has become harder since this illness?”

057 | A family identifies a new behaviour
“That change is useful to know. When did you first notice it, and has it been present all the time?”

058 | Explaining the assessment
“The dementia is part of their usual condition. We are also assessing the sudden change that has happened recently.”

059 | The earlier baseline is unclear
“We need to learn more about how they were before this illness. We will seek that information while treating the current problems.”

060 | Discussing later cognitive review
“The current illness makes their thinking harder to assess. We will record the concern and agree how it should be reviewed as they recover.”

Obtaining useful background

061 | Establishing the source
“How often do you usually see them, and when did you last spend time together before this illness?”

062 | Daily function
“Before admission, how did they manage meals, washing and medicines? What help did someone else provide?”

063 | Communication
“How do they usually communicate? What language, hearing aids or other support do they use?”

064 | The onset
“What was the first change you noticed? Can you place it in relation to a day, visit or telephone call?”

065 | Conflicting accounts
“You have seen them at different times. I'll record both accounts and when each observation was made.”

Family participation

066 | Offering a role
“If you would like to help, tell us what usually reassures them and what they enjoy talking about.”

067 | A visit is tiring the patient
“They seem more tired now. A shorter visit or fewer people at once may be easier today.”

068 | A family member feels responsible
“Please tell us what you can manage. We need a care plan that takes account of your own needs and commitments.”

069 | Sharing familiar information
“Names, routines and the subjects they enjoy can help us make our conversations more familiar.”

070 | Checking understanding
“We have covered a lot. Could you tell me what you understand about the current plan, so I can explain anything that is unclear?”

Night and rest

071 | Explaining the time of day
“It is night-time. You are in hospital.”

Pause, then explain the next action: “I'd like to help you get comfortable.”

072 | Repeated calls for help
“Is something hurting or worrying you?”

073 | Unavoidable interruption
“I'm sorry to wake you. This check is needed now. I'll keep the explanation brief and help you settle afterwards.”

074 | Family concern about sleep
“Please tell us what sleep is usually like at home. We will consider that alongside the illness and the care needed overnight.”

075 | Handover of a night-time pattern
“They became more frightened after midnight. One person speaking slowly helped during two encounters; the concern returned later.”

Recovery

076 | The family asks for a date
“Recovery varies. I don't have a reliable date to give you. We can explain the changes we have seen and when the next review will happen.”

077 | A better morning
“This morning they followed the conversation more easily. We will continue to observe how consistent that improvement is.”

078 | A worse afternoon
“They have become worse again. We will review the change and whether a new problem has developed.”

079 | Persistent symptoms
“The delirium is still affecting their thinking. We will review possible causes and the help they need.”

080 | Frightening memories
“Would you like to talk about what you remember, or leave it for another time? We can arrange support if you remain distressed.”

Team reports

081 | First concern to the nurse
“This is a new change. They were following instructions earlier and now seem unable to stay with the conversation.”

082 | Confirming the next action
“Thank you for taking the report. Who will assess them, and how should I obtain help if they worsen before that happens?”

083 | An unanswered concern
“I reported the change earlier. The patient remains different and needs assessment. Please help me escalate this now.”

084 | Reporting a family's observation
“The son says this is a marked change from yesterday. He sees the patient daily and can describe the usual level of function.”

085 | Handing over uncertainty
“Delirium is suspected. The baseline is still being checked. These are the outstanding actions and the planned time of review.”

Rehabilitation

086 | During a difficult transfer
“Following the instructions seems harder now. Let's pause and check how you are feeling before continuing.”

087 | Reporting a change during therapy
“The patient managed the same instruction yesterday. Today they repeatedly lost attention and needed more support. Please review this change.”

088 | Explaining a limited session
“Today we adjusted the session because of their current condition. We will review the plan as their ability to take part changes.”

089 | Asking about previous activity
“Could you describe an ordinary day before admission, including walking, getting dressed and preparing food?”

090 | Discussing a goal
“We have agreed to practise [activity] with [support]. We will review how this goes [when].”

Preparing for discharge

091 | Describing unresolved difficulties
“Some problems with attention remain. We need a plan for the help required at home and who will review recovery.”

092 | Checking medicine support
“What help will you need with medicines? Let's check who can provide it and go through the changes together.”

Check current ability to manage the actual medicines and packaging through the appropriate team assessment. Agree who will help, and ensure the medicine list, prescription and explanation agree.

093 | Checking contacts
“I'd like to check that I've made the contact plan clear. Which number would you use if [specific concern] happened?”

Use this when the person can take part, with communication support. Confirm an accessible alternative or agreed helper if needed.

094 | Explaining a sudden new deterioration
“A sudden new change needs urgent medical assessment. Please follow the emergency advice in the discharge information rather than waiting for the routine review.”

095 | Checking the receiving team knows
“We have sent [receiving team] the delirium history and current plan. [State whether receipt is confirmed and what is still pending].”

Use only after sending the handover. Confirm receipt for urgent actions.

Difficult questions

096 | Fear of permanent change
“I understand you are worried about a lasting change. We do not yet know how much recovery to expect. [Service] will review [specific concerns] on [date or time].”

097 | A request for certainty about dementia
“The current illness affects the assessment. We will explain what is known now and arrange review of the remaining cognitive concerns.”

098 | Serious illness and goals of care
“They are very unwell. We need to discuss what treatments are appropriate and how to relieve discomfort, taking account of their wishes.”

099 | A question the speaker is unable to answer
“I don't have enough information to answer that. I'll identify the person who can discuss it with you and make sure the question is passed on.”

100 | Ending with a clear plan
“We have agreed [action]. [Named person or service] will review [issue] on [date or time]. If [change or missing response], contact [route].”

Use confirmed arrangements and complete every field.

Teaching notes

Practise a small group of scripts in a scenario. Ask the observer whether the words were understandable, whether the speaker responded to the patient and whether the promised action was appropriate. Change the wording when the person's response suggests it is unhelpful. The scripts about declining care provide conversation openings; they do not determine capacity, consent or a legal authority to restrict movement.

Clinical anchors: NICE delirium recommendations (https://www.nice.org.uk/guidance/cg103/chapter/Recommendations), 4AT clinical user guide (https://www.the4at.com/userguide). Formal 4AT items should be administered using the authorised wording, separately from these conversational examples.