

Delirium Prevention

A plain-English guide for you and your family

WHAT IS HAPPENING

When someone comes to the hospital—especially if they are older, already sick, or their brain is already working hard—the hospital itself can confuse them. New place, bright lights all night, beeping machines, tubes, strong medicines that fog the brain, lying still in bed: all of this can overwhelm the brain's ability to know where it is, what time it is, and what is real. We call that confusion 'delirium.' It happens to three out of every ten older adults in the hospital if we do not actively prevent it. The good news: delirium is preventable. Simple things work best. Help the person know where they are (calendars, clocks, familiar faces). Protect their sleep (quiet at night, lights off). Keep them moving (walk three times a day if safe). Give them their glasses and hearing aids so they can see and hear the world clearly. Avoid medicines that fog thinking (like sleeping pills or drugs that 'calm' them). If we do all these things together as a bundle—every day, for every at-risk patient—we cut delirium in half. It takes a team, but it works, and it keeps the brain safe.

What you might feel

- Older age (over 65 years)
- Hearing or vision problems
- Dementia or memory problems
- Taking three or more medicines (polypharmacy)
- Recent surgery or anesthesia
- Severe illness or infection
- Using a bladder catheter or being unable to move (immobility)
- Not eating or drinking enough (malnutrition or dehydration)
- Sleep problems or a noisy, bright environment
- Pain that is not well controlled

Call the doctor right away if...

- New or sudden confusion that was not there before (the main sign delirium has started)
- Being very sleepy and hard to wake up (may mean the brain is dangerously slowed or shutting down)
- Seeing or hearing things that are not real, or believing things that make no sense (hallucinations or delusions — signs the brain is misfiring badly)

What the care team will do

- Place a large clock and calendar where the patient can see them from the bed, open the window blinds during the day, and tell the patient the date, time, location, and why they are in the hospital every 2 hours and during every interaction.
- Make sure the patient wears their glasses and hearing aids during all waking hours, and check that the devices are clean and working properly each shift.
- Review the medication administration record (MAR) with the provider every day and request to stop or reduce anticholinergic drugs (diphenhydramine, hydroxyzine, oxybutynin, promethazine), benzodiazepines (lorazepam, diazepam), and sedating antihistamines.
- Help the patient get out of bed and sit in a chair for meals, walk in the hallway at least three times per day if safe, and do simple tasks like combing hair or folding towels.
- Reduce nighttime interruptions by clustering care tasks (vital signs, medicines, turning) so the patient has at least 4 uninterrupted hours of sleep, keep hallway noise and lights low after 9 PM, and avoid waking the patient for non-urgent tasks.
- Encourage family members to stay at the bedside, bring familiar objects from home (photos, a favorite blanket), play the patient's preferred music or TV shows, and talk about familiar topics like grandchildren or hobbies.
- Monitor fluid intake and output every shift, check daily electrolyte panels (sodium, calcium, glucose), and give oral fluids or IV hydration to keep urine light yellow and electrolytes in normal range.
- Assess pain using a numeric scale or the FLACC tool (for non-verbal patients) every 4 hours, give scheduled acetaminophen for mild pain, use the lowest effective opioid dose for severe pain, and try non-drug methods like ice packs, repositioning, and hand massage.

Medicines you may be given — and why

No medication prevents delirium — only a bundle of care steps working together

Delirium happens when the brain's wiring gets scrambled by stress — like a serious infection, surgery, or just being sick in the hospital. Medicine almost never stops delirium before it starts, and many drugs actually make it more likely. Instead, you protect the brain by keeping six everyday rhythms strong: (1) remind the person where they are and what day it is (orientation), (2) help them get out of bed and move around (early mobility), (3) make sure they drink enough water (hydration), (4) guard their sleep with a quiet, dim room at night (sleep hygiene), (5) give them their glasses and hearing aids so the world stays clear (sensory support), and (6) have loved ones visit (family presence). At the same time, you remove harm: review every medicine and stop drugs that fog thinking — especially anticholinergics (drugs that block acetylcholine, the brain messenger for attention and memory), benzodiazepines (sedatives like lorazepam that slow the brain down), and high-dose opioids (strong pain medicines that cloud awareness). Avoid placing tubes like catheters or IVs unless truly needed, because tubes raise confusion and infection risk. Treat pain, but use the smallest dose that works so the person stays awake and alert. Fix constipation and trouble urinating right away, because a full bladder or bowel sets off agitation. Keep the same nurses and doctors each day so the person sees familiar faces. This bundle works because it keeps the brain's signals firing normally and takes away the things that scramble them.

Where this information comes from

- AGS Beers Criteria 2023
- Hospital Elder Life Program (HELP)
- NICE Clinical Guideline CG103 (Delirium)
- American Delirium Society

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