

Delirium (Acute Confusion): A Guide for Patients & Families

Delirium is a sudden change in thinking and awareness that develops over hours to days. It is common in older adults, especially during illness, hospitalization, infections, or medication changes. Delirium is usually temporary and often improves once the underlying cause is treated, but it can be frightening for both patients and families.

Signs & Symptoms to Watch For

Common Cognitive Symptoms

- Sudden confusion or disorientation
- Difficulty paying attention or following conversations
- Trouble remembering recent events
- Disorganized thinking or rambling speech
- Rapid changes in alertness (very sleepy or unusually alert)

Behavioral & Emotional Changes

- Agitation or restlessness
- Anxiety, fear, or panic
- Hallucinations (seeing or hearing things that are not there)
- Paranoia or suspiciousness
- Sudden mood changes

Physical Symptoms

- Sleep-wake cycle changes (awake at night, sleepy during the day)
- Slowed or unusually fast movements
- Reduced awareness of surroundings
- Difficulty staying awake or unusually drowsy
- Fluctuating symptoms that come and go throughout the day

Typical Presentation & Progression

Early Stage

- Sudden confusion or forgetfulness
- Trouble concentrating or paying attention
- Mild restlessness or irritability
- Changes in sleep patterns

Middle Stage

- Increasing confusion and disorganized thinking
- Difficulty recognizing familiar people or surroundings
- Hallucinations or paranoia
- Agitation or emotional distress

Late Stage

- Severe confusion and inability to focus
- Marked sleepiness or extreme agitation
- Inability to communicate clearly
- Increased risk of falls or medical complications

Medications Used During Delirium

Symptom-Targeted Medications

- There are no medications that cure delirium directly.
- Treatment focuses on identifying and correcting the underlying cause.
- In severe cases, medications such as low-dose antipsychotics may be used short-term to manage dangerous agitation or hallucinations.

Treating the Underlying Cause

- Treat infections such as urinary tract infections or pneumonia
- Correct dehydration or electrolyte imbalances
- Adjust medications that may be contributing to confusion
- Address pain, sleep disruption, or withdrawal from substances

Diagnostic Tests Your Healthcare Team May Use

Clinical Evaluation

- Review of symptoms and recent medical changes
- Cognitive screening such as the Confusion Assessment Method (CAM)
- Review of medications and recent illnesses

Planning for the Future

Healthcare Planning

- Identify possible triggers for delirium such as infections, dehydration, or medications
- Encourage good sleep, hydration, and regular medical care
- Monitor closely during hospital stays or illnesses

Legal & Financial Planning

- Ensure healthcare directives and power of attorney documents are updated
- Plan for temporary assistance during recovery if needed

Support for Caregivers

- Stay calm and provide reassurance during episodes of confusion
- Maintain a quiet, well-lit environment with familiar objects
- Encourage orientation cues such as clocks, calendars, and family photos
- Seek medical attention if confusion develops suddenly

National Organizations & Resources

✓ National Institute on Aging (NIA)

📞 800-438-4380 | 🌐 nia.nih.gov

✓ American Delirium Society

🌐 americandeliriumsociety.org

✓ National Institute of Neurological Disorders and Stroke (NINDS)

📞 800-352-9424 | 🌐 ninds.nih.gov

✓ Eldercare Locator

📞 1-800-677-1116 | 🌐 eldercare.acl.gov

Final Notes

- Delirium is a medical emergency and requires prompt evaluation.
- Many cases improve once the underlying cause is treated.
- Early recognition by family members and caregivers can lead to faster treatment and recovery.

Laboratory Tests

- Blood tests to evaluate infection, electrolytes, or metabolic problems
- Urine testing to detect urinary tract infections
- Tests for dehydration or organ dysfunction

Imaging Studies

- Brain imaging such as CT or MRI may be used if stroke, bleeding, or other neurological problems are suspected.