Sudden Confusion Checklist

For when an older adult changes suddenly — over hours or a few days. Dementia does not change over a weekend. A sudden change is a medical event until proven otherwise.

Call 911 right now if any of these are true

- Sudden weakness or drooping on one side, slurred speech, sudden vision loss
- She can't be woken, or is barely responsive
- A seizure
- Struggling to breathe, or blue or gray lips
- High fever with a stiff neck
- A head injury — especially if she takes a blood thinner
- Confusion plus chest pain

Otherwise: call her doctor's office TODAY

Use the words **"sudden change"** — offices triage on the words you use. This is a same-day problem, not a next-available appointment.

Delirium or dementia?

	Delirium	Dementia
How fast it starts	Hours to days	Months to years
Through the day	Comes and goes, often worse at night	Fairly steady
Attention	Can't hold focus — the hallmark	Usually intact early on
Alertness	Sleepy, or wired	Normal
Reversible?	Usually, once the cause is treated	No

The quiet version — withdrawn, sleepy, not eating, not talking — is more common than the agitated version, and gets missed far more often. The question isn't "is she agitated?" It's **"is she different from last week?"**

Check these before you call

- **Anything new or changed in her medications** in the last month — including over-the-counter. Bring the bottles.
- **Anything new on the nightstand.** Sleep aids, "PM" pain relievers, nighttime cold medicine, motion-sickness pills.
- **When was her last bowel movement?** Is she urinating normally?
- **Has she been eating and drinking?** How much, over how many days?
- **Any fall?** Even a small one. Even a while ago.
- **Fever, cough, pain, vomiting, diarrhea?**
- **Is she wearing her glasses and hearing aids?** Not seeing or hearing makes confusion dramatically worse.

Don't stop any medication on your own — some are dangerous to stop abruptly. Report what changed and let her doctor decide.

The first sixty seconds

Whoever sees her is trying to answer one question: **is this new?** Only you can answer it. Lead with that.

- **What changed, and exactly when.** "Friday afternoon. She was normal at lunch."
- **What she's normally like.** "She lives alone and does her own bills." Or "She has dementia, but she knows me and dresses herself." They have no idea what her baseline is.
- **Say the word:** "This is a sudden change from her baseline. I'm concerned about delirium." Naming it changes what gets looked for.

If She’s in the Hospital

Hospitals are very good at causing and prolonging delirium — broken sleep, no daylight, bed rest, sedatives. Most of what helps is not medical, and families can do it at the bedside.

The bedside list

- **Glasses and hearing aids, every single day.** They get lost in hospitals constantly. Label the cases. This may be the highest-value thing you manage.
- **Orient gently and often.** A clock she can see. A visible calendar. “It’s Tuesday morning, Mom. You’re at St. Mark’s. I’m here.”
- **Light by day, dark and quiet at night.** Open the blinds. Ask whether overnight vitals can be clustered so she isn’t woken hourly.
- **Get her moving.** Sitting up in a chair for meals. Walking the hall if allowed. Immobility is a major driver.
- **Food and fluids within reach** — and someone to help if she needs it.
- **Familiar things and familiar faces.** A photo, her own blanket, someone present as much as visiting hours allow.

Questions worth asking out loud

- “Is anything on her medication list making the confusion worse?”
- “Does she still need the catheter?”
- “Does this hospital have a geriatrics consult or a delirium protocol?” (Many do. Asking often gets one.)
- “If the urine test is positive but she has no fever and no urinary symptoms — what else are we looking at?”

That last one matters. Bacteria in the urine is common in older adults who feel fine, and a positive test doesn’t prove it’s the cause. The Infectious Diseases Society of America advises looking for other causes of sudden confusion when there are no other signs of infection. Get her evaluated — just don’t let a urine sample be the whole visit.

Before she goes home

- **Don’t let anyone assess her thinking while she’s still sick.** A cognitive test during delirium measures the delirium. If a new dementia diagnosis is raised in the hospital, ask to repeat it in a few weeks.
- **Expect recovery to be slower than the paperwork suggests.** Days for some, weeks for many, sometimes months. Not always complete.
- **Write down that this happened** — the date and the suspected cause. She’s now at higher risk of another episode, and every clinician who sees her should know, especially before any surgery.

What happened, and when

General information, not medical advice. Sources: American Geriatrics Society Beers Criteria (2023); Infectious Diseases Society of America guidance on asymptomatic bacteriuria (2019); National Institute on Aging; Hospital Elder Life Program. Companion to the Family Harbor article “Dementia or Delirium? How to Recognize a Sudden Medical Problem.”