**Introduction:** Delirium (DI) is a neurobehavioral syndrome caused by breakage transient cerebral homeostasis. It should invariably disturbances systemic or central nervous system. Delirium is a cognitive impairment defined by disturbances of consciousness, attention, orientation, memory, thought, perception and behavior. Delirium is common in the elderly, however, has been little studied. This study aimed to characterize the epidemiology, etiology, clinical manifestations, diagnosis and treatment of DI.

**Literature Review:** This is descriptive exploratory study in bibliographical sources, published between 2000 and 2011, the database BDENF, using descriptors of delirium and elderly. We obtained 36 articles, of which seven were selected for analysis. The incidence of delirium in the elderly is four times higher than in young adults. An estimated 10% in hospitalized patients and is less investigated in environments of nursing homes and elderly in the community. DI is commonly triggered inter-related factors: age, presence of clinical disease onsets central nervous system (dementia) and polypharmacy. The pathophysiological mechanism causing DI remains unclear. Two hypotheses have been suggested: acute stress reaction and changes in sleep. Clinical manifestations of DI can be characterized by global disorder of cognition and attention, decreased level of consciousness, abnormal psychomotor activity and disorders of the sleep-wake cycle. The diagnosis of DI involves recognition based on characteristic clinical findings and etiological factors underlying organic. The treatment has been based primarily identifying the root cause. Symptom control is necessary while research is conducted and includes pharmacological and nonpharmacological interventions. **Conclusion:** The DI is a multifactorial and frequent change, its exact pathophysiological mechanism remains unclear, which makes diagnosis difficult, and thus is often not treated properly.