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14. Abnormal mental reactions

	Chapter	Page II	Attach. B No.
Possible causes * Mental "shock" as a reaction towards dramatic events * Panic * Alcohol and influence of drugs * Acute attack of a mental illness	**B.3.8.2.** **B.3.8.2.2.** **B.3.8.2.2.2.** **B.3.8.2.3.** **B.3.8.2.1.**		
Preparatory measures * Collect information about events and measures so far * Have stretcher ready with straps * Precautionary medico – arrange appointment		**25.01**	
First Aid **Exude authority:** also make it noticeable externally, give clear instructions, do not evade confrontations. *** In the case of over shooting mental reactions:** Try to discuss in private, show understanding, sympathy and convey approval, display readiness to help by gestures Avoid discussions concerning presumable causes. In extreme cases administer sedative drugs *** Panic reactions:** During ship disasters **Key mechanism** of the causing of panic is fear. **Fear** occurs, when self confidence does not feel an equal match towards an experienced threat. **Fright**, a dangerous cause of panic reactions, occurs as a result of a fully unexpected threat with the loss of self confidence. **Dismay** and horror promote fear and panic reactions. **Suggestibility**, leading to uncontrolled acceptance of the environmental conditions, make plausible, responsible action impossible. **Action: Exude self confidence. Give clear, understandable, goal-directed instructions. Reveal yourself as a person of leadership, in words, deeds and appearance.** *** Those suffering from alcohol or drug poisoning:** These can mostly be controlled, but their reactions are often unpredictable. Display calm influence in personal contact. No futile discussions. **In emergencies:** e.g. fix to stretcher. Constant supervision necessary. Addicts must not work on board. Discharge. *** Withdrawal delirium: The delirium is a life threatening condition.** Patients are not able to form personal contact. Try using non medicinal therapy. In case of doubt offer addictive drug. *** Mentally ill:** Particularly with delusions, they are unpredictable in their reactions. Attempts to influence rationally or emotionally are futile. Treatment as in the case of alcoholic delirium.	 **B.3.8.2.2.** **B.3.8.2.2.** **B.3.8.2.3.1.** **B.3.8.2.3.1.**	 **6.02** **6.02, 6.05**	
Other Treatment: Continuous, uninterrupted care and supervision is absolutely necessary. (danger of suicide)			

Other Measures:
*** Frequent checking of respiration, consciousness, circulation (RCC-rule : Respiration, Consciousness, Circulation)**
*** Make medical appointment. Mostly repeated contact is necessary**
*** Telemetric supervision, particularly of respiration, oxygenation and pulse**