



Direct Assess Arrangements and Beneficiaries of Dental Care that Effects on Dental Patient Care

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INTRODUCTION

One GPD was theoretically and practically trained by an experienced endodontist in a 5h lesson. Five fundamental topics were covered, Pulp diagnosis, including pulp sensitivity tests, Access cavity preparation with emphasis on the complete removal of the pulp chamber roof, Hemostasis and application of the MTA with emphasis on adequate thickness and compaction, Final restoration with amalgam and Explanations to the patient to solve doubts.

If there was no bleeding, RCT was indicated and the patient was excluded. If bleeding occurred, hemostasis was achieved by rinsing the cavity with saline solution and applying small cotton pellets soaked in 2.5% NaOCl for a maximum of 10 min. White MTA Angelus, Londrina, Brazil was mixed according to the manufacturer's instructions and placed against the wound after hemostasis using an amalgam carrier and packed using an amalgam standard condenser American Dental, Missoula, MT, USA. The endodontist supervised all the procedures, registering the time needed to perform them without his intervention. In addition, the patients were asked about their satisfaction with the treatment duration. The possible answers were: "Less than I expected," "Just what I expected," "More than I expected," and "Much more than I expected." Twenty-four hours and seven days after the procedure, patients were contacted by phone to record pain intensity, tenderness to mastication, need for intake of analgesics (more than the recommended), and satisfaction with the effect of the treatment. The possible answers for their satisfaction level were: "Very satisfied," "Satisfied," "Neither satisfied nor dissatisfied," "Dissatisfied," or "Very dissatisfied."

DESCRIPTION

Family members were diagnosed with fused teeth using either

intraoral photographs or intraoral examinations by the dentist. Patients with congenital diseases showing abnormalities in number of teeth and tooth morphology, such as ectodermal dysplasia, cleft lip and palate, and Down's syndrome, were excluded. Fifteen patients from six families, including members with and without fused teeth, were included in the study. The fused teeth were located at the union of the mandibular central incisor and mandibular lateral incisor, or the union of the mandibular lateral incisor and mandibular canine. All patients and family members providing samples gave their informed consent. DNA was collected from 5 mL of saliva using an Ora-gene-DNA Kit.

KIF25 encodes a member of the kinesin-like protein family, which performs microtubule-dependent and ATP-dependent intracellular organelle transport and moves chromosomes during cell division. Protein transport plays an essential role in cell formation and function. KIF25 activity has been observed in various cancer types and is associated with chromatid segregation and cancer cell proliferation. KIF25 was reported to be possibly associated with the incidence of Kawasaki disease. The oral features of Kawasaki disease include redness, swelling, vertical cracking, bleeding of the lips, redness of the tongue, and hypertrophy of tongue papillae reported on the relationship between KIF4A and taurodontism, microdontia, and dens invaginatus.

In medicine, effective monitoring of patient health is essential. In several situations, due to the unavailability of proper medical records, it becomes challenging for medical staff to provide proper treatment for critically ill patients who are comatose and placed in the emergency department. Physicians' inability to access patients' past medical histories can impair the treatment planning, including the surgical protocol, required to proceed further. Hence, QR technology will provide a health-monitoring system for patients and healthcare profes-

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sionals, allowing for easy accessibility of medical information anywhere at any time, irrespective of disparities in healthcare settings. Physicians can quickly access medical records and evaluate a patient's health status. This helps them to deliver quality care in emergency situations, thereby enhancing patient safety. This technology provides a complete and easily acquired record file of any patient. Furthermore, electronic-based patient records accessible *via* QR codes allow for the sharing of medical information within the group of doctors involved in treatment, ensuring the exchange of full records (including allergies, past medical history, and medications) when required. A common medical error encountered widely in the healthcare industry is incorrect drug prescription. A US-based study noted that a large portion of the population approximately million people is affected by incorrect drug prescriptions annually, costing billion on associated treatment.

CONCLUSION

Therefore, the use of QR codes is being popularized because it will minimize such errors by creating an accurate health record, one in which all of the risk-associated factors for medically complex patients can be tracked. Moreover, if a physician is well informed about a patient's health condition, he or she can communicate the information to the patient and family members. Doing so will further prevent the occurrence of medical errors.

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CONFLICT OF INTEREST

There are no conflicts of interest.