

A Short Note on Emergency Internal Medicine

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DESCRIPTION

An emergency drug is one that is necessary patient's immediate therapeutic needs and is not available from any other authorized source in a timely manner to avoid the risk of harm to the patient as a result of the delay. Emergency drugs and essential equipment in ICUs are important to successfully manage patients. Inadequate response to an emergency might have a negative impact on the outcome. Early access to these life-saving medications and equipment is critical to our victims' enhanced survival rates. As a result, the ultimate decision should be made by the individual dentist, who is in the greatest position to assess the suitability of these agents for their specific practice. Even with the best attempts at prevention, unexpected events can occur. Plans for dealing with these situations are required, and the medications mentioned above may be required. Their presence has the potential to save a life.

Emergency medicine is the branch of medicine that deals with illnesses or injuries that require emergency medical intervention. In the United States, emergency physicians (sometimes known as "ER doctors") are constantly learning to care for unscheduled and undifferentiated patients of all ages. They are primarily responsible for initiating resuscitation and stabilization, as well as providing the initial investigations and actions necessary to diagnose and treat illnesses or injuries in the acute phase, in conjunction with Emergency Medical Services. Emergency physicians work in hospital emergency rooms, pre-hospital settings *via* emergency medical services, and intensive care units, among other places. They could still work in primary care settings like urgent care clinics.

There are two types of emergency drugs. The first group of pharmaceuticals is those that are absolutely necessary and should be included in every emergency drug kit. The second group of

medicines includes those that are beneficial but optional, depending on the practitioner's experience with emergency medical operations and whether sedation or general anesthesia are utilized for behavior and anxiety management. As a result, emergency medicine kits will differ from one office to the next. A dentist who has been trained to give general and intravenous sedation as well as venipuncture has a more comprehensive drug kit than a dentist who has not received such training. Optional medications that can be taken orally, intramuscularly/sublingually, and intranasal will be described for dentists who are not skilled in venipuncture. It will be intramuscularly/sublingually and intranasal. American Dental Association's recently issued advice on dental team preparation for medical emergencies for a more proper assessment.

Dentists require emergency medications to be readily available, and this is universally agreed upon. Different people have different ideas on which drugs should be included in an emergency pack. One viewpoint has been presented in this article. A dental practice should have oxygen, epinephrine, nitroglycerin, injectable diphenhydramine or chlorpheniramine, albuterol, and aspirin on hand. Other medications to consider include glucagon, atropine, ephedrine, hydrocortisone, morphine or nitrous oxide, naloxone, midazolam or lorazepam, and flumazenil. Dentists have varying levels of training when it comes to dealing with medical situations.

When a problem arise that demands quick attention, determining whether it is actually an emergency or an urgent medical concern can be difficult. If it is an emergency, the patient must be taken to a medical institution right away, however if it is an urgent medical concern, emergency medicine and care are required. It is possible that the patient won't need to be admitted to the hospital.

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