

รายการอ้างอิง

ภาษาไทย

กระทรวงสาธารณสุข, กรมอนามัย, กองทันตสาธารณสุข. รายงานผลการสำรวจสภาวะทันตสุขภาพแห่งชาติ ครั้งที่ 4 พ.ศ. 2537 ประเทศไทย

ภาษาอังกฤษ

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ภาคผนวก ก

แบบสำรวจหากกลุ่มตัวอย่างและค่า dmft

| ลำดับ | ชื่อ-สกุล | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 | 75 | 74 | 73 | 72 | 71 | 81 | 82 | 83 | 84 | 85 | dmft | |
|-------|-----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------|--|
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การลงรหัส : 0 = ไม่มี ; 1 = ผู้ในระยะเริ่มแรก ; 2 = ผู้อย่างชัดเจน

แบบบันทึกผลการตรวจฟันภาคสนาม

| ลำดับ | 52 | 62 | ลำดับ | 52 | 62 | ลำดับ | 52 | 62 | ลำดับ | 52 | 62 | ลำดับ | 52 | 62 |
|-------|----|----|-------|----|----|-------|----|----|-------|----|----|-------|----|----|
| 1 | | | 26 | | | 51 | | | 76 | | | 101 | | |
| 2 | | | 27 | | | 52 | | | 77 | | | 102 | | |
| 3 | | | 28 | | | 53 | | | 78 | | | 103 | | |
| 4 | | | 29 | | | 54 | | | 79 | | | 104 | | |
| 5 | | | 30 | | | 55 | | | 80 | | | 105 | | |
| 6 | | | 31 | | | 56 | | | 81 | | | 106 | | |
| 7 | | | 32 | | | 57 | | | 82 | | | 107 | | |
| 8 | | | 33 | | | 58 | | | 83 | | | 108 | | |
| 9 | | | 34 | | | 59 | | | 84 | | | 109 | | |
| 10 | | | 35 | | | 60 | | | 85 | | | 110 | | |
| 11 | | | 36 | | | 61 | | | 86 | | | 111 | | |
| 12 | | | 37 | | | 62 | | | 87 | | | 112 | | |
| 13 | | | 38 | | | 63 | | | 88 | | | 113 | | |
| 14 | | | 39 | | | 64 | | | 89 | | | 114 | | |
| 15 | | | 40 | | | 65 | | | 90 | | | 115 | | |
| 16 | | | 41 | | | 66 | | | 91 | | | 116 | | |
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| 20 | | | 45 | | | 70 | | | 95 | | | 120 | | |
| 21 | | | 46 | | | 71 | | | 96 | | | 121 | | |
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| 23 | | | 48 | | | 73 | | | 98 | | | 123 | | |
| 24 | | | 49 | | | 74 | | | 99 | | | 124 | | |
| 25 | | | 50 | | | 75 | | | 100 | | | 125 | | |

แบบวิเคราะห์ข้อมูล

โรงเรียนกลุ่ม.....

การลงรหัส : 0 = ไม่ผุต่อ ; 1 = ผุต่อ

| ลำดับ | ชื่อ-สกุล | อายุ (เดือน) | dmft | ซี่ | 3 เดือน | 6 เดือน | 9 เดือน | 12 เดือน |
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สรุปผล : ข้อมูลพื้นฐานของตัวอย่าง

จำนวนตัวอย่าง = คน ; เพศ ชาย/ หญิง =/..... คน

อายุเฉลี่ย = เดือน ; dmft เฉลี่ย =

: ผลการตรวจฟัน

3 เดือน ; ผุต่อ = คน คิดเป็นร้อยละ =

6 เดือน ; ผุต่อ = คน คิดเป็นร้อยละ =

9 เดือน ; ผุต่อ = คน คิดเป็นร้อยละ =

12 เดือน ; ผุต่อ = คน คิดเป็นร้อยละ =

ภาควิชาทันตกรรมสำหรับเด็ก
คณะทันตแพทยศาสตร์ จุฬาฯ

10 มิถุนายน 2540

เรียน ท่านผู้ปกครอง

ด้วยข้าพเจ้า ทันตแพทย์หญิง อรุณี ลายธีระพงศ์ ตำแหน่งทันตแพทย์ 5 สังกัดสำนักงานสาธารณสุขจังหวัดสระบุรี กำลังศึกษาต่อระดับปริญญาโท สาขาวิชาทันตกรรมสำหรับเด็ก คณะทันตแพทยศาสตร์ จุฬาฯ ขณะนี้กำลังทำการศึกษาเรื่อง “ การหยุดยั้งการลุกลามของรอยุเริ่มแรกของฟลูออไรด์วานิชในเด็กวัยก่อนเรียน ” โดยฟลูออไรด์วานิชเป็นฟลูออไรด์ชนิดทา ซึ่งมีความปลอดภัยในการใช้สูง และใช้เวลาในการทาต่อคนเพียงเล็กน้อย หากผลการศึกษาพบว่าสารดังกล่าวได้ผลในการหยุดยั้งการลุกลามของรอยุเริ่มแรก จะเป็นประโยชน์อย่างยิ่งในการป้องกันฟันผุลุกลามในเด็กวัยก่อนเรียน

หากท่านเป็นผู้หนึ่งที่สนใจที่จะให้เด็กในความปกครองของท่าน เข้าร่วมการศึกษา อันเป็นประโยชน์นี้

กรุณากรอกแบบสอบถามในหน้าถัดไปให้ครบถ้วน

และ

กรุณาลงนามใน “ หนังสืออนุญาตให้เข้าร่วมการศึกษา ”

ขอแสดงความนับถือ

ทันตแพทย์หญิง อรุณี ลายธีระพงศ์
สำนักงานสาธารณสุข จังหวัดสระบุรี (036- 211015)

หนังสืออนุญาตให้เข้าร่วมการศึกษา

วันที่.....

ข้าพเจ้า.....ผู้ปกครองของ(เด็กชาย/เด็กหญิง)
 เกี่ยวข้องเป็น ได้รับทราบการศึกษาเรื่อง
 "การหยุดยั้งการถูกลามของรอยผุเริ่มแรกของฟลูออไรด์วานิชในเด็กวัยก่อนเรียน" แล้ว ข้าพเจ้า
 เข้าใจวัตถุประสงค์การศึกษา ความปลอดภัย และเห็นว่าการศึกษานี้ มีประโยชน์ต่อการ
 สาธารณสุข

ข้าพเจ้า " ยินยอม " ที่จะให้ (เด็กชาย/เด็กหญิง)
 เข้าร่วมการศึกษา และข้าพเจ้ามีสิทธิ์บอกเลิกการเข้าร่วมการศึกษาเวลาใดก็ได้

ข้าพเจ้าได้อ่านและเข้าใจหนังสือฉบับนี้โดยตลอดแล้วจึงลงลายมือชื่อไว้เป็นหลักฐาน

ลงชื่อ ผู้ยินยอม
 (.....)

ลงชื่อ ผู้ทำการศึกษา
 (.....)

ลงชื่อ พยาน
 (.....)

ลงชื่อ พยาน
 (.....)

ลำดับที่.....(1-3)

แบบประเมินพฤติกรรมสุขภาพช่องปาก

ส่วนที่ 1 ข้อมูลทั่วไป

กรุณากรอกข้อมูลให้ครบถ้วน และวงกลมล้อมรอบตัวอักษรตามความเป็นจริง

ข้อมูลเด็ก เพศ.....(4) อายุ เดือน (5-6) เป็นบุตรคนที่..... (7)

ข้อมูลของผู้ปกครอง เพศ.....(8) อายุ.....ปี.....เดือน (9-12)

สถานภาพสมรส (13) ก. โสด ข. ม่าย

ค. คู่ ง. หย่า

อาชีพ (14) ก. รับจ้าง ข. ค้าขาย

ค. รับราชการ ง. รัฐวิสาหกิจ

จ. อื่นๆ (ระบุ).....

ระดับการศึกษา (15) ก. ประถมศึกษา

ข. มัธยมศึกษาตอนต้น

ค. มัธยมศึกษาตอนปลาย หรือ ปวช.

ง. ปวส. หรือ อนุปริญญา

จ. ปริญญาตรี

ฉ. สูงกว่าปริญญาตรี

ช. อื่นๆ (ระบุ).....

ความสัมพันธ์กับเด็ก (ระบุ).....(16)

ส่วนที่ 2 ข้อมูลพฤติกรรมทันตสุขภาพ

กรุณาวงกลมล้อมรอบตัวอักษรตามความเป็นจริง

1. ขณะนี้เด็กเลิกทานนมแม่แล้ว (17)

ก. ใช่

ข. ไม่ใช่

ค. ไม่แน่ใจ



Duraphat® 2,26% F

Instructions for use

04.94

Fluoride containing preparation with deeply penetrating action for caries prophylaxis and treatment of sensitive necks of teeth.

Composition 1 ml suspension contains 50 mg sodium fluoride, equivalent to 22.6 mg fluorine, in an alcoholic solution of natural resins

Indications

Caries prophylaxis by deep impregnation with fluoride. Desensitization of sensitive necks of teeth.

Contraindications

Ulcerative gingivitis and stomatitis, asthma bronchiale.

Adverse reactions

In case of disposition to allergic reactions, especially after application to larger surfaces, edematous swellings have been reported in rare instances.

In very rare instances attacks of dyspnea can occur in asthmatic children. Patients known for sensitive stomach may sometimes react with vomiting at high doses applied to larger surfaces.

Advice: In those cases of intolerance the varnish layer can be easily removed from the mouth by brushing and rinsing.

Interactions with other substances

On day of Duraphat® application high doses of fluoride preparations such as fluoride gels should not be administered. In order to avoid fluorine accumulation the regular administration of fluoride tablets should be suspended for several days after application of Duraphat®.

Dosage Unless otherwise prescribed:

- for milk teeth up to 0.25 ml (= 5,7 mg fluoride)
- for mixed dentition up to 0.40 ml (= 9,0 mg fluoride)
- for the permanent dentition up to 0.75 ml (= 17,0 mg fluoride)

The quantities indicated will not be exceeded if Duraphat® is applied in a thin layer to the sites of predominant incidence of the dentition. It should be noted that a certain amount of Duraphat® remains in the cotton swab, dappen glass etc.

When applying a cartridge the amount utilized can immediately be noted from the scale shown on its surface.

Mode of application

Remove massive plaque first. In dental practice dry up the teeth by means of cotton swab and air blower. Outside the practice use tongue spatula wrapped with cellulose for drying. Then apply the suspension to the teeth. / Duraphat® is not for self-medication by the patient.

Apply Duraphat® from the tube by means of a cotton swab (e.g. Q-Tip etc.) as a thin layer to the most affected areas of the dentition, preferably to the proximal application. A thick layer and large paintings particularly to the lingual side should be avoided in the interest of the patient's comfort.

Duraphat® cartridges enable to exercise a most precise, low dosed fluoride application. **FOR APPLICATION ONLY USE BLUNT SPECIAL NEEDLES.** The upper end should be bent with hand or forceps for facilitating the application to proximal and distal surfaces.

Proximal Place needle carefully between the teeth and press a small amount of Duraphat® to the proximal sides. It is recommended to place the needle from both sides as well as occlusally in a way round the contact zone that all the interdental space is filled up with Duraphat®.

Occlusal Draw one drop of Duraphat® with the needle along the fissures. Reminders of plaque can be removed with the needle at the same time. The border of fillings and crowns should be treated in the same way as proximal surfaces, fissures and pits, which also applies to exposed and hypersensitive necks of teeth.

Smooth surfaces of the teeth need to be treated only in case of increased caries activity, especially at commencing opaque decalcination. Towards this end place the needle at a tangent and distribute Duraphat® to the surface with the bent end of the canula

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Duration of application

At lesser or average caries incidence the treatment should be repeated every six months, preferably at next dental inspection. In case of more intensive caries development Duraphat® should be administered at three month intervals. This refers especially to the treatment of predominantly attacked sides of the dentition as well as for instance to erupting molars and milk teeth.

Treatment of hypersensitive necks of teeth: 2-3 applications within a few days.

Advice Duraphat® must not be stored above 25 °C. **Keep out of reach of children.**

Properties

Duraphat® is a well approved fluoride containing varnish combining a marked caries-prophylactic effect with a particularly timesaving technique of application. It has been proved in general dental practice as well as in community dental health care and childrens dentistry. In addition, it displays a strong desensitising effect when applied to dentinal surfaces. Duraphat® is remarkably water tolerant and covers even moist teeth with a well adhering film of varnish which sets in saliva and during the following hours allows a measurable penetration of the fluoride to the deeper layers of the enamel.

Advice Method of painting:

1. If necessary clean the teeth with rotating brush, especially at the sites most likely to be affected by caries. When groups of patients (e.g. in children's dentistry) are to be treated it is recommended to let them do it themselves with their own toothbrush.

2. At first clean one or two quadrants of excessive saliva with the air syringe (or by dabbing with cellulose) and immediately apply Duraphat® with a miniature cotton swab, painting and dabbing repeatedly forming a thin layer. For this purpose commercial cotton-wool buds (e.g. Q-Tips, vasenol sticks etc.) have also proved useful. Subsequently treat the next quadrants in the same manner immediately. It is recommended to use a disposable brush as a means of cross-infection protection.

It is advisable to start with painting the lower jaw before too much saliva collects and interferes. A more economical use is possible if the lingual surfaces are spared from painting which in most instances is superfluous as they are sufficiently caries-resistant in general. The yellowish colour of Duraphat® greatly facilitates its application.

For the application of Duraphat® to affixed orthodontic apparatus the use of a syringe has proved more advantageous. In this way the border of tapes and brackets as well as other weak points can be fluoridated effectively.

The teeth need not be kept dry for any length of time as with the use of watery fluoride solutions. After Duraphat® application the patient can close his mouth immediately. Duraphat® sets in saliva after some time. The particular effect of Duraphat® is dependable on the prolonged activity of the fluoride. The varnish film must not be removed or chewed off prematurely.

Patients should be instructed not to eat for a minimum of 4 hours except such food not necessarily to be chewed. During this period fluids and soft foods i.e. soup may be consumed.

On the day of application refrain from brushing the teeth. Paintings of the whole dentition must not be carried out on an empty stomach. Duraphat® should preferably be applied to those spots most likely attacked by caries: instruments, dappen glasses, clothing etc. that had been in contact with Duraphat® can be cleaned up with alcohol.

In cases of increased caries incidence and periodontopathia the prophylactic efforts of the dentist should be supported by general instructions to the patient for dental care and reasonable nutrition.

Presentation and Pack Size

Box of 5 cartridges 1.6 ml each of Duraphat®.

Box of 1 tube of 10 ml Duraphat®. / Clinic pack of 5 tubes of 30 ml Duraphat®.

Manufactured in Germany under licence from Rhône-Poulenc Rorer



RORER GMBH
Nattermannallee 1, D-50829 Köln



International Distribution: Inpharma A. S.
P.O. Box 9060 K, N-3002 Drammen Norway



ประวัติผู้วิจัย

นางสาวอรุณี ภายธีระพงษ์ เกิดเมื่อวันที่ 23 พฤศจิกายน พ.ศ. 2514 ที่จังหวัดกรุงเทพมหานคร สำเร็จการศึกษาปริญญาตรีทันตแพทยศาสตรบัณฑิต จากจุฬาลงกรณ์มหาวิทยาลัยเมื่อปี 2536 หลังสำเร็จการศึกษาได้รับการบรรจุเข้ารับราชการครั้งแรก ณ สำนักงานสาธารณสุขจังหวัดสระบุรี ต่อมาได้รับคำสั่งให้ย้ายไปรับราชการ ณ โรงพยาบาลแก่งคอย อำเภอแก่งคอย จังหวัดสระบุรี ในตำแหน่งหัวหน้าฝ่ายทันตสาธารณสุข ในปี 2539 ได้ผ่านการสอบคัดเลือกเข้าศึกษาต่อในหลักสูตร ปริญญาวิทยาศาสตรมหาบัณฑิต สาขาวิชาทันตกรรมสำหรับเด็ก ภาควิชาทันตกรรมสำหรับเด็ก คณะทันตแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย และสำเร็จการศึกษาในปี 2541 ปัจจุบันได้กลับเข้าปฏิบัติราชการ ณ โรงพยาบาลแก่งคอย เช่นเดิม

