

# Practice Tips

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## Putting the “Palm” into practice

One of the main barriers to my ability to apply evidence consistently to my patients' care is the fact that I cannot always remember all the necessary information. Many clinical practice guidelines contain complex rules that are difficult to remember, let alone implement, at a patient's bedside; for example, computed tomography of the brain is not recommended in investigating dementia unless one of 11 criteria is met.<sup>1</sup>



## Rapid information retrieval

One solution I have for this problem is to store nuggets of information in my small, hand-held computer, my "Palm." The information on ordering CT in dementia, for example, is stored in a simple database, "List" (<http://www.magma.ca/~roo>). I can change my practice because I have the information in my hand, and because I do, I will likely order more appropriate imaging for my patients with dementia.

Many diagnoses depend on meeting clinical criteria, for example, chronic fatigue syndrome.<sup>2</sup> Some of those criteria are now stored on my Palm, in List. It is not unusual for me to retrieve the information and go over it with my patient. Psychiatric diagnoses are based on *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> edition, criteria. I have those stored as well, which makes structured interviews a little easier.

## Managing drug information

I use a drug database (ePocrates) frequently to check dosages, drug interactions, or recommendations for use during pregnancy. I have some reservations about this program, however, because

it collects information about which drugs I look up, and these data can be made available for commercial and marketing purposes. My provincial drug plan reimburses some drugs on a limited-use basis, provided certain numerical codes are entered on the limited-use prescription pad; I store the codes in ePocrates, as there is a section attached to each drug for notes. I also use this method for entering other information about drugs, such as recommended laboratory tests for patients taking methotrexate.<sup>3</sup>

Another useful resource is the

Griffith 5-minute Consult (<http://www.skyscape.com/products/fmcc.htm>). It allows physicians to look up information quickly on rare or unfamiliar conditions. This program, however, requires more than 3 MB of memory; a typical Palm's memory contains 8 MB.

## Risk stratification at the bedside

The speed at which a Palm can be used makes risk stratification at the bedside possible. Cardiovascular risk can be quickly calculated using Framingham data, and a tap on the screen can show patients how much their risk decreases if they quit smoking. I use the STAT cardiac calculator (<http://www.statcoder.com>) for this.

Offering a younger woman advice about screening mammography if she has a relative with breast cancer can be difficult.<sup>4</sup> I can now use the Gail model<sup>5</sup> to calculate risk of breast cancer in the next 5 years with Medrules (<http://pbrain.hypermart.net/medrules.html>) and

offer patients a possibly better assessment of personal risk. A recent guideline supported counseling women about chemoprevention with tamoxifen if they are at high risk of breast cancer; high

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risk was defined as Gail risk > 1.66% over 5 years.<sup>6</sup>

My pregnant patients' data is stored in PregPro (<http://www.thenar.com/pregcalc>). The program stores their last menstrual period, gestation age, and estimated date of conception and offers information on expected weight gain, ultrasound measurements, and recommended laboratory investigations. This program is much quicker and more useful than the pregnancy wheel. I also often use a medical calculator, Medmath (<http://www.stanford.edu/~pmcheng/medmath/>); this makes calculations, such as body mass index, very quick.

My patients do not seem to mind that I look up information in this way; several have commented favourably,

especially when I am able to search quickly for drug interactions. I can sometimes share the information with patients by showing them the data on my Palm, although this is not always practical because of its small screen.

I find that having information in the palm of my hand can help me practise evidence-based medicine at the bedside. I think this is a useful and practical way to overcome at least some of my own limitations in clinical judgment,<sup>7</sup> by providing a rapid way of checking for medication errors, fast computational tools for risk assessment, and memory aids. I think that the medical potential of this instrument is just beginning to be discovered.

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