

TECH TALK

To PDA or not to PDA, that is the question

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Mom's pocketbook had everything, whether it was a bobby pin, lip balm, or a tissue. I once asked about its weight and she simply said: "Go lift your father's jacket." I did, and with wallet, keys, etc., it easily weighed 20 pounds.

Five years ago, many residents' white coats weighed this much. To know medications, a pocket pharmacopeia was necessary. Knowing antibiotics required a guide like Sanford's. A pocket reference added another few pounds. Then you had algorithm cards (ACLS, drips) and all the vital hospital information: pager numbers, dictation instructions, etc., and your own little black book.

Moms carry *things*, residents carry *information*. Until recently, information was heavy. Now, information is only as *heavy* as the interface used to display it. Should you carry a PDA?

Pound-for-pound, YES! My PDA (3 years old but still compatible with today's programs) weighs 6 oz with batteries. Pharmacopeia? Have it. Calculator and antibiotic guide? Got it. Hospital info? It's in there. The final weight? Still 6 oz.

When I load *5-Minute Emergency Medicine Clinical Consult*, a PDR, etc., the weight will not change, and my pockets will not be fuller.

Cost? PDA's are cheaper. The books you used probably approach \$100. An adequate PDA, a used Palm IIIxe, is \$30 or less on eBay. *ePocrates* and is free and updates itself. Much of the other software is also free or very low cost. Electronic books are cheaper than print versions.

Usability? PDA's are the clear winner. Searching for a drug through a book index takes longer than entering the drug name into a PDA. The PDA pharmacopeia scrolls closer and closer to the correct drug as I enter each letter. As soon as the drug comes on the screen, I tap it. I then have one-click access to adult and pediatric dosing along with any other drug information needed. There is even a drug-drug interaction feature not available in my printed pharmacopeia.

For medical calculators, a PDA makes it easier by getting rid of finding equations and then doing the calculations. Need a pregnancy calculator? Enter the

LMP and, voilà, you have your current EGA and due date. Need a predicted peak flow? The PDA will convert it from the height and weight and also give you the measured PEF as a percentage of predicted.

Thus, it is clear that you need a PDA. In the next issue, I will discuss which PDA may be right for you. If you can't wait until then, here is my advice. Barring a hospital standard, see what your fellow residents are using and decide what you can afford. It is probably better to get something compatible, if not identical. Visit the EMRA web site to view past recommendations in the Tech Talk article series (www.emra.org/index.cfm?page=383). If that still does not help you, get a used Palm-based PDA with at least 8MB of RAM from e-Bay or another online source. At that price, you can get the immediate benefits of owning a PDA and get some experience with them, and if you are ready for a newer model after my next article, you can sell yours for about what you paid for it. ■

SAEM Board of Directors Resident Position

Deadline for nominations: February 1

This is a rare opportunity for a resident, who is elected to a one-year term, to serve as a full, voting member of the SAEM Board of Directors. Candidates must be a resident during their term on the Board and should demonstrate strong interest and commitment to academic emergency medicine.

The resident Board member is expected to attend four SAEM Board meetings and participate in monthly Board conference calls.

Nominations should include a letter of support from the candidate's residency director, the candidate's CV, and a cover letter. Typically, two candidates are selected by the SAEM Nominating Committee to stand for election. The election will be held during the SAEM Annual Meeting in May 2004 in San Francisco.