How evidence-based is our practice in a Hong Kong emergency department?

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**Objective:** To evaluate how evidence-based our daily practice was. **Design:** Retrospective study. **Setting:** Emergency department of a public district hospital. **Patients and Methods:** Between 1st August 2000 to 7th August 2000, 91 patients' records were chosen at random. A chief diagnosis was assigned for each patient. Corresponding treatments were reviewed by searching relevant randomised controlled trials (RCTs), systematic reviews and meta-analyses. Each patient had only one chief diagnosis but could have multiple interventions for that diagnosis. **Results:** Out of 91 records, 14 were discarded. All of them had not been given any intervention and 11 required admission. For the remaining 77 records, there were 38 subjects in medical, paediatric, or gynaecological specialties and 39 in surgical or orthopaedic specialties. Intervention(s) given for each subject were then searched electronically through our hospital Knowledge Gateway and the results were expressed as either EBM-positive or EBM-negative. "EBM-positive" interventions denoted a support by RCTs. "EBM-negative" interventions denoted an absence of any supportive RCTs. Each patient might have EBM-positive and/or EBM-negative interventions together if that patient received more than one treatment. There were 52 patients (52/77 = 68%) who had one of their interventions being RCT-supported. The majority were patients with (1) antipyretic use of paracetamol in upper respiratory tract infection, or (2) control of pain by nonsteroidal anti-inflammatory drug, dologesic and paracetamol. There were 25 patients (25/77 = 32%) who did not receive any RCT-supported interventions. Concurrently 53 patients out of 77 (69%) received EBM-negative interventions. The majority were patients with (1) the use of antibiotics, antitussives and antihistamines in upper respiratory tract infection, (2) antispasmodics in gastroenteritis or patients with nonspecific abdominal pain, and (3) the use of analgesic balm in minor orthopaedic complaints. **Conclusion:** Sixty-eight percent of patients had EBM-positive interventions. Thirty-two percent of patients did not receive any EBM-positive intervention. It was quite encouraging as compared to studies in other specialties with similar design. Concurrently 69% of patients had also been given EBM-negative interventions. There were areas for improvement if we were to implement EBM practice in the emergency department. (Hong Kong j.emerg.med. 2003;10:202-214)

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