Telemedicine Clinic
Rattanakiri
Referral Hospital
August 2013

Report and photos compiled by Rithy Chau and Sovann Peng, SHCH Telemedicine

On Tuesday August 6 and Wednesday August 7, 2013, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 5 new and 1 follow up cases were examined, and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh. PA Rithy Chau was also on site to provide advice.

The following day, Thursday August 8, 2013, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to Nurse Peng Sovann at SHCH who compiled and sent for website publishing.

The followings detail e-mails and replies to the medical inquiries communicated between TM clinic at RRH and their TM partners in Phnom Penh and Boston:

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jul 31, 2013 at 1:13 PM
Subject: Telemedicine clinic at Rattanakiri referral hospital in August 2013
To: "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Kruy Lim <kruylim@yahoo.com>, Cornelia Haener <corneliahaener@sihosp.org>, Rithy Chau <rithychau@sihosp.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear All,

Please be informed that the TM clinic at Rattanakiri Referral Hospital will be held on Tuesday and Wednesday, August 6 - 7, 2013 beginning at 8:00am local time for full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston on Wednesday evening.

Please try to respond before noontime the following day, Thursday, August 8, 2013. The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

Thank you very much for your cooperation and support in the project.

Best regards,
Koh Polo

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Aug 7, 2013 at 6:21 PM
Subject: Rattanakiri TM Clinic August 2013, Case#1, SC#RK00422, 45M
To: Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

There are five new and one follow up cases for Rattanakiri Telemedicine clinic August 2013. This is case number 1, SC#RK00422, 45M and photo.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health

Patient: SC#RK00422, 45M (Village I, Lamenh, Borkeo)

Chief Complaint: Come for diabetic care

HPI: 45M, farmer, presented with symptoms of polyphagia, fatigue, blurred vision and weight loss 6kg in one month. On October 2012, he went to consult with local health care worker, blood sugar checked with result 185mg/dl and treated with Glibenclamide 5mg 1t po qd. In November 2012, when he went to Phnom Penh, he consulted at private clinic and treated with Metformin 500mg 1t qd and Pioglitazone 15mg 1t qd and follow up in one month. After twice follow up at Phnom Penh, he was not afforded to go so he got treatment from local health care worker with previous medicine. He denied of fatigue, polyphagia, polydypsia, blurred vision, extremities numbness/tingling, edema.

PMH/SH: Remote malaria infection and admitted to referral hospital in 1986

Family Hx: None

Social Hx: Smoking 1pack of cig per day for over 20y, casual EtOH

Medication:
1. Glibenclamide 5mg 1t po qd

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 142/92 P: 77 RR: 18 T: 37^{o}C Wt: 68kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no surgical scar, no abd bruit

Extremities/Skin: No legs edema, no rash/lesion, no food wound; positive posterior tibial and dorsalis pedis pulse

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

Lab/Study:

On November 8, 2012

Glucose	= 120	[75 – 110]
Creat	= 1.1	[0.7 – 1.3]
TG	= 211	[<200]
AST	= 35	[<37]
ALT	= 52	[<40]

On August 6, 2013

U/A: no blood, no glucose, no protein
FBS: 106mg/dl

Assessment:

1. DMII
2. HTN (borderline)

Plan:

1. Glibenclamide 5mg 1t po qd
2. Captopril 25mg 1/4t po bid
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for Creat, Glucose and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: August 7, 2013**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

From: **Kreinsen, Carolyn Hope,M.D.,M.Sc.** <CKREINSEN@partners.org>
Date: Thu, Aug 8, 2013 at 8:20 PM
Subject: RE: Rattanakiri TM Clinic August 2013, Case#1, SC#RK00422, 45M
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

Hi Sovann,

I'm a bit confused from your history of present illness as to whether this 45 yo man currently has polyphagia, fatigue, blurred vision and weight loss or whether those were his symptoms last year, when he presented in 2012. (The first sentence states that he has the symptoms and the last sentence states that he doesn't.) I'll go on the assumption that those have resolved. I would be much more concerned if he still has the symptoms and would provide different recommendations. It also is unclear to me whether he has been taking the glibenclamide 5 mg regularly. I am writing this on the assumption that he has been taking it....

It's reassuring that this patient's urine showed no protein and that his blood sugar was in high normal range. I completely agree with your plan to check a fasting blood sugar and a hemoglobin A1C. Has he had any low blood sugar symptoms on the glibenclamide? If necessary, you can increase that to twice a day, based on his lab results. Or, if you have metformin in your formulary, you could add in 500 mg once or twice a day before meals with the glibenclamide left at 5 mg once a day.

His triglycerides were mildly elevated last year. It's unclear if he had an LDL checked. In a diabetic, it's important to keep the LDL below 100, given the high risk for heart disease. I'd add fasting cholesterol levels to your labs and would treat an LDL over 100.

This patient also had mildly elevated liver function tests last year. Those could be from a fatty liver. I'd check liver function tests with his labs to make certain things are stable. I'd also recommend that you ask him specifically how many drinks of alcohol he has in a week since it may be higher than stated and can be an unrecognized source of sugar. If liver functions remain elevated, you might want to check for Hepatitis B (and for Hepatitis C if there are risk factors.)

As you know, smoking is a huge risk factor for this man. If there is any way you can help him to quit (so very hard!) that would be great.

The captopril is a good choice for antihypertensive therapy since it will provide protection to the kidneys. I recommend that you check his potassium level along with creatinine with the labs, and then check them again in a week to make certain that he doesn't have a bad response with increase in potassium and decrease in kidney function (increased creatinine) from the ACE inhibitor medicine. It would be good to see him back fairly quickly so that you can increase the dosage and/or add another blood pressure medication, if needed. I would recommend, ideally, a systolic below 130 and a diastolic below 80.

I'm not certain if there is an eye doctor in the public health system who checks for diabetic eye disease. if there is, this gentleman would benefit from screening.

Just some thoughts....Hope they are helpful. Keep up your great work!

Take good care,

Carolyn K

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Aug 7, 2013 at 6:22 PM
Subject: Rattanakiri TM Clinic August 2013, Case#2, SS#RK00423, 50M
To: Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 2, SS#RK00423, 50M and photo.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health

Patient: **SS#RK00423, 50M (Village I, Lamenh, Borkeo)**

Chief Complaint: Dizziness and neck tension x 10days

HPI: 50M presented with symptoms of polyphagia, fatigue and dizziness, and went to consult in local private clinic then he was told of hyperglycemia (blood sugar 190mg/dl). Next day on December 11, 2012, he went to consult at private clinic in Phnom Penh with lab result glucose:134mg/dl (75–110), uric acid:4.7 (3.4–7.0), Creatinine:1.0 (0.7 – 1.3), TG:324 (<200), AST:36 (<37), ALT:49 (<40), HBsAg negative, HCV ab negative, HbA1C: 8.24 (4–6). He was treated with Metformin 500mg 1/2t po bid, Pioglitazone 30mg 1t po qd, Losartan 25mg 1/2t po bid, Promethazine 12.5mg 1t po bid. He got treatment for several months and blood sugar rechecked 100 to 150mg/dl so he stopped above treatment. In these 10 days, he presented with symptoms of dizziness, neck tension, and HA, BP 150/? taken by private clinic and has been treated with Amlodipine 5mg 1t qd for 4d but his symptoms still persist.

PMH/SH: Remote malaria infection

Family Hx: Mother with HTN

Social Hx: No cig smoking, EtOH: drinking 1can of beer per day for over 10y

Medication:

1. Amlodipine 5mg 1t po qd

Allergies: NKDA

ROS: No blurred vison, no cough, no chest pain, no GI complaint, no dysuria, no hematuria, no numbness/tingling, no weakness.

PE:
Vital Signs: BP: 125/91 P: 84 RR: 20 T: 36.5°C Wt: 57kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no surgical scar, no abd bruit

Extremities/Skin: No legs edema, no rash/lesion, no food wound; positive posterior tibial and dorsalis pedis pulse

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

Lab/Study:

On November 8, 2012

On August 6, 2013
U/A: glucose 3+, no blood, no protein
RBS: 147mg/dl
On August 7, 2013
FB: 134mg/dl

Assessment:
1. HTN
2. DMII

Plan:
1. Amlodipine 5mg 1t po qd
2. Metformin 500mg 1t po qhs
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for Creat, Glucose and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: August 7, 2013**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

From: **Paul Heinzelmann** <paul.heinzelmann@gmail.com>
Date: Thu, Aug 8, 2013 at 4:46 AM
Subject: Re: FW: Rattanakiri TM Clinic August 2013, Case#2, SS#RK00423, 50M
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, Hospital Rattanakiri Referral <kirihospital@gmail.com>, Rithy Chau <rithychau@sihosp.org>

I agree with plan in general
Some thoughts

- Arguably, he might be better suited with an ACE inhibitor to protect kidneys and manage any HTN instead of amlodipine
- Glucose present in urine doesn't correlate well with a blood sugar of 134, so I am suspect that that lab value is incorrect (glucose in urine is usually present when blood sugar is > 200).
- respiratory rate is on the higher side... accurate?
- a baby ASA might be considered for prevention

Paul Heinzelmann, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Aug 7, 2013 at 6:24 PM
Subject: Rattanakiri TM Clinic August 2013, Case#3, TL#RK00424, 38F
To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 3, TL#RK00424, 38F and photo.
Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health

Patient: TL#RK00424, 38F (Lumchor village, Lumchor commune, Oyadav)

Chief Complaint: Mouth numbness x 1 month

HPI: 38F, housewife, presented with history of symptoms maculopapular rash on the face then it spreaded in following days to neck, body then ended in the waist area, spare on extremities. She denied of vesicle or pustule lesion. The rash became scale then pealed out leaving the black scars. About two months later, she developed symptoms of scanty urine output, swelling of face and lower extremities, generalized muscle pain and poor appetite. On December 20, 2012, She went to consult at private clinic in Phnom Penh and diagnosed her with Nephrotic syndrome [Albumin: 2.8 (3.8 – 5.4), Creatinine:1.5 (0.6 – 1.1), Tot chole:289 (<200), urine analysis with protein 3+, negative of HIV, HBsAg, HCVab] then she was treated with Furosemide 40mg 2t qd, Albendazole 400mg 1t bid, Panto

40mg 1t bid, Ciprofloxacin 500mg 1t bid, Metronidazole 250mg 2t tid and Domperidone 10mg 1t tid for one week. She became better with these medicines then the symptoms reoccurred in about two weeks after and lab test done with below result and treated with Cort 20mg 1/2t bid, Panto 40mg 1t bid, and Spironolactone 20mg 1t bid. She was not afforded to pay for further treatment so she got treatment with traditional medicine and medicine from local pharmacy for symptomatic treatment. On August 1, 2013, she got urine check with protein 2+ and got treatment with Predenisone 5mg 10t qd and come to Telemedicine today for evaluation and management. She reported one month symptom of mouth numbness, spasm of fingers and toes, and face swelling sensation.

PMH/SH: Unremarkable

Family Hx: Older sister with Nephrotic syndrome in 2005 and died one year after

Social Hx: No cig smoking, no EtOH

Medication:

1. Prednisolone 5mg 10t po qd

Allergies: NKDA

ROS: Irregular menstrual period

PE:
Vital Signs: BP: 149/105 P: 73 RR: 20 T: 36.5°C Wt: 48kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no surgical scar, no abd bruit

Extremities/Skin: No legs edema, no rash/lesion

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +3/4, normal gait

Lab/Study:

On January 3, 2013

WBC	=3.9	[4 - 10]	Na	=140	[135 - 145]
RBC	=2.43	[3.8 - 5.8]	K	=4.4	[3.5 - 5.0]
Hb	=6.3	[11.5 - 16]	Cl	=106	[95 – 110]
Ht	=18.7	[37 - 47]	Creat	=1.62	[0.5 – 1.0]
MCV	=77	[80 - 100]	Ca2+	=1.30	[1.1 - 1.4]
MCH	=26	[27 - 32]	AST	=12	[<31]
MHCH	=33.7	[32 - 36]	ALT	=10	[<32]
Plt	=335	[150 - 550]	Album	=1.68	[3.8–5.1]
Lymph	=29	[25 - 50]	TSH	=3.94	[0.27 – 4.20]
Mono	=08	[02 - 10]			
Neut	=60	[55 - 66]	ESR	= 140	[<20]

Urine cytology on January 3, 2013

Appearance:	Yellow/cloudy
Blood cells	
WBC:	420
RBC:	250
Epithelial cells	
Squamous cells:	Many
Renal tubular cells:	Few
Cast	

Hyaline, red blood cell, white blood cell, granular: not seen
Uric acid, calcium oxalate, Calcium phosphate, Triple phosphate: not seen
Budding yeart, hyphaemycelial, element yeast, parsite: not seen; bacteria: moderate

On August 6, 2013

U/A: leukocyte 1+, protein 3+, blood 2+

WBC	=15200	/mm3	Protein	=4.1g/dl	
RBC	=499000	/mm3	Albumin	=4.3	[3.8 – 5.1]
Hb	=13.8	[11.5 - 16]	Tot chol	=188	[<200]
Ht	=42.2	[37 - 47]	Creat	=1.3	[0.5 – 0.9]
MCV	=84.5	[80 - 100]	Ca2+	=6.5	[8.1 - 10.4]
Plt	=220	[150 - 550]			
Lymph	=31.3%				
Mono	=3.8%				
Neut	=64.9%				

Abdominal ultrasound conclusion: normal

Assessment:

1. Nephrotic syndrome
2. Hypocalcemia
3. Hyprereflexia due to lyte disorder?

Plan:

1. Prednisolone 5mg 10t po qd for two months then tapper
2. Captopril 25mg 1/4t po bid
3. Albendazole 400mg 1t po bid x 5d
4. Calcium/Vit D 500mg/200IU 1t po bid
5. Eat low sat diet and drink about 1 – 1.5L per day
6. Draw blood for Creat, tot chole, Albumin, Protein, Ca2+, Mg2+, TSH at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: August 7, 2013**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Aug 7, 2013 at 6:28 PM
Subject: Rattanakiri TM Clinic August 2013, Case#4, LD#RK00425, 53M
To: Cornelia Haener <corneliahaener@sihosp.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 4, LD#RK00425, 53M and photo.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health

Patient: LD#RK00425, 53M (Okantil Village, Beung Kanseng commune, Banlung)

Chief Complaint: Right flank pain on/off for over 10y and bloody urine for 2y

HPI: 53M, driver, presented with history of right flank pain on/off for over 10 years. It was pressure pain and radiated to the back. He had abdominal ultrasound done but no stone was found. In these two years, he noticed blood urine when he did a lot of work (carry heavy stuffs). In these few months, he noticed of more frequent bloody urine even he didn't do a lot of work. He denied of dysuria, oliguria, urgency, frequency.

PMH/SH:
- Surgical removal of explosive fragment from his extremities in 1988
- Diagnosed with DMII in 2008 and treated with Glibenclamide 5mg 1t po bid

Family Hx: None

Social Hx: Smoking 1pack of cig per day for 6y, stopped over 20y; casual EtOH

Medication:
1. Glibenclamide 5mg 1t po bid

Allergies: NKDA

ROS: no fever, no cough, no chest pain, no palpitation, no GI complaint

PE:

Vital Signs: BP: 129/83 P: 79 RR: 20 T: 36.5^{o}C Wt: 51kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no surgical scar, no abd bruit, no CVA tenderness

Extremities/Skin: Surgical scar of both legs, No legs edema, no rash, no food wound; positive posterior tibial and dorsalis pedis pulse

MS/Neuro: MS +5/5, motor and sensory (light touch and position sense) intact, DTRs +2/4, normal gait

Lab/Study:

On August 6, 2013

U/A: protein trace, blood 3+, glucose 4+
FBS: 141mg/dl

Abdominal ultrasound conclusion: Right kidney stone diameter 9mm

Assessment:

1. Right kidney stone
2. DMII

Plan:

1. Drink plenty of water
2. Glibenclamide 5mg 1t po bid
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for Creat, Glucose and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: August 7, 2013**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Aug 7, 2013 at 6:30 PM
Subject: Rattanakiri TM Clinic August 2013, Case#5, AN#RK00426, 21F
To: Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is the case number 5, AN#RK00426, 21F and photos.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health

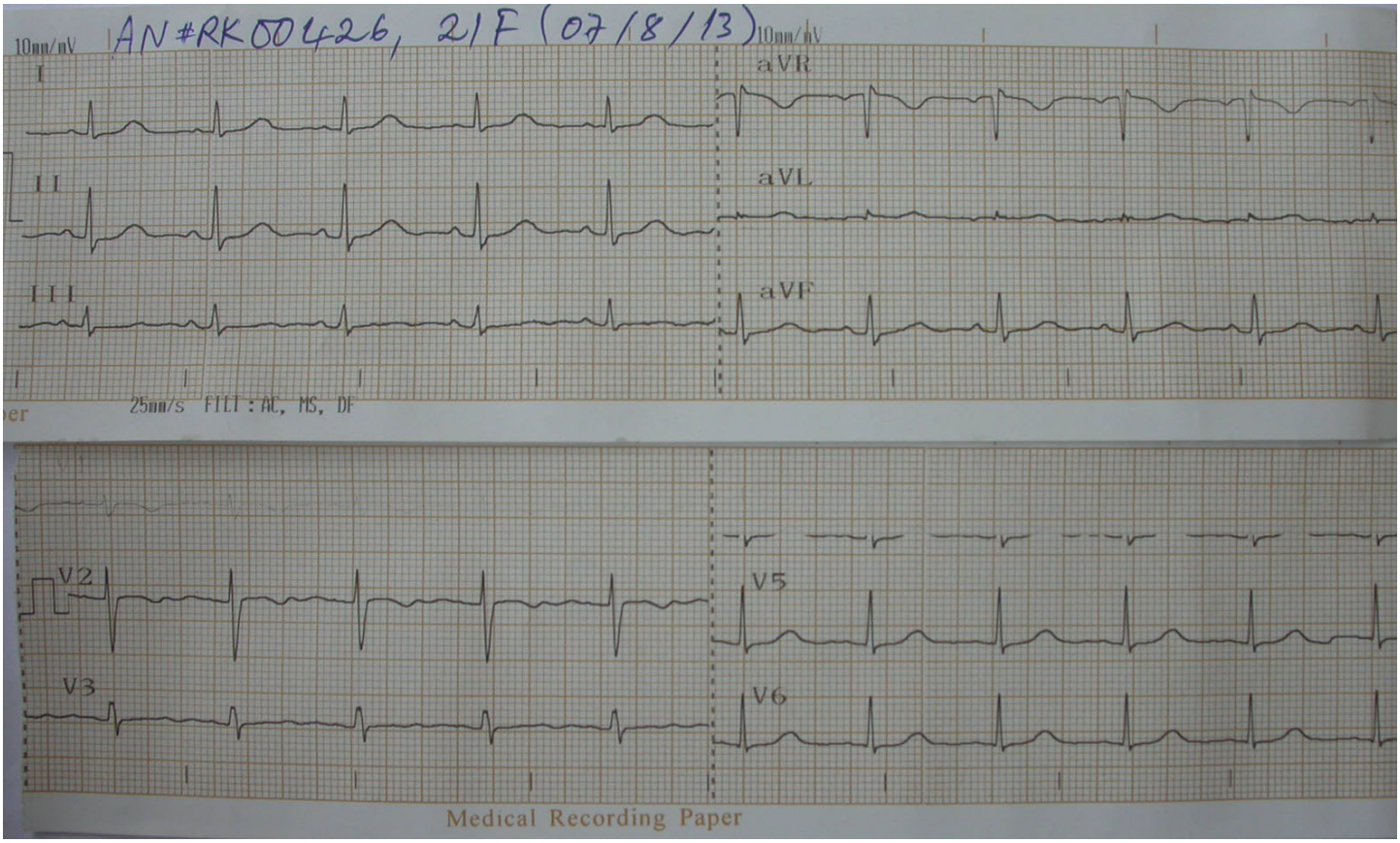
Patient: **AN#RK00426, 21F (Kachaun Village, Kachaun, Veun Sai)**

Chief Complaint: Vaginal bleeding of full term pregnancy

HPI: 21F with full term pregnancy and presented with vaginal bleeding, abdominal pain so she was brought to local health center and advised to referral hospital. On arrival to hospital, she presented with mild abdominal pain in preparation for delivery. She was admitted to the OB unit at Rattanakiri Referral Hospital on 30 July 2013. The OB doctor did an initial assessment and found that the fetal was with normal movement and mother was stable clinically. However, about a few hours later in the night, the patient reported that she did not felt any fetal movement and was confirmed by US that the fetus was without heart beat. On exam, her cervix os was dilated about 3 cm and more frequent contraction in delivery. She delivered a female baby, but was dead in utero due to umbilical cord strangulation. Then during removal of the placenta, there was active bleeding heavily. She was treated with IVF, oxytocin, Vit K, anticoagulant. Subsequently, she received blood transfusion x2 units due to the severe bleeding. When stabilized, she was transferred to OR for a hysterectomy, but her bleeding stopped and the procedure was cancelled. She was then transferred to ED for observation. Her CBC was WBC (34,100), Hb (5.8), Hct (16%) in the AM. She was tx with Ceftriaxone 2g IV, Paracetamol 600mg IM, Iron supplement, MTV, IVF. She returned to OB unit and later received 2 more units of blood. Her present status, WBC (13,900), Hct (19%), but her BP is still elevated 170/90 since August 5, 2013. The doctor added hydralazine 40mg PO tid, but still uncontrolled. She complaint being fatigue, pale, and HA. She denied any CP, palpitation, SOB, diaphoresis, syncope, seizure, N/V/D, fever, or dysuria.

PMH/SH: None

Family Hx: Aunt with DM II



Social Hx: No Smoking, no EtOH, married with 1 live kid

Medication:

1. Ceftriaxone 2g IV
2. IVF (NSS/D5%)
3. FeSO4/folate
4. MTV
5. Hydralazine 40mg PO tid
6. Metronidazole 500mg po bid

Allergies: NKDA

ROS: No prenatal care

PE:
Vital Signs: BP: 138/104 P: 83 RR: 18 T: 37^{o}C Wt: 42kg

General: Look stable, not tachypneic, not diaphoretic, mild general paleness

HEENT: No oropharyngeal lesion, mild pale conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no surgical scar, no abd bruit

Extremities/Skin: No legs edema, no rash/lesion, no food wound; positive posterior tibial and dorsalis pedis pulse

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

GU: +p/o Episiotomy, no d/c, no active bleeding, cervix was lacerated 2nd delivery procedure

Lab/Study:

On August 6, 2013
WBC = 13,900
Hb = 6.8
Hct = 19%
Plt = 292,000

On August 6, 2013
U/A: no blood, no glucose, protein trace
RBS: 137mg/dl
ECG = NSR (HR=85)

Assessment:
1. Fetal death 2nd cord strangulation
2. Eclampsia?
3. Placenta previa?
4. HTN 2nd eclampsia vs thyroid dysfunction?
5. Severe Anemia 2nd vaginal bleeding
6. Pelvic Infection???

Plan:
1. Fe/SO4 200/0.4mg 1t po bid
2. Ceftriaxone 2g IV bid x 10d
3. Metronidazole 500mg 1 po tid x 10d
4. MTV 1 po qd
5. Hadralazine 10mg IV, then mix 20mg +IVF 500cc drip over 6hrs
6. Draw blood for CBC, chem, creat, retic, peri smear, TSH at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Dr. Sales Asie **Date: August 7, 2013**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Aug 7, 2013 at 6:35 PM
Subject: Rattanakiri TM Clinic August 2013, Case#6, SS#RK00418, 43M
To: Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is the last case of Rattanakiri TM clinic August 2013, case number 6 (follow up), SS#RK00418, 43M and photo.

Please reply to the cases before Thursday afternoon then treatment plan can be treated accordingly for patients who will come to receive treatment at that afternoon.

Thank you very much for your cooperation and support in this project.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health

Patient: SS#RK00418, 43M (Village I, Labansirk, Banlung)

Subject: 43M was seen in June 2013, and diagnosed of acute diarrhea (unknown cause), Gastritis, Anemia and discharged from hospital with Omeprazole 20mg 1t po qhs for 1mon, Metoclopramide 10mg 1t po qhs for 10d, Albendazole 400mg 1t po bid for 5d, FeSO4/folate 1t bid, MTV 1t qd. On August 4, 2013, he presented with epigastric burning pain, which became worse with full eating, no radiation, nausea and vomiting, poor appetite, diarrhea. These symptoms became worse so he was brought to referral hospital and admitted to Medicine ward and treated with D5% infusion 1L, Cimetidine 200mg 2vials bid IM, Mg/Al(OH)3 1t po, Metronidazole 250mg 2t po bid, Ciprofloxacine 500mg 1t bid, and Hyocine 25mg 1t po. Blood work result WBC:5700, Ht:29, Plt:110000, Ca2+:8.2, Creat:1.0, Mg:2.1, K+:3.5, Urea:59. Now he became better with less vomiting and diarrhea.

His wife said he has drunk alcohol several times before above symptoms occurred and didn't know how many times he drank when she went to work.

Medication: Above

Allergies: NKDA

Objective

PE:
Vital Signs: BP: 103/81 P: 95 RR: 20 T: 37°C Wt: 47kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no distension, mild tender on epigastric area, (+) BS, no HSM

Extremities/Skin: No legs edema, no rash/lesion

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

Lab/Study:

Lab result on June 6, 2013

WBC	=3.19	[4 - 11x10^9/L]	Na	=132	[135 - 145]
RBC	=2.9	[4.6 - 6.0x10^{12}/L]	K	=2.6	[3.5 - 5.0]
Hb	=6.8	[14.0 - 16.0g/dL]	Cl	=98	[95 – 110]
Ht	=19	[42 - 52%]	BUN	=1.4	[0.8 - 3.9]
MCV	=68	[80 - 100fl]	Creat	=53	[53 - 97]
MCH	=24	[25 - 35pg]	AST	=122	[<30]
MHCH	=35	[30 - 37%]	ALT	=33	[<41]
Plt	=83	[150 - 450x10^9/L]	Amilase	=139	[28 - 100]
Lymph	=1.03	[0.70 - 4.40x10^9/L]	ALP	=51	[40 - 129]
Mono	=0.12	[0.10 – 0.80x10^9/L]	HBsAg	= Non-reactive	
Neut	=1.43	[2.00 - 8.00x10^9/L]	HCV ab	= Non-reactive	
Eosino	=0.60	[0.08 – 0.40]			
Baso	=0.01	[0.02 – 0.10]			

August 7, 2013
RBS: 112mg/dl U/A: protein trace, no blood, no glucose

Assessment:
1. Gastro-enteritis due to alcohol?
2. Anemia

Plan:
1. Omeprazole 20mg 1t po qhs for one month
2. Metoclopramide 10mg 1 po qid prn N/V
3. FeSO4/Folate 200/0.4mg 1t po bid
4. MTV 1po qd
5. Encourage and confirm that he must stop alcohol drinking
6. Draw blood for CBC, Lyte, BUN, Creat at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng Date: August 7, 2013

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

---

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Fri, Aug 9, 2013 at 12:46 AM
Subject: FW: Rattanakiri TM Clinic August 2013, Case#6, SS#RK00418, 43M
To: "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

So it looks like he has chronic alcoholism with recurrent alcoholic gastritis to explain epigastric pain with nausea and alcoholic hepatitis to explain the anorexia, elevated liver enzymes. Amylase is not that high to define acute pancreatitis, though amylase may not be that high in chronic pancreatitis. Chronic pancreatitis with pancreatic insufficiency may lead to fat malabsorption and explain recurrent diarrhea, usually after eating fatty foods. Diabetes may also develop. Acute alcoholism may cause increased bowel motility with more frequent bowel movement. Anemia is concerning for bleeding from chronic gastritis. Stool guaiac test would be useful to exclude that possibility. Chronic alcoholism will lead to liver cirrhosis [with prolonged prothrombin time, low albumin] and portal hypertension [with risk of esophageal variceal bleeding] as well as hypersplenism [resulting in low platelets].

Alcohol abstinence is essential. He may need counseling to break drinking habit. Omeprazole is fine for gastritis. Bowel rest will allow pancreatitis to heal. Avoidance of fatty food will avoid diarrhea. He needs good nutrition with iron and vitamin B complex supplements.

Heng Soon Tan, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Sat, Aug 10, 2013 at 7:46 PM
Subject: Rattanakiri TM Clinic Cases reply
To: "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Rithy Chau <rithychau@sihosp.org>

Dear Kathy,

I would like to inform you that I have just received the reply to three cases and not yet for other below three cases:
Case#3, TL#RK00424, 38F
Case#4, LD#RK00425, 53M
Case#5, AN#RK00426, 21F

Please send me the reply of these remained three cases.

Thank you very much for the replies to Rattanakiri TM Clinic August 2013.

Best regards,
Sovann

Thursday, August 8, 2013

Follow-up Report for Rattanakiri TM Clinic

There were 5 new and 1 follow up patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 6 cases was transmitted and received replies from both Phnom Penh and Boston, and other 27 patients came for brief consult and refill medication only, and other 25 new patients seen by PA Rithy for minor problem without sending data. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE as well as advices from PA Rithy on site, the following patients were managed and treated per local staff:

[Please note that in general the practice of dispensing medications at RRH for all patients is usually limited to a maximum of 7 days treatment with expectation of patients to return for another week of supplies if needed be. This practice allows clinicians to monitor patient compliance to taking medications and to follow up on drug side effects, changing of medications, new arising symptoms especially in patients who live away from the town of Banlung and/or illiterate. Nearly all medications and some lab tests not available/done at RRH are provided by SHCH to TM patients at no cost]

Treatment Plan for Rattanakiri TM Clinic August 2013

1. SC#RK00422, 45M (Village I, Lamenh, Borkeo)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po qd (#30)
2. Captopril 25mg 1/4t po bid (buy)
3. ASA 100mg 1t po qd (#60)
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Creat	=69	[44 - 80]
Gluc	=6.1	[4.1 – 6.1]
HbA1C	=6.75	[4.8 – 5.9]

2. SS#RK00423, 50M (Village I, Lamenh, Borkeo)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1/4t po bid (buy)
2. Metformin 500mg 1t po qhs (#60)
3. ASA 100mg 1t po qd (#60)
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Creat	=55	[44 - 80]
Gluc	=7.4	[4.1 – 6.1]
HbA1C	=7.15	[4.8 – 5.9]

3. TL#RK00424, 38F (Lumchor village, Lumchor commune, Oyadav)
Diagnosis:

1. Nephrotic syndrome
2. Hypocalcemia
3. Hyprereflexia due to lyte disorder?

Treatment:

1. Prednisolone 5mg 10t po qd for two months then tapper (#200)
2. Captopril 25mg 1/4t po bid (buy)
3. Albendazole 400mg 1t po bid x 5d (#10)
4. Calcium/Vit D 500mg/200IU 1t po bid (#60)
5. Eat low sat diet and drink about 1 – 1.5L per day
6. Draw blood for Creat, tot chole, Albumin, Protein, Ca2+, Mg2+, TSH at SHCH

Lab result on August 9, 2013

Creat	=69	[44 - 80]
T. Chol	=6.4	[<5.7]
Ca2+	=1.29	[1.12 – 1.32]
Mg2+	=0.93	[0.66 – 1.07]
Albu	=36	[38 - 51]
Protein	=62	[66 - 87]
TSH	=2.44	[0.27 - 4.20]

Remark: Add Simvastatin 20mg qhs and ASA 81mg qd.

4. LD#RK00425, 53M (Okantil Village, Beung Kanseng commune, Banlung)
Diagnosis:

1. Right kidney stone
2. DMII

Treatment:

1. Drink plenty of water
2. Glibenclamide 5mg 1t po bid (#100)
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Creat	=84	[53 - 97]
Gluc	=7.9	[4.1 - 6.1]
HbA1C	=9.21	[4.8 – 5.9]

5. AN#RK00426, 21F (Kachaun Village, Kachaun, Veun Sai)
Diagnosis:

1. Fetal death 2nd cord strangulation
2. Eclampsia?
3. Placenta previa?
4. HTN 2nd eclampsia vs thyroid dysfunction?
5. Severe Anemia 2nd vaginal bleeding
6. Pelvic Infection???

Treatment:

1. Fe/SO4 200/0.4mg 1t po bid (#120)
2. Ceftriaxone 2g IV bid x 10d
3. Metronidazole 500mg 1 po tid x 10d
4. MTV 1 po qd (#60)

5. Hadralazine 10mg IV, then mix 20mg +IVF 500cc drip over 6hrs
6. Draw blood for CBC, chem, creat, retic, peri smear, TSH, HBsAg, HCV ab at SHCH

Lab result on August 9, 2013

WBC	=7.88	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=3.0	[3.9 - 5.5x10^{12}/L]	K	=3.2	[3.5 - 5.0]
Hb	=6.7	[12.0 - 15.0g/dL]	Cl	=107	[95 – 110]
Ht	=21	[35 - 47%]	Creat	=91	[44 - 80]
MCV	=70	[80 - 100fl]	TSH	=0.65	[0.27 – 4.20]
MCH	=23	[25 - 35pg]	HBsAg	=Non-reactive	
MHCH	=32	[30 - 37%]	HCV ab	= Non-reactive	
Plt	=314	[150 - 450x10^9/L]			
Lymph	=2.07	[0.70 - 4.40x10^9/L]			
Mono	=0.51	[0.10 - 0.80x10^9/L]			
Neut	=5.02	[2.00 – 8.00x10^9/L]			
Eosino	=0.24	[0.8 – 0.40]			
Baso	=0.04	[0.02 – 0.10]			

Peripheral blood smear

Microcytic	3+
Hypochromic	2+
Macrocytic	1+
Schistocytes	1+
Target cells	1+
Poikilocytosis	1+
Spherocytes	1+
Crenated cells	15%

Reticulocyte count=4.1 [0.5 – 1.5]

6. SS#RK00418, 43M (Village I, Labansirk, Banlung)
Diagnosis:

1. Gastro-enteritis due to alcohol?
2. Anemia

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. Metoclopramide 10mg 1 po qid prn N/V (#10)
3. FeSO4/Folate 200/0.4mg 1t po bid (#120)
4. MTV 1po qd (#60)
5. Encourage and confirm that he must stop alcohol drinking

Patients who come for brief consult and refill medicine

1. NH#RK00010, 59F (Village III)
Diagnosis:

1. HTN
2. DMII
3. VHD (AI/MR)

Treatment:

1. Atenolol 50mg 1t po bid (buy)
2. HCTZ 25mg 2t po qd (#120)
3. Captopril 25mg 1t po bid (buy)
4. Glibenclamide 5mg 1t po bid (#120)
5. Metformin 500mg 2t po bid (buy)

2. EB#RK00078, 41F (Village IV), KON MOM

Diagnosis:

1. CHF
2. Incompleted RBBB

Treatment:

1. Captopril 25mg 1/2t po qd (buy)
2. Digoxin 0.25mg 1t po qd (#60)
3. Spironolactone 25mg 1t po bid (#120)

3. SP#RK00081, 58F (Village III, LBS)

Diagnosis:

1. HTN
2. DMII
3. Liver cirrhosis

Treatment:

1. Glibenclamide 5mg 1t po qd (#60)
2. Metformin 500mg 1t po bid (#60)
3. Amlodipine 5mg 1t po qd (#60)
4. Spironolactone 25mg 1t po bid (#120)
5. Propranolol 40mg 1/4t po bid (#30)

4. OT#RK00155, 52F (Bor Keo)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Captopril 25mg 1t po bid (#buy)
3. Atenolol 50mg 1/2t po bid (#60)
4. ASA 100mg 1t po qd (#60)
5. Amitriptylin 25mg 1/2t po qhs (#30)
6. Insulin NPH 23UI qAM and 5UI qPM (buy)
7. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc	=12.5	[4.1 – 6.1]
HbA1C	=11.1	[4.8 – 5.9]

5. KK#RK00231, 51F (Village I)

Diagnosis:

1. DMII
2. Tachycardia

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 2t po bid (buy)
3. Captopril 25mg 1/4t po bid (buy)
4. Propranolol 40mg 1/4t po qd (#15)
5. ASA 100mg 1t po qd (#60)
6. Draw blood for Glucose, HbA1C, and TSH at SHCH

Lab result on August 8, 2013

Gluc	=9.0	[4.1 – 6.1]
HbA1C	=11.6	[4.8 – 5.9]
TSH	=1.09	[0.27 – 4.20]

6. SV#RK00256, 49M (Village I)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#120)
2. Metformin 500mg 3t qAM and 2t qPM (#100)
3. Captopril 25mg 1/2t po bid (buy)

7. KC#RK00260, 50F (Village V)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc =5.6 [4.1 – 6.1]
HbA1C =6.6 [4.8 – 5.9]

8. SH#RK00311, 60F (Dey Lor Village)
Diagnosis:

1. DMII
2. Dilated Cardiomyopathy

Treatment:

1. Metformin 500mg 1t po bid (#120)
2. Glibenclamide 5mg 1t po bid (#120)
3. Amiodarone 200mg 1t po qd (buy)
4. Lorsartan Potassium 50mg 1t po qd (buy)
5. Carvedilol 6.25mg 1t po bid (buy)
6. Spironolactone 50mg 1/2t po qd (buy)
7. Furosemide 40mg 2t po qd (#120)
8. ASA 100mg 1t po qd (#60)
9. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc =14.7 [4.1 – 6.1]
HbA1C =12.8 [4.8 – 5.9]

9. CT#RK00318, 33F (Village I)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 3t qAM, 2t qPM (#70)
2. Glibenclamide 5mg 1t po bid (#120)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc =9.7 [4.1 – 6.1]
HbA1C =10.1 [4.8 – 5.9]

10. TS#RK00320, 53M (Village V)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#120)
2. Metformin 500mg 2t po bid (#60)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 5mg 1/2t po qd (buy)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc	=7.3	[4.1 – 6.1]
HbA1C	=9.1	[4.8 – 5.9]

11. HY#RK00341, 43M (Village VI, Labansirk commune)
Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Metformine 500mg 1t po bid (#50)
2. Glibenclamide 5mg 1t po bid (#120)
3. Atenolol 50mg 1/2t po qd (#30)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptylin 25mg 1/4t po qhs (buy)

12. TK#RK00344, 59F (Thmey Village, Ban Lung)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Creat	=58	[44 - 80]
Gluc	=12.3	[4.1 – 6.1]
HbA1C	=8.0	[4.8 – 5.9]

13. LV#RK00369, 56F (Village I, LBS)
Diagnosis:

1. DMII with PNP
2. HTN

Treatment:

1. Metformin 500mg 3t po qAM and 2t po qPM (#100)
2. Glibenclamide 5mg 1t po bid (#120)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptyline 25mg 1/4t po qhs (#15)
6. Draw blood for Glucose, tot chole, TG and HbA1C at SHCH

Lab result on August 8, 2013

Gluc	=19.8	[4.1 – 6.1]
T. Chol	=4.7	[<5.7]
TG	=4.8	[<1.71]

HbA1C =11.2 [4.8 – 5.9]

14. HS#RK00370, 48F (Village I, LBS)
Diagnosis:

1. DMII
2. HTN
3. Renal insufficiency
4. Hyperlipidemia

Treatment:

1. Metformin 500mg 1t po bid (#70)
2. Glibenclamide 5mg 1t po bid (#120)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. Amlodipine 5mg 1t po qd (#60)
6. Fenofibrate 100mg 1t po bid (buy)
7. Draw blood for Creatinine, Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Creat =354 [44 – 80]
Gluc =3.0 [4.1 – 6.1]
HbA1C =7.6 [4.8 – 5.9]

15. CS#RK00390, 52F (Village I, LBS)
Diagnosis:

1. DMII
2. HTN
3. Obesity

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 10mg 1t po bid (buy)
5. HCTZ 25mg 1t po qd (#60)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc =10.3 [4.1 – 6.1]
HbA1C =7.1 [4.8 – 5.9]

16. CA#RK00392, 48M (Village III, LBS)
Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. Amitriptyline 25mg 1/4t po qhs (#15)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc =8.3 [4.1 – 6.1]
HbA1C =5.7 [4.8 – 5.9]

17. SS#RK00299, 50F (Thmey Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 2t po bid (#100)
3. Captopril 25mg 1/2 tab bid (buy)
4. Amlodipine 5mg 1t po qd (#60)
5. ASA 100mg 1t po qd (#60)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc	=12.2	[4.1 – 6.1]
HbA1C	=9.3	[4.8 – 5.9]

18. NK#RK00371, 70F (Thmey Village, LBS)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Captopril 25mg 1/4t po bid (buy)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc	=7.2	[4.1 – 6.1]
HbA1C	=7.6	[4.8 – 5.9]

19. SS#RK00395, 51F (Village I, Bor Keo)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po qhs (#30)
2. Glibenclamide 5mg 1t po qd (#60)
3. Captopril 25mg 1/4t po bid (#buy)

20. CM#RK00399, 52F (Village IV, Kachagn, Banlung)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM (#90)
2. Captopril 25mg 1/2t po bid (buy)
3. Atenolol 50mg 1/2t po qd (#30)
4. ASA 100mg 1t po qd (#60)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc	=9.9	[4.1 – 6.1]
HbA1C	=9.9	[4.8 – 5.9]

21. ND#RK00401, 56F (Oromeat Village, Labansirk, Banlung)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (#100)
2. Glibenclamide 5mg 1t qd (#60)
3. Captopril 25mg 1/4t po bid (buy)
4. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Creat	=36	[44 - 80]
Gluc	=12.2	[4.1 – 6.1]
HbA1C	=10.05	[4.8 – 5.9]

22. ES#RK00407, 20F (Yern village, Kork commune, Borkeo district)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid (buy)
2. Propranolol 40mg 1/4t po bid (buy)
3. Draw blood for Free T4 at SHCH

Lab result on August 8, 2013

Free T4=14.62 [12.0 - 22.0]

23. VC#RK00268, 70M (Bey Srok Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 3t po qAM and 2t qPM (buy)
2. Glibenclamide 5mg 2t po bid (buy)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. ASA 100mg 1t po qd (buy)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 8, 2013

Gluc	=8.7	[4.1 – 6.1]
HbA1C	=9.9	[4.8 – 5.9]

24. MH#RK00415, 56M (Akphivath Village, Labansirk, Banlung)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (buy)
2. Glibenclamide 5mg 1t po bid (#100)
3. Captopril 25mg 1/4t po bid (buy)
4. Review on diabetic diet, do regular exercise and foot care

25. YC#RK00416, 43M (Chey Chumnas Village, Labansirk, Banlung)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (buy)

2. Glibenclamide 5mg 1t po qd (#60)
3. Captopril 25mg 1/2t po bid (buy)
4. Review on diabetic diet, do regular exercise and foot care

26. CC#RK00419, 53M (Chey Chumnas Village, Labansirk, Banlung)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. Lipantil 200mg 1t po qd (buy)
4. Simvastain 20mg 1t po qhs (buy)
5. Educate on diabetic diet, do regular exercise and foot care
6. Alcohol drinking cessation

27. TP#RK00420, 61M (Norng Hai Village, Seda, Lumphat)
Diagnosis:

1. Liver cirrhosis

Treatment:

1. Spironolactone 25mg 1t po qd (#60)

The next Rattanakiri TM Clinic will be held in October 2013