

Telemedicine Clinic
Rattanakiri
Referral Hospital
December 2012

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

On Tuesday December 18 and Wednesday December 19, 2012, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 8 new 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.

The following day, Thursday December 20, 2012, 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: Fri, Dec 7, 2012 at 6:42 AM
Subject: Telemedicine Clinic December 2012 at Rattanakiri referral hospital
To: Rithy Chau <rithychau@sihosp.org>, Kruey Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Cornelia Haener <corneliahaener@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, December 11 - 12, 2012 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, December 13, 2012. 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: Kiri Hospital Telemedicine <kirihospital@gmail.com>
Date: Wed, Dec 12, 2012 at 4:25 PM
Subject: Rattanakiri Telemedicine Clinic December 2012, Case#1, SS#RK00395, 51F
To: rithychau@sihosp.org, Lim kruey <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com"

<lauriebachrach@yahoo.com>

Dear all,

There are eight new cases for Rattanakiri Telemedicine clinic December 2012. This is the case number 1, SS#RK395, 51F and photo.

Best regards,
Polo/Sovann

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



Patient: SS#RK00395, 51F (Village I, Bor Keo)

Chief Complaint: Polydypsia, polyphagia x 4months

HPI: 51F presented with symptoms of polydypsia, polyphagia, fatigue and noticed the ants come around her urine. She went to consult at private clinic with blood sugar 220mg/dl and she was diagnosed with DM, treated with Antidiabetic drug taking 1t bid. After one week, blood sugar rechecked 170mg/dl. She denied of blurred vision, chest pain, SOB, hematuria, dysuria, numbness/tingling, edema, foot wound.

PMH/SH: Remote Malaria

Family Hx: Sister with diabetes

Social Hx: No cig smoking, no EtOH

Medication: Antidiabetic drug 1t po bid

Allergies: NKDA

ROS: Epigastric pain, burning sensation, relieved with antacid, no burping with sour taste, no hematemesis, no melena

PE:

Vital Signs: BP: 156/103 (both arms) P: 100 RR: 20 T: 37°C Wt: 64kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck lymph nodes 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

Extremities/Skin: No legs edema, no lesion, (+) dorsalis pedis and posterior tibial pulse, no foot wound

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

Lab/Study:

RBS: 220mg/dl

Assessment:

1. DMII
2. HTN

Plan:

1. Metformin 500mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. ASA 300mg 1/4t po qd
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for Lyte, BUN, Creat, Glucose, and HbA1C at SHCH

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

Examined by: Miss Lam Srey Aun (medical student)

Date: December 12, 2012

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

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From: Fang, Leslie S.,M.D.

Sent: Wednesday, December 12, 2012 5:52 PM

To: Fiamma, Kathleen M.

Subject: Re: Rattanakiri Telemedicine Clinic December 2012, Case#1, SS#RK00395, 51F

Agree with diagnosis and management

Suspect that you will need higher doses of captopril in follow up

Leslie ST Fang, MD PhD

From: Kiri Hospital Telemedicine <kirihospital@gmail.com>

Date: Wed, Dec 12, 2012 at 4:37 PM

Subject: Rattanakiri Telemedicine Clinic December 2012, Case#2, ME#RK00396, 40F

To: Cornelia Haener <corneliahaener@sihosp.org>, "Choy, Garry,M.D." <GCHOY@partners.org>, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org, rithychau@sihosp.org, vannarithchea@sihosp.org

Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 2, ME#RK00396, 40F and photos.

Best regards,
Polo/Sovann

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



Patient: ME#RK00396, 40F (Dal Village, Nhang, Andaung Meas)

Chief Complaint: Skin infection on right side of neck for two weeks

HPI: 40F presented with a lesion about 2 x 2cm size, erythema, pain and warmth on right side of neck. She bought medication from local pharmacy without consultation (4 kinds of medicine taking bid for 1week) and traditional medicine application. The erythema increased in size, pain, fever, so she went to referral hospital and admitted to Surgical ward on December 9, 2012 and diagnosed with neck abscess, treated with IV fluid, Ampicillin, Metronidazole, Gentamycine and Paracetamolol. During

these two days, there was blister formation on the traditional medicine application site and ruptured by cleaning the lesion. After two days, the lesion was not improved so Ceftriaxone is used instead of Ampicillin.

PMH/SH: PTB and got 6months treatment in 2002

Family Hx: Sister with HTN; Her husband died in the past 6y with history of lung disease

Social Hx: No cig smoking, no tobacco chewing, casual EtOH

Medication:

1. Ampicilline switched to Ceftriaxone 1g bid
2. Metronidazole 500mg tid
3. Gentamycine 80mg bid
4. Paracetamolol 500mg qid
5. Indomethacin bid

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs:

Dec 11, 2012	BP: 110/79	P: 114	RR: 20	T: 38°C
Dec 12, 2012	BP: 97/74	P: 104	RR: 20	T: 38°C



General: Look sick, not tachypnea

HEENT:

- Mouth: positive oral thrust, no lesion, no swelling of salivary gland
- Neck: Indurated erythema lesion on right side of neck to right upper chest and back with central opened fluctuation lesion sized about 3x4cm, excoriation, very tender to touch all over erythema area; Positive subcutaneous crepitus with palpitation on right upper chest and shoulder; no thyroid enlargement, no neck lymph nodes palpable (Image was taken after Wound has been cleaned by ward nurse)

- Ear: normal ear canal mucosa with intact tympanic membrane bilateral

Chest: Left lung crackle, clear on right side; H RRR, no murmur

Abdomen: Soft, no distensión, no tender, (+) BS, no HSM, no surgical scar

Extremities/Skin: No legs edema, no lesion, (+) dorsalis pedis and posterior tibial pulse, no foot wound

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

Lab/Study:

Abdominal ultrasound: Normal (no Lymph node detected)

RBS: 438mg/dl (Dec 11, 2012); RBS: 510mg/dl (Dec 12, 2012)

Negative HIV test

Chest and Neck x-ray attached

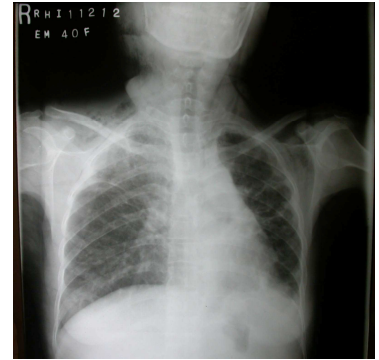
AFB sputum smear: pending

Assessment:

1. Neck abscess?
2. Neck Cellulitis?
3. Subcutaneous emphysema?
4. Neck TB lymphadenitis?
5. PTB?
6. Oral candidiasis
7. Hyperglycemia

Plan:

1. Ceftriaxone 2g IV bid for 2w
2. Metronidazole 500mg IV tid for 2w
3. Gentamycin 80mg IV bid
4. Paracetamol 500mg 1t po qid
5. Ibuprofen 200mg 3t po tid for 5d
6. Insulin (Insulatard) 5UI qd
7. Fluconazole 200mg 1t po once



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

Examined by: Nurse Sovann Peng

Date: December 12, 2012

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

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From: **Cornelia Haener** <corneliahaener@sihosp.org>

Date: Wed, Dec 12, 2012 at 5:20 PM

Subject: RE: Rattanakiri Telemedicine Clinic December 2012, Case#2, ME#RK00396, 40F

To: Kiri Hospital Telemedicine <kirihospital@gmail.com>, "Choy, Garry,M.D." <GCHOY@partners.org>,

Lim kruiy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann

<paul.heinzelmann@gmail.com>, jkvedar@partners.org, rithychau@sihosp.org, vannarithchea@sihosp.org

Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com"

<lauriebachrach@yahoo.com>

Dear Sovann,

Thanks so much for submitting this case.

This is an emergency situation. She has necrotizing fasciitis and would need surgery (wide debridement) urgently.

Kind regards

Cornelia

From: **Choy, Garry,M.D.** <GCHOY@partners.org>

Date: Wed, Dec 12, 2012 at 5:57 PM

Subject: Re: Rattanakiri Telemedicine Clinic December 2012, Case#2, ME#RK00396, 40F

To: Cornelia Haener <corneliahaener@sihosp.org>, Kiri Hospital Telemedicine <kirihospital@gmail.com>,

Lim kruiy <kruylim@yahoo.com>, "Fiamma, Kathleen M." <KFIAMMA@partners.org>, Paul Heinzelmann

<paul.heinzelmann@gmail.com>, "Kvedar, Joseph Charles,M.D." <JKVEDAR@partners.org>,

"rithychau@sihosp.org" <rithychau@sihosp.org>, "vannarithchea@sihosp.org" <vannarithchea@sihosp.org>

Cc: "bernie@media.mit.edu" <bernie@media.mit.edu>, "thero@cambodiadaily.com"

<thero@cambodiadaily.com>, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

There is subcutaneous emphysema on the neck and chest radiographs which would support necrotizing fasciitis / gas producing organism / and superimposed communication externally. Also there is right upper lung opacity which could be infection/chronic scarring depending on if respiratory symptoms.

Best regards,

Garry

Garry Choy MD

MGH Radiology

Imaging Global Health Programs / International Radiology Exchange (iRadX.org)

From: **vannarith chea** <vannarithchea@sihosp.org>
Date: Fri, Dec 14, 2012 at 11:33 AM
Subject: RE: Rattanakiri Telemedicine Clinic December 2012, Case#2, ME#RK00396, 40F
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>

Deaar All,

I agreed with Dr. Garry Choy but I would like to add more about the appearance of left lung parenchyma that it could be more emphysema (this patient is smoker?) and reduced lung volume compare with right side may secondary of lung Atelectasis (lingual Atelectasis?).

Thanks for your picture.
Vannarith CHEA, MD

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, December 13, 2012 9:30 PM
To: kirihospital@gmail.com
Cc: MPH MHS PA-C Rithy Chau
Subject: Fwd: Necrotizing fasciitis-Cambodia

I agree completely with the nurses evaluation, differential and plan... but this is a case that should move to a higher level of care. Hate to send her to Phnom Penh... but it likely will save her life.

Best,
Peter

From: **chaurithy** <rithychau@sihosp.org>
Date: Fri, Dec 14, 2012 at 2:07 PM
Subject: RE: Necrotizing fasciitis-Cambodia
To: kirihospital@gmail.com
Cc: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, Bernie Krisher <bernie@media.mit.edu>, Sothero Noun <thero@cambodiadaily.com>, kruylim@sihosp.org, Cornelia Haener <corneliahaener@sihosp.org>, Chatha hor <chanthahor@sihosp.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Sovann Peng <sovann.peng@gmail.com>

Dear Polo,

I spoke to Dr. Chantha at SHCH/SD and he agreed to have the patient to meet in front of SHCH on Monday morning, December 17th. I understand that the RRH director said that your hospital will not be able to handle this case and must refer out to Phnom Penh. If you are considering to refer to SHCH, please e-mail and contact JRfC as usual and the patient and her relatives can stay at a rented room for TM purpose (consult Mr. Channarith Ly for support in this matter). Whatever your decision for referral, please make this a priority if possible.

Let me know where you will refer the patient and Sovann and/or I will help to follow up from here in PP.

Thanks,
Rithy

Rithy Chau, MPH, MHS, PA-C
Director Telemedicine/EHC Officer
Sihanouk Hospital Center of HOPE

rithychau@sihosp.org

TEL: 855-23-882-484, Ext 250, FAX: 855-23-882-485

HP: 855-11-623-805, 855-12-520-547

www.sihosp.org, www.care4cambodia.org, www.villageleap.com/telemedicine

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>

Date: Wed, Dec 12, 2012 at 4:41 PM

Subject: Rattanakiri Telemedicine Clinic December 2012, Case#3, HS#RK00397, 49M

To: kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org, rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>

Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 3, HS#RK00397, 49M and photo.

Best regards,
Polo/Sovann

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



Patient: HS#RK00397, 49M (Tes Anlung Village, Beung Kanseng, Banlung)

Chief Complaint: Three times of extremities weakness in three years

HPI: 49M, policeman, presented with lower extremities weakness without HA, neck tension, dizziness, blurred vision, chest pain, cough, SOB, syncope. He was brought to referral hospital and found out he had high blood pressure (systolic BP: 200mmHg) and was treated with Antihypertensive (unknown name). He became better with ability to walk as normal and about one year later, he developed lower extremities

weakness again and sought medical care with private clinic in Phnom Penh and told he had HTN and treated with few kinds of medicine. He was not able to go for follow with private clinic due to financial problem and several months later, he developed extremities weakness again and was seen by local doctor and treated with Amlodipine 5mg qd. He denied of history trauma, paralysis.

PMH/SH: no HTN, no DMII, no past surgery

Family Hx: Mother with HTN and heart disease

Social Hx: Smoking 2packs of cig per day for over 10y; stopped 3y, casual EtOH

Medication:

1. Amlodipine 5mg 1t qd

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs:

Dec 11, 2012 **BP: 153/96 (both arms)** **P: 89** **RR: 20** **T: 36.5°C** **Wt: 60kg**

Dec 12, 2012 **BP: 130/86** **P: 90**

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck lymph nodes 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

Extremities/Skin: No legs edema, no lesion, (+) dorsalis pedis and posterior tibial pulse

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

Lab/Study: None

Assessment:

1. HTN

Plan:

1. Amlodipine 5mg 1t po qd
2. Draw blood for Lyte, BUN, Creat, Glucose, Ca2+ at SHCH

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

Examined by: Nurse Sovann Peng

Date: December 12, 2012

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

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From: **Cusick, Paul S.,M.D.** <PCUSICK@partners.org>

Date: Sat, Dec 15, 2012 at 6:57 AM

Subject: RE: Rattanakiri Telemedicine Clinic December 2012, Case#3, HS#RK00397, 49M

To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, "kirihospital@gmail.com"

<kirihospital@gmail.com>

Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

Thanks for the consult

It would appear that he had 3 separate episodes of hypertensive crisis and may have had strokes or ischemia related to his hypertension.

It is clear that he needs antihypertensive, low sodium diet and close follow up to evaluate blood pressure.

amlodipine is a good place to start

he also has an reasonable heart rate of 90 so you could also use a beta blocker such as metoprolol or atenolol for blood pressure control

Good luck,

Paul Cusick

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>

Date: Wed, Dec 12, 2012 at 4:44 PM

Subject: Rattanakiri Telemedicine Clinic December 2012, Case#4, TL#RK00398, 45F

To: Cornelia Haener <corneliahaener@sihosp.org>, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org, rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org

Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 4, TL#RK00398, 45F and photos.

Best regards,
Polo/Sovann

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



Patient: TL#RK00398, 45F (Village II, La Ork, O Chum)

Chief Complaint: Thyroid mass for two years

HPI: 45F presented with small lump about 1x1cm size on the anterior neck without pain, erythema, swelling and denied of extremity tremor, palpitation, heat intolerance, weight loss, diarrhea, insomnia, skin change. She was advised to seek consult with Telemedicine clinic.

PMH/SH: Unremarkable

Family Hx: No family member with diabetes, HTN, heart disease

Social Hx: No cig smoking, no tobacco chewing, casual EtOH

Medication: None

Allergies: NKDA

ROS: Epigastric pain, burning sensation, radiated to the back, relieved by Antacid, no hematemesis, no black/bloody stool

PE:

Vital Signs: BP: 106/76

P: 96

RR: 18

T: 37°C

Wt: 50kg



General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, a small mass about 1x1cm size on anterior neck, smooth, regular border, no tender, no bruit, mobile on swallowing, no neck lymph nodes palpable

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

Abdomen: Soft, no distensión, no tender, (+) BS, no HSM, no surgical scar

Extremities/Skin: No legs edema, no lesion, (+) dorsalis pedis and posterior tibial pulse

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

Lab/Study:

Neck mass ultrasound conclusion: Thyroid cyst

Assessment:

1. Thyroid cyst
2. Dyspepsia

Plan:

1. Keep observe on the thyroid cyst
2. Famotidine 40mg 1t po qhs for one month
3. Mebendazole 100mg 5t po qhs once

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

Examined by: Miss Lam Srey Aun (medical student)

Date: December 12, 2012

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

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From: Barbesino, Giuseppe, M.D. <GBARBESINO@partners.org>

Date: Thu, Dec 13, 2012 at 5:12 AM

Subject: RE: Rattanakiri Telemedicine Clinic December 2012, Case#4, TL#RK00398, 45F

To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>

Cc: "kirihospital@gmail.com" <kirihospital@gmail.com>, "rithychau@sihosp.org" <rithychau@sihosp.org>

The presentation suggests a small thyroid cysts (I have not received US pictures though). This can certainly be monitored without intervention.

Giuseppe Barbesino, M.D.

From: Kiri Hospital Telemedicine <kirihospital@gmail.com>

Date: Wed, Dec 12, 2012 at 4:51 PM

Subject: Rattanakiri Telemedicine Clinic December 2012, Case#5, CM#RK00399, 51F



To: jkvedar@partners.org, rithychau@sihosp.org, Lim kruiy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 5, CM#RK00399, 51F and photo.

Best regards,
Polo/Sovann

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



Patient: CM#RK00399, 51F (Village IV, Kachagn, Banlung)

Chief Complaint: Fatigue x 2y

HPI: 51F presented with symptoms of fatigue, polyphagia, blurred vision, burning pain on feet and she got consult with local private clinic and found out she had diabetes with blood sugar 400mg/dl. She was treated with Metformin 500mg 1t bid for 1w then she went to seek care at Phnom Penh for about 1y. She missed follow up at Phnom Penh due to financial reason and got treatment with traditional medicine. She still present with above symptoms and denied fever, SOB, chest pain, GI problem, oliguria,

hematuria, foot wound.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No cig smoking, no tobacco chewing, previous casual EtOH

Medication: Traditional medicine

Allergies: NKDA

ROS: 1y post menopause

PE:

Vital Signs: BP: Rt 160/85 Lt 145/105 P: 124 RR: 20 T: 37°C Wt: 52kg

General: Look stable

HEENT: Diffuse thyroid enlargement, soft, smooth, no tender, no bruit, mobile on swallowing; No oropharyngeal lesion, pink conjunctiva

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

Abdomen: Soft, no distensión, no tender, (+) BS, no HSM, no surgical scar

Extremities/Skin: No legs edema, no lesion, (+) dorsalis pedis and posterior tibial pulse

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

Lab/Study: None

FBS: 159mg/dl

Assessment:

1. DMII
2. HTN
3. Goiter

Plan:

1. Metformin 500mg 1t po bid
2. Atenolol 50mg 1/2t po qd
3. ASA 300mg 1/4t po qd
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, Creat, Gluco, HbA1C and TSH at SHCH

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

Examined by: Nurse Sovann Peng

Date: December 12, 2012

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

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From: **Barbesino, Giuseppe, M.D.** <GBARBESINO@partners.org>

Date: Thu, Dec 13, 2012 at 5:08 AM

Subject: RE: Rattanakiri Telemedicine Clinic December 2012, Case#5, CM#RK00399, 51F

To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>

Cc: "kirihospital@gmail.com" <kirihospital@gmail.com>, "rithychau@sihosp.org" <rithychau@sihosp.org>

Agree with restarting metformin for diabetes likely type II. However she has tachycardia and goiter so TSH, FT4 should also be considered.

Giuseppe Barbesino, M.D.

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>

Date: Wed, Dec 12, 2012 at 4:51 PM

Subject: Rattanakiri Telemedicine Clinic December 2012, Case#6, YS#RK00400, 42F

To: Cornelia Haener <corneliahaener@sihosp.org>, rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org

Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 6, YS#RK00400, 42F and photos.

Best regards,
Polo/Sovann

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



Patient: YS#RK00400, 42F (Bey Srok Village, Kala, Lumphatt)

Chief Complaint: Neck mass x 8y

HPI: 42F presented with a mass on the right side of anterior neck with symptoms of palpitation, hand tremor, insomnia and denied of GI problem, weight loss, skin change and she didn't seek medical consultation until now. In these several months, she noticed fatigue, dizziness and HA so she was advised to seek consultation with Telemedicine clinic.

PMH/SH: Malaria in the past 10y

Family Hx: Cousin with goiter

Social Hx: No cig smoking, no tobacco chewing, no EtOH

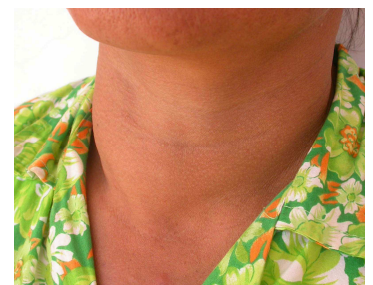
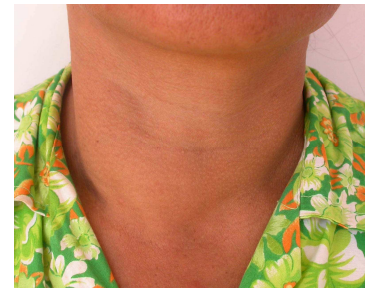
Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 108/77 P: 77 RR: 20 T: 37°C
Wt: 64kg



General: Look stable

HEENT: Thyroid enlargement on right side, about 4x5cm, smooth, soft, regular border, no tender, no bruit, mobile on swallowing; No oropharyngeal lesion, pink conjunctiva, no neck lymph nodes palpable, no JVD

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

Abdomen: Soft, no distensión, no tender, (+) BS, no HSM, no surgical scar

Extremities/Skin: No legs edema, no lesion, (+) dorsalis pedis and posterior tibial pulse

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

Lab/Study: None

Assessment:

1. Goiter with thyroid dysfunction?

Plan:

1. Draw blood for TSH and Free T4 at SHCH

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

Examined by: Miss Lam Srey Aun (medical student)

Date: December 12, 2012

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

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From: Barbesino, Giuseppe, M.D.

Sent: Wednesday, December 12, 2012 5:06 PM

To: Fiamma, Kathleen M.

Cc: 'kirihospital@gmail.com'; 'rithychau@sihosp.org'

Subject: RE: Rattanakiri Telemedicine Clinic December 2012, Case#6, YS#RK00400, 42F

Agree with the plan. The only unusual thing is the lack of tachycardia which goes against hyperthyroidism. If TSH is normal then a neck ultrasound and potentially a biopsy should be considered.

Giuseppe Barbesino, M.D.

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>

Date: Wed, Dec 12, 2012 at 4:55 PM

Subject: Rattanakiri Telemedicine clinic December 2012, Case#7, ND#RK00401, 56F

To: Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann

<paul.heinzelmann@gmail.com>, jkvedar@partners.org, rithychau@sihosp.org

Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com"

<lauriebachrach@yahoo.com>

Dear all,

This is case number 7, ND#RK00401, 56F and photo.

Best regards,

Polo/Sovann

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



Patient: ND#RK00401, 56F (Oromeat Village, Labansirk, Banlung)

Chief Complaint: Polyphagia, polyuria, polydypsia x 6y

HPI: 56F presented with symptoms of polyphagia, polyuria, polydypsia and foot paresthesia and got consultation with private clinic, diagnosed with Diabetes (blood sugar: 460mg/dl) and treated with Metformin 850mg 1t bid and other antidiabetic drug (unknown name) bid but she still presents with above symptoms.

PMH/SH: no HTN, no DMII, no past surgery

Family Hx: Mother with HTN

Social Hx: No cig smoking, no tobacco chewing, no EtOH, three children

Medication:

1. Metformin 850mg 1t po bid
2. Other Antidiabetic drug (unknown name) 1t bid

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 152/84 P: 77 RR: 20 T: 37°C Wt: 54kg

General: Look stable

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

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

Abdomen: Soft, no distensión, no tender, (+) BS, no HSM, no surgical scar

Extremities/Skin: No legs edema, no lesion, (+) dorsalis pedis and posterior tibial pulse, no foot wound

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

Lab/Study:

FBS: 133mg/dl

Assessment:

1. DMII
2. HTN

Plan:

1. Metformin 850mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Captopril 25mg 1/4t po bid
4. ASA 300mg 1/4t po qd
5. Educate on diabetic diet, do regular exercise and foot care
6. Draw blood for Lyte, BUN, Creat, Glucose and HbA1C at SHCH

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

Examined by: Miss Lam Srey Aun (medical student)

Date: December 12, 2012

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

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From: **Cusick, Paul S.,M.D.** <PCUSICK@partners.org>

Date: Fri, Dec 14, 2012 at 7:59 PM

Subject: RE: Rattanakiri Telemedicine clinic December 2012, Case#7, ND#RK00401, 56F

To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, "kirihospital@gmail.com" <kirihospital@gmail.com>

Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

I agree with your assesement and plan

Can you measure ketones in a urine sample,

given that she is a type 2 diabetes (insulin deficiency and insulin resistance) she should not have ketones.

I agree with the diabetes education, diabetes meds, and ACE inhibitor.

Aspirin is a good choice.

Paul

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>

Date: Wed, Dec 12, 2012 at 5:00 PM

Subject: Rattanakiri Telemedicine Clinic December 2012, Case#8, OK#RK00402, 71M

To: kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org, rithychau@sihosp.org, Lim kruiy <kruylim@yahoo.com>

Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is the last case for Rattanakiri Telemedicine clinic December 2012, OK#RK00402, 71M and photos. Please reply to the cases before Thursday afternoon when the patients will come to receive the treatment.

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: OK#RK00402, 71M, (CHEY ROMAES village, LBS commune, BL district)

Chief Complaint: Polyphagia, polydipsia x 3 months

HPI: 71M with history 5y hypertension complained about polyphagia and polydipsia just three months and got consultation with local private clinic FBS 140mg/dl. He was treated with Glibenclamide 5mg 1tablet daily.

PMH/SH: Surgery of gastric perforation in 2002

Family Hx: His wife with hypertension

Social HX : tobacco use 1 pack / d approximately 40 years

Medication:

1. Glibenclamide 5mg 1t qd

Allergie : NKDA

ROS: Eye blurred vision, skin rashes on extremities



PE:

Vital Signs: BP: 118/ 71 P: 73 RR: 20/mn T: 37c Wt: 64 kg

General: Look stable

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

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

Abdomen: Soft, no distensión, no tender, (+) BS, no HSM, no surgical scar

Extremities/Skin: almost complete healed ulcerated rashes on left arm and other extremity, No legs edema, (+) dorsalis pedis and posterior tibial pulse, no foot wound

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

Lab/Study:

FBS = 83mg/dl
Total cholesterol =162mg / dl
TG = 99 mg /dl
Creatinine = 1.6mg / dl

Assessment:

1. Diabetic mellitus

Plan:

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

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

Examined by: Miss Lam Srey Aun (medical student)

Date: December 12, 2012

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

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From: Fang, Leslie S.,M.D.

Sent: Wednesday, December 12, 2012 4:59 PM

To: Fiamma, Kathleen M.

Subject: Re: Rattanakiri Telemedicine Clinic December 2012, Case#8, OK#RK00402, 71M

Symptoms and signs of diabetes, appropriately treated

Leslie ST Fang, MD PhD

Thursday, December 20, 2012

Follow-up Report for Rattanakiri TM Clinic

There were 8 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 8 cases was transmitted and received replies from both Phnom Penh and Boston, and other 21 patients came for brief consult and refill medication only, and other 28 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 December 2012

1. SS#RK00395, 51F (Village I, Bor Keo)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (#80)
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 Lyte, BUN, Creat, Glucose, and HbA1C at SHCH

Lab result on December 13, 2012

Na	=134	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=101	[95 - 110]
BUN	=2.6	[<8.3]
Creat	=37	[53 - 97]
Gluc	=9.5	[4.1 - 6.1]
HbA1C	=8.5	[4.8 - 5.9]

Recommendation after blood test resulted: Keep the same treatment

2. ME#RK00396, 40F (Dal Village, Nhang, Andaung Meas)**Diagnosis:**

1. Neck Necrotizing fasciitis
3. Oral candidiasis
4. DM II?

Treatment:

1. Ceftriaxone 2g IV bid for 2w
2. Metronidazole 500mg IV tid for 2w
3. Gentamycin 80mg IV bid
4. Paracetamol 500mg 1t po qid
5. Ibuprofen 200mg 3t po tid for 5d (#45)
6. Insulin (Insulatard) 5UI SQ qd
7. Fluconazole 200mg 1t po once
8. Refer to Khmer-Soviet Friendship hospital for further evaluation

3. HS#RK00397, 49M (Tes Anlung Village, Beung Kanseng, Banlung)**Diagnosis:**

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd
2. Draw blood for Lyte, BUN, Creat, Ca2+ at SHCH

Note: Patient didn't come to receive above treatment and for blood drawing

4. TL#RK00398, 45F (Village II, La Ork, O Chum)**Diagnosis:**

1. Thyroid cyst
2. Dyspepsia

Treatment:

1. Keep observe on the thyroid cyst
2. Famotidine 40mg 1t po qhs for one month (#30)
3. Mebendazole 100mg 5t po qhs once (#5)

5. CM#RK00399, 51F (Village IV, Kachagn, Banlung)**Diagnosis:**

1. DMII
2. HTN
3. Goiter

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Atenolol 50mg 1/2t po qd (#20)
3. ASA 100mg 1t po qd (#60)
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, Creat, Gluco, HbA1C and TSH at SHCH

Lab result on December 13, 2012

WBC	=8.58	[4 - 11x10 ⁹ /L]	Na	=131	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10 ¹² /L]	K	=4.8	[3.5 - 5.0]
Hb	=12.5	[12.0 - 15.0g/dL]	Cl	=100	[95 - 110]
Ht	=38	[35 - 47%]	Creat	=86	[44 - 80]
MCV	=74	[80 - 100fl]	Gluc	=8.9	[4.1 - 6.1]
MCH	=23	[25 - 35pg]	HbA1C	=8.0	[4.8 - 5.9]
MHCH	=33	[30 - 37%]	TSH	=2.91	[0.27 - 4.20]
Plt	=453	[150 - 450x10 ⁹ /L]			
Lymph	=2.23	[0.70 - 4.40x10 ⁹ /L]			
Mono	=0.57	[0.10 - 0.80x10 ⁹ /L]			
Neut	=5.33	[2.00 - 8.00x10 ⁹ /L]			

Recommendation after blood test resulted: Keep the same treatment

6. YS#RK00400, 42F (Bey Srok Village, Kala, Lumphatt)

Diagnosis:

1. Goiter with thyroid dysfunction?

Treatment:

1. Draw blood for TSH and Free T4 at SHCH

Lab result on December 13, 2012

TSH	=1.49	[0.27 - 4.20]
Free T4	=14.92	[12.0 - 22.0]

Recommendation after blood test resulted: Keep observe

7. ND#RK00401, 56F (Oromeat Village, Labansirk, Banlung)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 850mg 1t po bid (buy)
2. Glibenclamide 5mg 1t po bid (#100)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Educate on diabetic diet, do regular exercise and foot care
6. Draw blood for Lyte, BUN, Creat, Glucose and HbA1C at SHCH

Lab result on December 13, 2012

Na	=134	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	=101	[95 - 110]
BUN	=3.4	[<8.3]
Creat	=43	[53 - 97]
Gluc	=8.9	[4.1 - 6.1]
HbA1C	=8.4	[4.8 - 5.9]

Recommendation after blood test resulted: Keep the same treatment

8. OK#RK00402, 71M, (CHEY ROMAES village, LBS commune, BL district)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd (#50)
2. Educate on diabetic diet, do regular exercise and foot care
3. Draw blood for Lyte, BUN, Creat, Glucose and HbA1C at SHCH

Lab result on December 13, 2012

Na	=139	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=5.1	[<8.3]
Creat	=117	[53 - 97]
Gluc	=3.9	[4.1 - 6.1]
HbA1C	=6.5	[4.8 - 5.9]

Recommendation after blood test resulted: Keep the same treatment

Patient who come for brief consultation and refill medicine

1. NS#RK00006, 25F (Village I)

Diagnosis:

1. Lt total, Rt subtotal thyroidectomy
2. Hypothyroidism
3. Hypocalcemia

Treatment:

1. Ca/Vit 500mg/400UI 1t po bid (buy)
2. Carbimazole 5mg 1t po qd (buy)
3. Draw blood for Ca²⁺ and Free T4 at SHCH

Lab result on December 13, 2012

Ca ²⁺	=1.09	[1.1 - 1.4]
F T4	=10.94	[11.0 - 22.0]

Recommendation after blood test resulted: Keep the same treatment

2. NH#RK00010, 55F (Village III)

Diagnosis:

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

Treatment:

1. Atenolol 50mg 1t po bid (#200)
2. HCTZ 25mg 2t po qd (#100)
3. Captopril 25mg 1t po bid (buy)
4. Glibenclamide 5mg 1t po bid (buy)
5. Metformin 500mg 1t po bid (#100)

Lab result on December 13, 2012

Gluc	=9.2	[4.1 - 6.1]
HbA1C	=7.6	[4.8 - 5.9]

Recommendation after blood test resulted: Keep the same treatment

3. KY#RK00069, 61F (Village III)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 2t po bid (#200)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Draw blood for glucose and HbA1C at SHCH

Lab result on December 13, 2012

Gluc =8.4 [4.1 - 6.1]
HbA1C =10.0 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment

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

Diagnosis:

1. HTN
2. DMII
3. Liver cirrhosis

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 1t po bid (#150)
3. Amlodipine 5mg 1t po qd (#100)
4. Spironolactone 25mg 1t po bid (#200)
5. Propranolol 40mg 1/4t po bid (#30)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 13, 2012

Gluc =5.4 [4.1 - 6.1]
HbA1C =5.8 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment

5. OT#RK00155, 45F (Bor Keo)

Diagnosis:

1. HTN
2. DMII
3. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid (#200)
2. Captopril 25mg 1t po bid (#buy)
3. Atenolol 50mg 1/2t po bid (#100)
4. ASA 100mg 1t po qd (#60)
5. Amitriptylin 25mg 1/2t po qhs (#50)
6. Insulin NPH 23UI qAM and 5UI qPM (buy)
7. Simvastatin 10mg 1t po qhs (buy)
8. Draw blood for Glucose, tot chole, TG and HbA1C at SHCH

Lab result on December 13, 2012

Gluc =11.1 [4.1 - 6.1]
T. chole=5.5 [<5.7]

TG =4.2 [1.7]
HbA1C =10.7 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment

6. KK#RK00231, 49F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Glyburide 2.5mg 1t po bid (#100)
2. Metformin 500mg 1t po bid (buy)
3. ASA 300mg 1/4t po qd (buy)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 13, 2012

Creat =39 [44 – 80]
Gluc =6.5 [4.1 - 6.1]
HbA1C =9.6 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment

7. SV#RK00256, 43M (Village I)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 3t qAM and 2t qPM (#200)
3. Captopril 25mg 1/2t po bid (buy)

Lab result on December 13, 2012

Gluc =11.5 [4.1 - 6.1]
HbA1C =11.0 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment

8. KC#RK00260, 44F (Village V)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#150)
2. Captopril 25mg 1/4t po bid (buy)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 13, 2012

Gluc =5.6 [4.1 - 6.1]
HbA1C =7.8 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment

9. VC#RK00268, 66M (Bey Srok Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 3t po qAM and 2t qPM (#200)
2. Glibenclamide 5mg 2t po bid (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 13, 2012

Gluc =11.9 [4.1 - 6.1]
HbA1C =10.8 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment

10. SS#RK00299, 46F (Thmey Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glipizide 10mg 1/2t po bid (#100)
2. Metformin 500mg 2t po bid (#200)
3. Captopril 25mg 1/2 tab bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Draw blood for glucosa and HbA1C at SHCH

Lab result on December 13, 2012

Gluc =7.8 [4.1 - 6.1]
HbA1C =9.5 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment

11. SH#RK00311, 57F (Dey Lo Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 1t po bid (#150)
3. Captopril 25mg 1/4t po bid (buy)
4. Draw blood for glucosa and HbA1C at SHCH

Lab result on December 13, 2012

Gluc =6.1 [4.1 - 6.1]
HbA1C =9.2 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment

12. CT#RK00318, 31F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 3t qAM, 2t qPM (#100)
2. Glyburide 2.5mg 1t po bid (#200)

Lab result on December 13, 2012

Gluc =7.8 [4.1 - 6.1]
HbA1C =9.6 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment and review on diabetic diet

13. TS#RK00320, 51M (Village V)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#200)
2. Metformin 500mg 2t po bid (#200)
3. Captopril 25mg 1t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 13, 2012

Gluc =9.0 [4.1 - 6.1]
HbA1C =8.1 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment

14. HY#RK00341, 41M (Village VI, Labansirk commune)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Metformine 500mg 1t po bid (#100)
2. Glipizide 10mg 1t po bid (#200)
3. Atenolol 50mg 1/2t po qd (#50)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptylin 25mg 1/4t po qhs (buy)

15. LV#RK00369, 55F (Village I, LBS)

Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Glyburide 2.5mg 2t po bid (#400)
3. Amitriptyline 25mg 1/4t po qhs (#25)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 13, 2012

Gluc =11.2 [4.1 - 6.1]
HbA1C =11.2 [4.8 – 5.9]

Recommendation after blood test resulted: Keep the same treatment, review diabetic diet

16. HS#RK00370, 47F (Village I, LBS)

Diagnosis:

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

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM (#200)
2. Glyburide 2.5mg 2t po bid (#400)
3. Captopril 25mg 1/2t po bid (buy)
4. Amlodipine 5mg 1t po qd (buy)
5. Fenofibrate 100mg 1t po bid (buy)

Lab result on December 13, 2012

Creat	=277	[44 - 80]
BUN	=13.7	[<8.3]
Gluc	=8.8	[4.1 - 6.1]
HbA1C	=8.9	[4.8 - 5.9]

Recommendation after blood test resulted: Keep the same treatment, review diabetic diet

17. NK#RK00371, 69F (Thmey Village, LBS)

Diagnosis:

1. DMII

Treatment:

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

Lab result on December 13, 2012

Gluc	=7.5	[4.1 - 6.1]
HbA1C	=6.4	[4.8 - 5.9]

Recommendation after blood test resulted: Keep the same treatment, review diabetic diet

18. SC#RK00374, 55F (Sayos, Kaleng, Lumphat)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM (#200)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1/4t po bid (buy)

19. CS#RK00390, 51F (Village I, LBS)

Diagnosis:

1. DMII
2. HTN
3. Obesity

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Captopril 25mg 1t po bid (buy)
3. Amlodipine 10mg 1t po bid (buy)
4. HCTZ 25mg 1t po qd (#100)
5. Review on diabetic diet, regular exercise and foot care
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 13, 2012

Gluc	=12.7	[4.1 - 6.1]
HbA1C	=9.1	[4.8 - 5.9]

Recommendation after blood test resulted: Keep the same treatment

20. CA#RK00392, 47M (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 (#25)
5. Educate on diabetic diet, do regular exercise and foot care
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 13, 2012

Gluc = 10.5 [4.1 - 6.1]
HbA1C = 6.4 [4.8 - 5.9]

Recommendation after blood test resulted: keep the same treatment

21. UP#RK00093, 52F (Village I, LBS)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Draw blood for Free T4 at SHCH

Lab result on December 13, 2012

Free T4=20.27 [12.0 - 22.0]

**The next Rattanakiri TM Clinic will be held in
February 5-7, 2013**