

Telemedicine Clinic
Rattanakiri
Referral Hospital
February 2013

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

On Tuesday February 5 and Wednesday February 6, 2013, 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 February 7, 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: Mon, Jan 28, 2013 at 4:35 PM

Subject: Schedule for Telemedicine Clinic at Rattanakiri referral hospital

To: Kruiy Lim <kruylim@yahoo.com>, Rithy Chau <rithychau@sihosp.org>, Cornelia Haener <corneliahaener@sihosp.org>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@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,

Please be informed that the TM clinic at Rattanakiri Referral Hospital will be held on Tuesday and Wednesday, February 5 - 6, 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, February 7, 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, Feb 6, 2013 at 4:40 PM

Subject: Rattanakiri Telemedicine Clinic February 2013, Case#1, PY#RK00403, 55M

To: Radiology Boston <radiologyexchange@gmail.com>, Rithy Chau <rithychau@sihosp.org>, Kruiy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@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,

There are 8 new cases for Rattanakiri Telemedicine Clinic in February 2013. This is the case number 1, PY#RK00403, 55M and photos.

Best regards,
Polo/Sovann

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



Patient: PY#RK00403, 55M (Prak Village, Samaky, Ochum)

Chief Complaint: Dyspnea x one year

HPI: 55M, driver, presented with symptoms of dyspnea on exertion (moderate walking and working), fatigue, dizziness, lower extremities edema and dry cough. He noted these symptoms became worse that made him discomfort in lying supine on the bed (orthopnea). He went to consult in private clinic and was treated with Diuretic and other few medicine (unknown name) which relieved the edema and dyspnea but these symptoms reappeared again and again. He was admitted to referral hospital for three times including this time due to severe dyspnea and edema. He was discharge from hospital with Digoxin treatment for about a few months but the symptoms were not well controlled. In the last month, he didn't take Digoxin with worse symptoms, he decided to come to referral hospital again. The doctor at referral hospital reported of heart murmur in the first two times of admission.

PMH/SH: he was diagnosed with gastritis in 2006 by Physician in Phnom Penh

Family Hx: None

Social Hx: Smoking 1pack of cig per day for over 20y, stopped for 7y, drinking about 1/2L per day for about 10y and stopped 7y



Medication: (medication treated at referral hospital from February 2 to now)

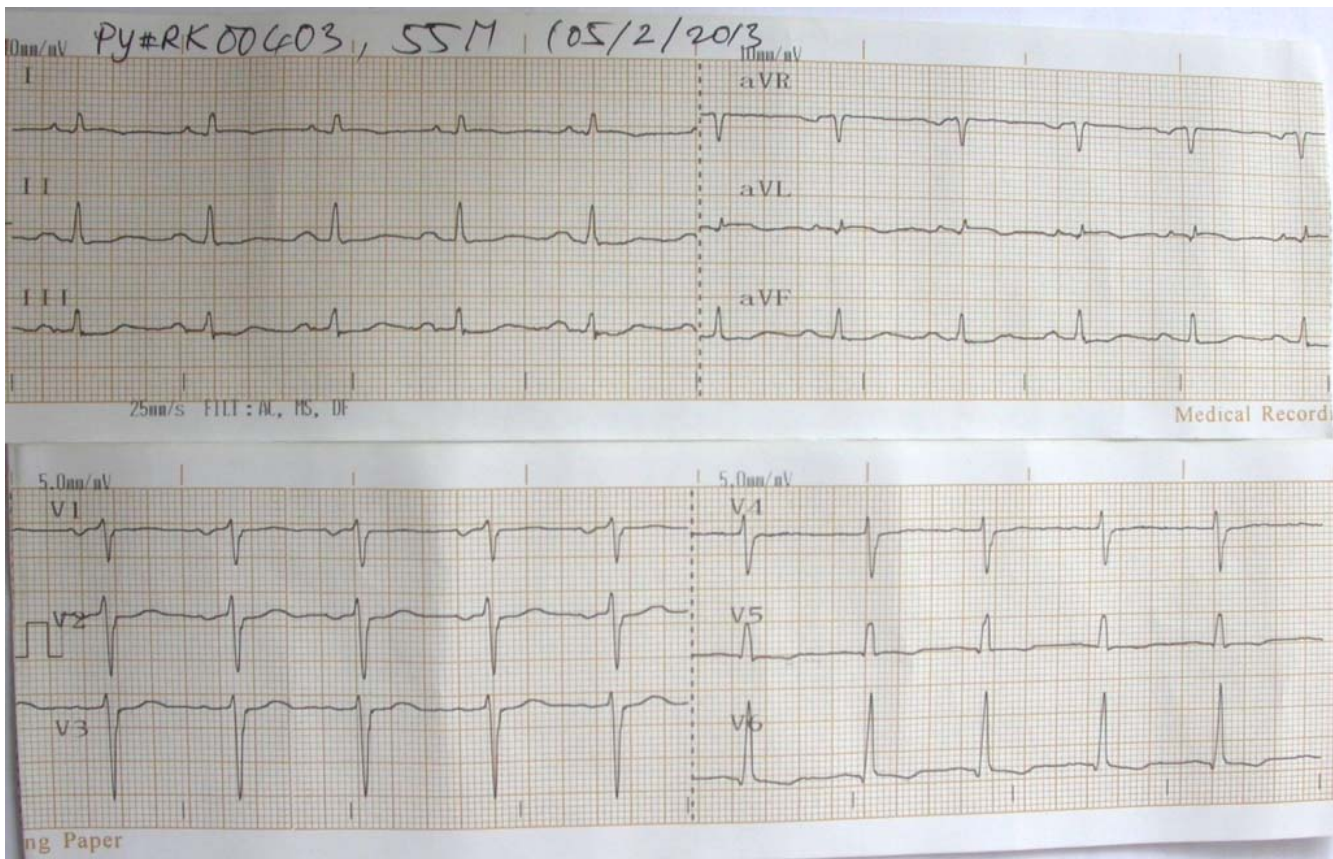
1. Cimetidine 200mg 2t po bid
2. Metronidazole 250mg 2t po tid
3. Amoxicillin 500mg 1t po tid
4. Mg/Al(OH)₃ 1t po tid

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 100/74 P: 85 RR: 20 T: 37°C Wt: 47kg



General: Look sick

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

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:

RBS: 125mg/dl
U/A: no leukocyte, no protein, no blood, no glucose
EKG: attached
CXR: cardiomegaly (picture attached)

Assessment:

1. Heart failure

Plan:

1. Digoxin 0.25mg 1/2t po qd
2. Furosemide 40mg 1/2t po qd
3. Draw blood for CBC, Lyte, Creat, and TSH at SHCH
4. Refer to Phnom Penh for 2D echo of the heart

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

Examined by: Nurse Sovann Peng

Date: February 6, 2013

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

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No answer replied

From: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Date: Wed, Feb 6, 2013 at 4:43 PM

Subject: Rattanakiri Telemedicine Clinic February 2013, Case#2, KO#RK00404, 50F

To: Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, 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, KO#RK00404, 50F and photos.

Best regards,
Polo/Sovann

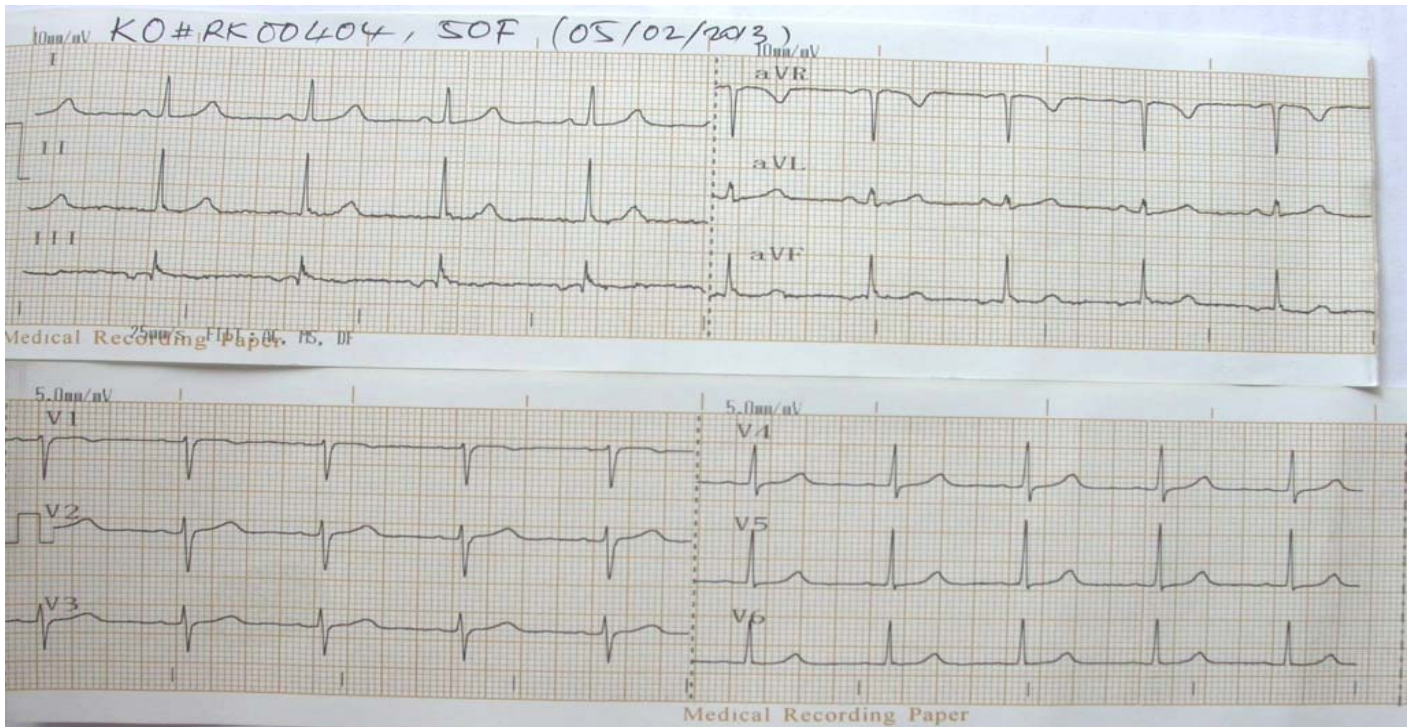
**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: KO#RK00404, 50years old female (Svay village, Beung kanseng commune, Banlung)

Chief Complaint: Epigastric pain, difficult to breathing, dyspepsia x 9months

HPI: This patient complain about epigastric pain radiation to scapular after meal may be haft hour and also frequency burping with sour taste and vomiting no hematemesis moreover feel gastric tenderness when after meal sometime difficult to breathing may be 9 month a go. She was treated with Omeprazole, Ciprofloxacin, Fenofibrate, and Tinidazole but not better that why she come here.



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

Family Hx: None

Social Hx: No cig smoking, no tobacco chewing, she have 5 child. Her occupation is nurse

Medication:

1. Omeprazole 20mg 1t qd
2. Ciprofloxacin 500mg 1t po bid
3. Tinidazole
4. Fenofibrate

Allergies: NKDA

ROS: - abdomen :Epigastric tenderness
- lung : wheezing
- nose : rhinorrhea ang sneezing, no nasal polyp

PE:

Vital Signs: BP: 128/86 P: 86 RR: 20 T: 37°C Wt: 60 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 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:

H -pylori (+), Triglyceride 288mg/dl , Hb : 13.4g/dl , Ht : 40% , RBC : 4910000mm³

Assessment:

1. PUD
2. GERD

Plan:

1. Metronidazole 250mg po bid for 14d
2. Amoxicillin 500mg 2t po bid for 14d
3. Omeprazole 20mg 1t po bid for 14d
4. Metoclopramide 10mg 1t po qhs for 14d
5. GERD prevention education

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

Examined by: Miss Lam Srey Aun (medical student)

Date: February 6, 2013

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

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Feb 6, 2013 at 4:50 PM

Subject: Rattanakiri Telemedicine Clinic February 2013, Case#3, SS#RK00405, 55M

To: Cornelia Haener <corneliahaener@sihosp.org>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, 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, SS#RK00405, 55M and photos.

Best regards,
Polo/Sovann

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



Patient: SS#RK00405, 55M (Kork, Bor Keo)

Chief Complaint: Neck mass x 8 years

HPI: 55M, farmer, presented with a small lump about bean size on the left anterior of the neck and developed to about thumb size in two years without symptoms of palpitation, tremor, heat intolerance and weight loss. He noted the mass progressively developed to about 4 x 5cm and noticed tension on the neck

while flexing down and turn head to the left.

PMH/SH: Unremarkable

Family Hx: No family member with goiter, no HTN, no DMII

Social Hx: Smoking 1pack of cigarette per day for over 10y, stopped 3y; casual EtOH

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 108/75 P: 72 RR: 20 T: 37°C Wt: 47kg

General: Look stable



HEENT: Mass about 4x5cm on left anterior and other mass about 2x3cm on right anterior, smooth surface, regular border, mobile on swallowing, no tender, no bruit, no lymph node palpable; 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:

Neck mass ultrasound: neck tumor (ultrasound picture attached)

Assessment:

1. Goiter
2. Neck tumor??

Plan:

1. Draw blood for TSH at SHCH

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

Examined by: Nurse Sovann Peng

Date: February 6, 2013

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

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No answer replied



From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Feb 6, 2013 at 4:53 PM

Subject: Rattanakiri Telemedicine Clinic February 2013, Case#4, LH#RK00406, 44F

To: "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, Cornelia Haener <corneliahaener@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 4, LH#RK00406, 44F and photos.

Best regards,
Polo/Sovann

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



Patient: LH#RK00406, 44F (7 Makara Village, LBS, Banlung)

Chief Complaint: Dysuria x 5months

HPI: 44F, housewife, presented with symptoms of dysuria, frequency, urgency of urination and residual urine, and also milky vaginal discharge, fishy smelling, pruritus. She got consultation at private clinic, abdominal ultrasound was done with conclusion of right kidney stone and she was treated with two kinds of medicine (unknown name) bid for 10d. She noted less vaginal discharge but the urinary symptoms still

persist with supra-pubic pain.

PMH/SH: Unremarkable

Family Hx: no HTN, no DMII

Social Hx: No cig smoking, casual EtOH, 5 children

Medication: Traditional medicine

Allergies: NKDA

ROS: No GI complaint, normal bowel movement

PE:

Vital Signs: BP: 104/76 P: 81 RR: 20 T: 37°C Wt: 62kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck lymph node 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 CVA tenderness

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:

Abdominal ultrasound conclusion: Right kidney stone 8mm (August 1, 2012)

U/A: leukocyte trace, no glucose, no blood, no protein

Assessment:

1. Right kidney stone
2. Cystitis
3. Bacterial vaginosis

Plan:

1. Drink plenty of water
2. Ciprofloxacin 500mg 1t po bid for 10d
3. Metronidazole 250mg 2t tid for 10d

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

Examined by: Nurse Sovann Peng

Date: February 6, 2013

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

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Feb 6, 2013 at 5:00 PM
Subject: Rattanakiri Telemedicine Clinic February 2013, Case#5, ES#RK00407, 20F
To: Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, Cornelia Haener <corneliahaener@sihosp.org>, "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 5, ES#RK00407, 20F and photos.

Best regards,
Polo/Sovann

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



Patient: ES#RK00407, 20F (Yern village, Kork commune, Bokeo district)

Chief Complaint: Exophthalmia, difficult to breathing, palpitation, thyroid enlargement

HPI: She has got thyroid gland enlargement may be 1 year ago and then start exophthalmic of both side and also palpitation, SOB, heat intolerance, hair loss, dry mouth perhaps 5 month ago. She had consultation at KHMER–SOVIET Friendship hospital in Phnom Penh and treatment with 3 kinds of medication (unknown name) bid for about two months. She was not able to return for follow up due to financial reason for about one month.

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

Family Hx: Grandfather with HTN and diabetic

Social Hx: No cig smoking, no tobacco chewing

Medication: None

Allergies: NKDA

ROS: - head: hair loss, headache, no trauma
- Ear: tinitus, no discharge
- Heart: tachycardia, SOB, palpitation
- GI: no diarrhea or constipation
- Mense: Irregular
- Neuron: no tremor



PE:

Vital Signs: BP: 119/71mmHg P: 118/mn RR: 28 T: 37°C Wt: 53 kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4x5cm, pulsatile with palpation, soft, smooth surface, regular border, mobile with swallowing, no tender, no bruit, no neck lymph nodes palpable, JVD

-Eye: exophthalmic of both side

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. Hyperthyroidism?

Plan:

1. Propranolol 40mg 1/4t po bid
2. Draw blood for TSH and FreT4 at SHCH

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

Examined by: Miss Lam Srey Aun (medical student)

Date: February 6, 2013

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

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Feb 6, 2013 at 5:18 PM

Subject: Rattanakiri Telemedicine Clinic February 2013, Case#6, KS#RK00408, 33M

To: Radiology Boston <radiologyexchange@gmail.com>, Cornelia Haener <corneliahaener@sihosp.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, "Kathleen M. Kelleher" <kfiamma@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 the case number 6, KS#RK00408, 33M and photos.

Best regards,
Polo/Sovann

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



Patient: KS#RK00408, 33M (Krobey, Kbal Romeang, Se San)

Chief Complaint: Seizure x 1 week

HPI: Patient has been transferred to hospital after having convulsions and "hyperactivity" at home off and on after alcohol binge drinking with his relatives. Patient has symptoms of visual hallucinations with purposeless picking behavior, tremor, patient speaks to himself. Yesterday while he was admitted at the Rattanakiri Referral Hospital, patient became very agitated and walked around the hallway and fell from stairs banging his left knee twice on the step. The knee became swollen and developed hematoma, tenderness and edema. He still became agitated easily with moderate tremor, altered mental status; no fever, no cough, no syncope, no urine or stool incontinence; at the hospital ER during first day, he was treated with D10% IV, B1 250mg PO, Amitriptyline 25mg PO and when admitted to MW, he was given D50% IV bid, Amitriptyline PO, Diazepam 20mg PO bid, B1 250mg tid, and Chlorpromazine 35mg PO tid. But status was not much improved. Then he was referred to Telemedicine Clinic/Service.



PMH/SH: Previous seizure activities related to heavy EtOH consumption about 3x q2months

Family Hx: his brother died of drowning due to an episode of convulsion relating to heavy EtOH drinking

Social Hx: Has been binge drinking alcohol for 14 years. Lives with wife (married 4 years) as farmer. No children. No Smoke.

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 110/70 P: 130 RR: 22 T: 37°C Wt: ?

General: cachectic, disoriented x3, not diaphoretic

HEENT: Normocephalic, PERRLA, no oropharyngeal lesion, no palpable LN, no thyromegaly, no JVD, no bruit

Chest: normal symmetric vesicular breathing sounds, +tachycardia, reg rhythm, no murmur.

Abdomen: flat and supple abdomen, normal peristalsis, no hepatosplenomegaly, no ascites, no CVA tenderness

Extremities/Skin: left knee severe edema, ecchymose, severe tenderness, and erythema, gap in patella with possible dislocation or subluxation or fx; no needle marks on extremities.

MS/Neuro: limited ROM L knee due to severe pain and swelling, good pedal pulses bilat, sensory not able to check; no lymphadenopathy both groin areas;

Lab/Study:

WBC: 9100 ; Platelets: 109000 ; random glucose: 165 ;
SGOT: 84 ; SGPT: 76; RBS=216mg/dL, UA=normal
and CXR and L knee x-rays as attached, add'l lab: MCV, Albumine--pending



Assessment:

1. Alcohol Withdrawal Syndrome
2. Left Patella Fx
3. Psychosis 2nd to 1
4. Malnutrient 2nd 1
5. Hyperglycemia (2nd to EtOH consumption??)
6. Tachycardia 2nd 1

Plan:

1. NSS IV fluid infiltration
2. Diazepam 10mg IV bid per agitation
3. Chlorpromazine 35mg po tid
4. Propranolol 40mg ¼ po bid
5. B-complex 10cc with NSS qd x 3d

6. MTV 1 po qd
7. Ibuprofen 200mg 3 po tid x 3-5d then prn
8. Immobilized the left leg
9. Refer for surgical consult at SHCH or Khmer-Soviet Hospital

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

Examined by: Mr. Jeroen Van Lerbeirghe and Miss Srey Aun Lam (med students)

Date: February 5, 2013

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

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From: Robibtelemed
To: kirihospital@gmail.com
Cc: Bernie Krisher ; Thero So Nourn ; Rithy Chau ; leypreab@sihosp.org
Sent: Monday, February 11, 2013 8:49 AM
Subject: Patient with patella fracture referral to SHCH for surgical evaluation

Dear Mr. Polo,

Dr. Ley, SHCH Surgeon, agreed to receive the patient (KS#RK00408, 33M) with patella fracture to be referred to SHCH for surgical evaluation so could you please arrange him with his care taker come to Phnom Penh tomorrow and he needs to come to SHCH on Wednesday morning February 13, 2013.

Best regards,
Sovann

From: Hospital Rattanakiri Referral
To: Robibtelemed
Cc: Bernie Krisher ; Thero So Nourn ; Rithy Chau ; leypreap@sihosp.org
Sent: Monday, February 11, 2013 3:01 PM
Subject: Re: Patient with patella fracture referral to SHCH for surgical evaluation

Dear Sovann,

Ok, I talked to the patient about referral and will arrange him with care taker to go to Phnom Penh tomorrow by taxi. I gave your phone number to the patient to contact you when they reach to Phnom Penh.

Best regards,
Koh Polo

From: Robibtelemed
To: kirihospital@gmail.com
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach ; [Ley Preap \(leypreap@sihosp.org\)](mailto:Ley Preap (leypreap@sihosp.org)) ; Rithy Chau ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Sent: Thursday, February 21, 2013 1:54 PM
Subject: Progress note of patient KS#RK00408, 33M at SHCH

Dear Mr. Polo,

This is the progress note of the patient KS#RK00408, 33M with diagnosis of Left patella fracture and Alcohol withdrawal who has been referred from Telemedicine program at Rattanakiri on February 12, 2013 and came to see Surgeon at

SHCH on February 13, 2013. The history was taken and physical examination with blood test, and CXR, Knee x-ray was done. He was admitted to Surgical Ward in the same day and had operation on next day February 14, 2013 with procedure Left Patella Tension Bend Wiring. He has stayed in the surgical ward for four days and physiotherapy has been done and introduced. He was discharged from hospital on February 18, 2013 and follow on February 21, 2013 to check wound and physiotherapy. The wound is clean and dry without sign of inflammation/infection. He was appointed on February 26, 2013 to remove suture and further physiotherapy.

Best regards,
Sovann

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Feb 6, 2013 at 5:23 PM
Subject: Rattanakiri Telemedicine Clinic February 2013, Case#7, PS#RK00409, 28M
To: Rithy Chau <rithychau@sihosp.org>, Krui 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 case number 7, PS#RK00409, 28M and photos. The other one case number 8 will be ready and sent to you tomorrow. Please reply to the case before Thursday afternoon then the treatment plan can be made accordingly and the patients will come to receive the treatment plan at that noon time.

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: PS#RK00409, 28M (Lapo Village, Yaklorm, Banlung)

Chief Complaint: Gum bleeding, severe headache x 10d

HPI: About one month ago he started to have gum bleeding problems with unknown reason. He complained fever and night sweating. Sometimes he saw some ecchymosis on his legs. +dizzy sometimes and +decreased appetite since then, dyspnea, nausea. He complains about having a severe headache sometimes (right more than left), no other neurological symptoms. +melena, no hematemesis, no abdominal pains, no constipation, no vomit, no wt loss. He denied exposure to chemical or toxic substances; no animal bite, no herbal remedy.

He was admitted 2 weeks ago in the hospital last months for this complaint, he got 3 blood transfusions when he was admitted last time 1 month ago for his initial episode of the bleeding. Now he come back for the same complaints. He received one more transfusion several days ago because his Hct=7%. He was ddx with Leukemia or Thalassemia and also treated with Prednisolone 10mg po qd, Cimetidine 200mg po bid, Vit K (1amp) IM, Ampicillin 1g IV tid, LR IV infusion, Paracetamol 300mg IV, MgAl(OH)3 1 po chewable tid. His condition improved slightly and then he was now admitted in the MW for 3d. Telemedicine service was consulted on the 5th Feb.



PMH/SH: typhoid fever 3 years ago, malaria as a child

Family Hx: negative

Social Hx: farmer, has one child. Smokes cigarettes, 1ppd x 14 years. Drinks occasionally alcohol. No illicit drugs.

Medication: none

Allergies: NKDA

ROS: No h/o STI, monogamy relation to his wife

PE:

Vital Signs: BP: 110/60 P: 78 RR: 22 T: 36.5°C Wt: 51 kg

General: Alert and orientated x 3, no agitation, look pale, mildly lethargic, no diaphoresis

HEENT: pale conjunctiva bilat, no swollen glands, no nasal bleeding, at the moment no gingival bleeding. Pale oral mucosa.

Chest: CTA, HRRR, no murmur.

Abdomen: supple, +BS, no tenderness, no masses, no HSM, normal peristalsis; no CVA tenderness, no eccymose

Extremities/Skin: no oedema, no echymosis, moderately pale, no jaundice.

MS/Neuro: Unremarkable.

Rectal: normal tone, traceable brown-red stool on the glove; hemocult +

Lab/Study: 02/02/2013: malaria neg, WBC 1800, Htc 7%, plt 505,000
05/02/2013—RBS=122mg/dL, UA=normal; Abd US normal; CXR pending;

Assessment:

1. ITP?
2. Leukemia?
3. TB?

4. Thalassemia?
5. Congenital coagulopathy (late onset)?
6. PUD

Plan:

1. Add'l lab: CBC, transaminases, gluc, creat, PT, aPTT, chem, ESR, HIV, HBsAG, HCV-- pending
2. Amox 500mg 2 po bid x 14d
3. Clarithromycin 500mg 1 po bid x 14d
4. Omeprazol 20mg 1 po bid x 14d
5. Metoclopramide 10mg 1 po bid x 14d
6. MTV 1 po qd
7. Vit K IM + Prednisolone 10mg PO + LR IV fluid (given in the ward by his MD)
8. At least 2 more units of whole blood transfusion—still pending
9. Refer for continue care at tertiary center like SHCH or Khmer-Soviet Hospital in PP

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

Examined by: Miss Tine Masschaele/Miss Srey On Lam (Medical students)

Date: February 5, 2013

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

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Thu, Feb 7, 2013 at 11:45 AM

Subject: Rattanakiri Telemedicine Clinic February 2013, Case#8, NK#RK00410, 71F

To: Radiology Boston <radiologyexchange@gmail.com>, 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 case number 8, NK#RK00410, 71F.

Best regards,
Polo/Sovann

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



Patient: NK#RK00410, 71F (Katieng Village, Labang I commune, Lumphatta)

Chief Complaint: Joint pain, dyspepsia, constipation

HPI: Patient has joint pains for 2 years; she complains that all her joints hurt; she had multiple little traumas in the past (eg. bruised her hand felling off a stair). She has stiffness of both hands in the morning. She can walk only 50m because of pain in both knees. Sometimes she experiences numbness

in both legs.

She is been constipated for 10 days and hasn't passed stool during this period. After that passed stool with mucus, no blood.

Since 5 months she has dyspepsia with regurgitations. She has more pain after eating.

PMH/SH:

3 years ago she has been hospitalized for weakness of both legs.

Family Hx:

/

Social Hx:

Had 9 children, 8 of them died. Husband died

Medication:

Paracetamol

2 other medications but patient doesn't know name.

Allergies:

NKDA

ROS:

neuro: insomnia: sleeps only 3 hours a night

abdomen: Constipation for 10 days.

cardio: palpitations, sometimes chestpain

respiratory: dyspneu, sometimes hyperventilation

musculoskeletal: sometimes paresthesia in fingertips



PE:

Vital Signs: BP: 143/92 P: 84 RR: 18 T:36.3 °C Wt: ? kg Random glc: 92mg/dL

General: Look stable, normal colour of skin

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

Thursday, February 7, 2013

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 19 patients came for brief consult and refill medication only, and other 12 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 February 2013

1. PY#RK00403, 55M (Prak Village, Samaky, Ochum)

Diagnosis:

1. CHF
2. VHD?

Treatment:

1. Digoxin 0.25mg 1/2t po qd (#30)
2. Furosemide 40mg 1/4t po qd (#15)
3. Spironolactone 25mg 1/2t po qd (#30)
4. MTV 1t po qd (#60)
5. Draw blood for CBC, Lyte, Creat, Tot chole, TG, and TSH at SHCH

Lab result on February 7, 2013

WBC	=6.8	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	=4.7	[4.6 - 6.0x10 ¹² /L]	K	=3.2	[3.5 - 5.0]
Hb	=12.5	[14.0 - 16.0g/dL]	Cl	=102	[95 - 110]
Ht	=41	[42 - 52%]	Creat	=133	[53 - 97]
MCV	=87	[80 - 100fl]	T. Chol	=3.4	[<5.7]
MCH	=27	[25 - 35pg]	TG	=0.8	[<1.7]
MHCH	=31	[30 - 37%]	TSH	=1.27	[0.27 - 4.20]
Plt	=142	[150 - 450x10 ⁹ /L]			
Lymph	=2.4	[1.00 - 4.00x10 ⁹ /L]			

Recommendation after blood test resulted: Keep the same treatment and recommend for 2D echo of the heart

2. KO#RK00404, 50years old female (Svay village, Beung kanseng commune, Banlung)

Diagnosis:

1. PUD
2. GERD
3. Parasititis

Treatment:

1. Metronidazole 250mg 2t po bid for 14d (#56)
2. Amoxicillin 500mg 2t po bid for 14d (#56)
3. Omeprazole 20mg 1t po bid for 14d (#30)

4. Metoclopramide 10mg 1t po qhs for 14d (#15)
5. Albendazole 400mg 1t po bid for 5d (#10)
6. GERD prevention education

3. SS#RK00405, 55M (Kork, Bor Keo)

Diagnosis:

1. Goiter
2. Neck tumor??

Treatment:

1. Draw blood for TSH at SHCH

Lab result on February 7, 2013

TSH =0.36 [0.27 - 4.20]

Recommendation after blood test resulted: Plan to do FNA for cytology in next follow up

4. LH#RK00406, 44F (7 Makara Village, LBS, Banlung)

Diagnosis:

1. Right kidney stone
2. Cystitis
3. Bacterial vaginosis

Treatment:

1. Drink plenty of water
2. Ciprofloxacin 500mg 1t po bid for 3d (#6)
3. Metronidazole 250mg 1t tid for 5d (#15)

5. ES#RK00407, 20F (Yern village, Kork commune, Bokeo district)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Propranolol 40mg 1/4t po qd (#15)
2. Draw blood for TSH and FreT4 at SHCH

Lab result on February 7, 2013

TSH =<0.005 [0.49 - 4.67]
Free T4=>100 [12.0 - 22.0]

Recommendation after blood test resulted: Start Carbimazole 5mg 2t po tid

6. KS#RK00408, 33M (Krobey, Kbal Romeang, Se San)

Diagnosis:

1. Alcohol Withdrawal Syndrome
2. Left Patella Fx
3. Psychosis 2nd to 1
4. Malnutritient 2nd 1

Treatment:

1. NSS IV fluid infiltration
2. Diazepam 10mg IV bid per agitation
3. Chlorpromazine 35mg po tid
4. Propranolol 40mg ¼ po bid (#2)
5. B-complex 10cc with NSS qd x 3d
6. MTV 1 po qd
7. Ibuprofen 200mg 3 po tid x 3-5d then prn (#50)
8. Immobilized the left leg
9. Refer for surgical consult at SHCH

7. PS#RK00409, 28M (Lapo Village, Yaklorm, Banlung)

Diagnosis:

1. Pancytopenia
2. Thalassemia
3. TB?
4. PUD

Treatment:

1. Amox 500mg 2 po bid x 14d (#56)
2. Clarithromycin 500mg 1 po bid x 14d (buy)
3. Omeprazol 20mg 1 po bid x 14d (#30)
4. Metoclopramide 10mg 1 po bid x 14d (#28)
5. MTV 1 po qd (#60)
6. Folate 5mg 1t po bid (#100)
7. Vit K IM + Prednisolone 10mg PO + LR IV fluid (given in the ward by his MD)
8. At least 2 more units of whole blood transfusion—still pending
9. Draw blood for CBC, Peripheral blood smear, Lyte, Creat, GLucose, Transaminase, TSH, ESR and Hb electrophoresis at SHCH

Lab result on February 7, 2013

WBC	=1.4	[4 - 11x10 ⁹ /L]	Na	=132	[135 - 145]
RBC	=1.3	[4.6 - 6.0x10 ¹² /L]	K	=3.6	[3.5 - 5.0]
Hb	=3.1	[14.0 - 16.0g/dL]	Cl	=99	[95 - 110]
Ht	=9.9	[42 - 52%]	Creat	=55	[53 - 97]
MCV	=75	[80 - 100fl]	Gluc	=6.9	[4.2 - 6.4]
MCH	=24	[25 - 35pg]	AST	=33	[<40]
MHCH	=31	[30 - 37%]	ALT	=24	[<41]
Plt	=<10	[150 - 450x10 ⁹ /L]	TSH	= 1.15	[0.27 - 4.20]
Lymph	=1.1	[1.00 - 4.00x10 ⁹ /L]			

ESR: 160 [0 - 15]

Peripheral blood smear

Microcytic: 2+

Hypochromic: 3+

Hemoglobin electrophoresis

Hb A	78.7	[97 - 98]
Hb F or Hb variant	3.5	[<1.0]
Hb E	15.1	[Absence]
Hb A2	2.7	[2.2 - 3.2]

8. NK#RK00410, 71F (Katieng Village, Labang I commune, Lumphatta)

Diagnosis:

1. Gastritis
2. Pneumonia? (left lower lobe, atypical?)
3. Osteoarthritis
4. Constipation/Fecal mass in sigmoid

Treatment:

1. Famotidine 40mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Clarithromycin 500mg 1t po bid for 7d (#14)
4. Paracetamol 500mg 1t po qid prn (#30)
5. Bisacodyl 5mg 1t po qd (#10)
6. Draw blood for CBC, Lyte, Calcium, Creat at SHCH

Lab result on February 7, 2013

WBC	=4.4	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=3.7	[3.9 - 5.5x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=10.5	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=35	[35 - 47%]	Creat	=89	[44 - 80]
MCV	=93	[80 - 100fl]	Ca2+	=1.52	[1.12 - 1.32]
MCH	=28	[25 - 35pg]			
MHCH	=30	[30 - 37%]			
Plt	=287	[150 - 450x10 ⁹ /L]			
Lymph	=0.9	[1.00 - 4.00x10 ⁹ /L]			

Recommendation after blood test resulted: Keep the same treatment

Patient who come for brief consultation and refill medicine

1. NS#RK00006, 26F (Village I)

Diagnosis:

1. Lt total, Rt subtotal thyroidectomy
2. Hypothyroidism (Secondary to ATS)
3. Hypocalcemia

Treatment:

1. Ca/Vit 500mg/400UI 1t po bid (buy)
2. Draw blood for Free T4 at SHCH

Lab result on February 7, 2013

F T4 =11.20 [12.0 - 22.0]

Recommendation after blood test resulted: Hold Carbimazole then recheck Free T4 in two months

2. NH#RK00010, 59F (Village III)

Diagnosis:

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

Treatment:

1. Atenolol 50mg 1t po bid (#30)
2. HCTZ 25mg 2t po qd (#60)
3. Captopril 25mg 1t po bid (buy)
4. Glibenclamide 5mg 1t po bid (buy)
5. Metformin 500mg 2t po bid (#100)
3. Draw blood for TSH at SHCH

Lab result on February 7, 2013

TSH =1.07 [0.27 - 4.20]

Recommendation after blood test resulted: Keep the same treatment

3. KY#RK00069, 65F (Village III)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 2t po bid (#100)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 100mg 1t po qd (#30)

4. 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 (#100)
3. Spironolactone 25mg 1t po bid (#150)

5. 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 (#60)
3. Amlodipine 5mg 1t po qd (#30)
4. Spironolactone 25mg 1t po bid (#60)
5. Propranolol 40mg 1/4t po bid (#15)
6. Draw blood for Transaminase at SHCH

Lab result on February 7, 2013

AST =88 [<33]
ALT =39 [<32]

Recommendation after blood test resulted: Keep the same treatment

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

Diagnosis:

1. HTN
2. DMII
3. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Captopril 25mg 1t po bid (#buy)
3. Atenolol 50mg 1/2t po bid (#30)
4. ASA 100mg 1t po qd (#30)
5. Amitriptylin 25mg 1/2t po qhs (#15)
6. Insulin NPH 23UI qAM and 5UI qPM (buy)

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

Diagnosis:

1. DMII

Treatment:

1. Glyburide 2.5mg 1t po bid (#60)
2. Metformin 500mg 1t po bid (buy)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 100mg 1t po qd (#30)

8. SV#RK00256, 49M (Village I)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid (#50)

2. Metformin 500mg 3t qAM and 2t qPM (#50)
3. Captopril 25mg 1/2t po bid (buy)

9. KC#RK00260, 50F (Village V)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#50)
2. Captopril 25mg 1/4t po bid (buy)

10. 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. Pyoglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. ASA 100mg 1t po qd (buy)

11. CT#RK00318, 33F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 3t qAM, 2t qPM (#70)
2. Glyburide 2.5mg 1t po bid (#120)

12. TS#RK00320, 53M (Village V)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#60)
2. Metformin 500mg 2t po bid (#60)
3. Captopril 25mg 1t po bid (buy)

13. HY#RK00341, 43M (Village VI, Labansirk commune)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Metformine 500mg 1t po bid (#50)
2. Glyburide 2.5mg 2t po bid (#120)
3. Atenolol 50mg 1/2t po qd (#15)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptylin 25mg 1/4t po qhs (buy)
3. Draw blood for Creat, and HbA1C at SHCH

Lab result on February 7, 2013

Creat =65 [53 - 97]
HbA1C =9.01 [4.8 - 5.9]

Recommendation after blood test resulted: Review on diabetic diet

14. LV#RK00369, 56F (Village I, LBS)

Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 3t po qAM and 2t po qPM (#100)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1/4t po bid (buy)
4. Amitriptyline 25mg 1/4t po qhs (#8)
5. Draw blood for HbA1C at SHCH

Lab result on February 7, 2013

HbA1C = **11.16** [4.8 – 5.9]

Recommendation after blood test resulted: Review on diabetic diet

15. HS#RK00370, 48F (Village I, LBS)

Diagnosis:

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

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM (#70)
2. Glyburide 2.5mg 2t po bid (#120)
3. Captopril 25mg 1/2t po bid (buy)
4. Amlodipine 5mg 1t po qd (#30)
5. Fenofibrate 100mg 1t po bid (buy)
6. Draw blood for Creat, BUN, HbA1C at SHCH

Lab result on February 7, 2013

Creat = **274** [44 - 80]
BUN = **11.6** [<8.3]
HbA1C = **9.22** [4.8 – 5.9]

Recommendation after blood test resulted: Add Pioglitazone 15mg 1t po qd

16. CS#RK00390, 52F (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 (#30)

17. 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)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (#60)
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

19. MC#RK00342, 52F (Village III, Labansirk commune)

Diagnosis:

1. Dyspepsia

Treatment:

1. Famotidine 40mg 1t po qhs for one month (#30)
2. Metoclopramide 10mg 1t po qhs (buy)
3. Mebendazole 500mg 1t po chew once (buy)
4. Bisacodyle 5mg 1t po qd prn (#10)

**The next Rattanakiri TM Clinic will be held in
April 8 – 12, 2013**