Telemedicine Clinic
Rattanakiri
Referral Hospital
June 2013

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

On Tuesday June 4 and Wednesday June 5, 2013, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 7 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 June 6, 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, May 29, 2013 at 10:26 AM
Subject: Telemedicine Clinic at Rattanakiri referral hospital in June 2013
To: Cornelia Haener <corneliahaener@sihosp.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>, Joseph Kvedar <jkvedar@partners.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, June 4 - 5, 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, June 6, 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, Jun 5, 2013 at 4:45 PM
Subject: Rattanakiri TM Clinic June 2013, Case#1, MH#RK00415, 56M
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 7 new cases for Rattanakiri Telemedicine clinic June 2013. This is case number 1, MH#RK00415, 56M and photo.

Best regards,
Polo/Sovann

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

Patient: MH#RK00415, 56M (Akphivath Village, Labansirk, Banlung)

Chief Complaint: Fatigue on/off for 2y

HPI: 56M presented with symptoms of fatigue, polyuria, polyphagia and polydypsia. He went to consult at private clinic,BS: 290mg/dl and was treated with Metformin 500mg 1t po bid, Glibenclamide 5mg 1t po bid. He come to Telemedicine because of on/off fatigue but denied of polyuria, polyphagia, polydypsia, numbness/tingling.

PMH/SH: Malaria in 1981

Family Hx: None

Social Hx: Smoking of cigarettes 2pack/d for about 5y and stopped 10y; Drinking beer about 5cans/d for over 20y

Medication:
1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 144/96 P: 81 RR: 20 T: 36^{o}C Wt: 81kg

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 (Light touch, position sense) intact, DTRs +2/4, normal gait

Lab/Study: on June 4, 2013

WBC	= 7400/mm^3	Na+	= 137	[135 – 155]
RBC	= 4200000/mm^3	K+	= 3.4	[3.5 – 5.5]
Hb	= 13.3g/dl	Creat	= 1.2	[0.8 – 1.1]
Ht	= 40%	Glucose	= 78	[75 – 115]
MCV	= 95fl	Tot chole	= 137	[200mg/dl]
Plt	= 146000	TG	= 221	[80 – 195]
		SGOT	= 47	[<37]
		SGPT	= 49	[<42]

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

Assessment:

1. DMII
2. Elevated BP

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Captopril 25mg 1/4t po bid
4. Educate on diabetic diet, do regular exercise and foot care
5. Alcohol drinking cessation
6. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng **Date: June 5, 2013**

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Sat, Jun 8, 2013 at 4:12 AM
Subject: FW: Rattanakiri TM Clinic June 2013, Case#1, MH#RK00415, 56M
To: "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

Thank you for this opportunity to assist.

This 56 you man has Diabetes, hypertension and alcohol abuse
I agree with alcohol cessation
I agree with continuing his diabetes medicaitons
I agree with treating his hypertension as you are doing with an ACEI medicine.

Thanks,

Paul Cusick, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 5, 2013 at 4:48 PM
Subject: Rattanakiri TM Clinic June 2013, Case#2, YC#RK00416, 43M
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, YC#RK00416, 43M and photo.

Best regards,
Polo/Sovann

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

Patient: **YC#RK00416, 43M (Chey Chumnas Village, Labansirk, Banlung)**

Chief Complaint: Polyuria, polyphagia and polydypsia x 4months

HPI: 43M presented with symptoms of polyuria, polyphagia, polydypsia and fatigue. He went to consult at private clinic, blood sugar: 304mg/dl, U/A glucose 2+ and treated with Metformin 500mg 1t po bid, Glibenclamide 1t qd and the following BS check 217mg/dl and 177mg/dl. He was advised to seek care with Telemedicine. He denied of numbness/tingling, oliguria, dysuria, edema.

PMH/SH: Malaria in 1980

Family Hx: Grandparents with HTN

Social Hx: Casual alcohol drinking, no cig smoking

Medication:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po qd

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 133/100 P: 98 RR: 20 T: 36^{o}C Wt: 87kg

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 (Light touch, position sense) intact, DTRs +2/4, normal gait

Lab/Study: on June 4, 2013

WBC	= 9800/mm^3	Na+	= 136	[135 – 155]
RBC	= 4860000/mm^3	K+	= 3.8	[3.5 – 5.5]
Hb	= 14g/dl	Creat	= 1.2	[0.8 – 1.1]
Ht	= 42%	Glucose	= 100	[75 – 115]
MCV	= 88fl	Tot chole	= 148	[200mg/dl]
Plt	= 285000	TG	= 206	[80 – 195]
		SGOT	= 40	[<37]
		SGPT	=49	[<42]

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

Assessment:

1. DMII

Plan:

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

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

Examined by: Nurse Sovann Peng **Date: June 5, 2013**

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Sat, Jun 8, 2013 at 3:57 AM
Subject: FW: Rattanakiri TM Clinic June 2013, Case#2, YC#RK00416, 43M
To: "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

I agree with this evaluation and agree with initiating ACE-inhibitor antihypertensive agent for better blood pressure control.

Benjamin Crocker, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 5, 2013 at 4:50 PM
Subject: Rattanakiri TM Clinic June 2013, Case#3, CS#RK00417, 50F
To: Cornelia Haener <corneliahaener@sihosp.org>, "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, CS#RK00417, 50F and photos.

Best regards,
Polo/Sovann

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

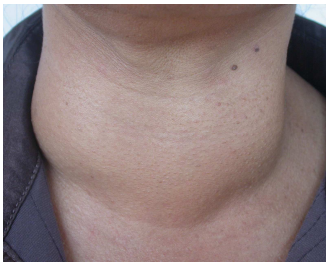
Patient: **CS#RK00417, 50F (Village I, Lamenh, Borkeo)**

Chief Complaint: Neck mass for 3 years

HPI: 50F, farmer, has presented with progressive neck mass enlargement since the past 3 years and denied of symptoms palpitation, heat intolerance, hair loss, tremor, dysphagia, diarrhea/constipation. She was recommended by her neighbors for evaluation so she come to consult with Telemedicine today.

PMH/SH: Unremarkable

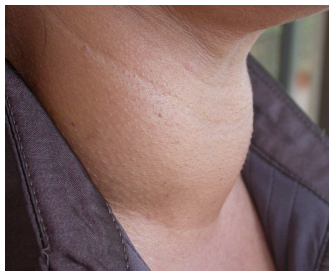
Family Hx: Mother with goiter



Social Hx: No cig smoking, no EtOH
Medication: None

Allergies: NKDA

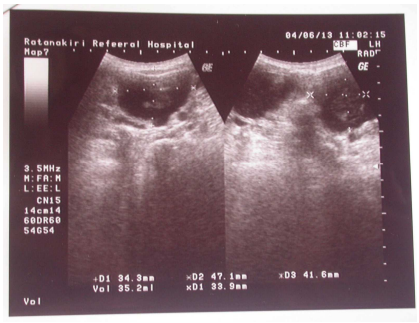
ROS: Regular menstrual period, normal appetite, normal bowel movement, normal urination
PE:
Vital Signs: BP: 165/100 P: 98 RR: 20 T: 37^{o}C Wt: 52kg



General: Look stable

HEENT: Neck mass about 3x4cm on right side and 2x3cm on left side, smooth, soft, no tender, no bruit, no neck lymph nodes palpable; no oropharyngeal lesion, pink conjunctiva

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



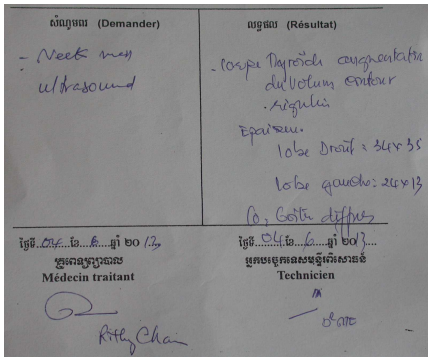
Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no surgical scar, no abd bruit

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

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

Lab/Study:

Neck mass ultrasound: diffuse goiter



Assessment:

1. Diffuse goiter
2. Elevated blood pressure

Plan:

1. Draw blood for TSH at SHCH
2. Recheck blood pressure in next follow and encourage for life style modification

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

Examined by: Nurse Sovann Peng **Date: June 5, 2013**

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Sat, Jun 8, 2013 at 3:56 AM
Subject: FW: Rattanakiri TM Clinic June 2013, Case#3, CS#RK00417, 50F
To: "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

I have reviewed this case. I saw the ultrasound images but cannot see them well. It appears that the goiter is very hypoechoic, This suggests Graves' disease or Hashimoto's thyroiditis, but my judgment is limited by the limited imaging. I would agree with TSH, but if there are focal lesions within the thyroid a biopsy or removal should be considered.

Giuseppe Barbesino, M.D.
Thyroid Associates - Thyroid Unit

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 5, 2013 at 4:51 PM
Subject: Rattanakiri TM Clinic June 2013, Case#4, SS#RK00418, 43M
To: "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, SS#RK00418, 43M and photo.

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)**

Chief Complaint: Diarrhea and vomiting x 1w

HPI: 43M, former soldier and then became farmer, presented with symptoms of sharp epigastric pain, nausea, vomiting and watery diarrhea a few times per day, low grade fever, poor appetite due to vomiting, fatigue. Four days later, he was brought to referral hospital due to worsen condition and admitted to ER and managed with LR 1L bolus, NSS 2L for 12h, Hyoscine 1vial IV, Metoclopramide 10mg IV, Ampicillin 2g IV then he was transferred to Medical ward and treated with Infusion LR 1L/day, Cotrimoxazole 480mg 2t bid, Metoclopramide 10mg bid, ORS with 2L water, Mg/Al(OH)3 1t tid. Now he still complaints of sharp abdominal pain, nausea, vomiting, a few times diarrhea, poor appetite, and fatigue.

PMH/SH: Remote malaria; He was admitted to referral hospital in the past two months due to diarrhea and vomiting (Unknown diagnosis)

Family Hx: None

Social Hx: Drink beer about 2-3cans/d for over 10y; Smoking about 10cig/d for over 10y

Medication: None
1. LR infusion 1L per day
2. Cotrimoxazole 480mg 2t bid
3. Metoclopramide 10mg bid
4. ORS with 2L water
5. Mg/Al(OH)3 1t tid

Allergies: NKDA

ROS: Weight loss (Kg?), no cough, HIV test -

PE:
Vital Signs: BP: 98/76 P: 120 RR: 20 T: 37.8^{o}C Wt: 45kg

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; H Tachycardia, RR, no murmur

Abdomen: Soft, no distension, Moderate to severe tender on palpation on all quadrants, (+) BS, Hepatomegaly?, no splenomegaly, (+) Rovsing's sign

Extremities/Skin: Dry mouth and skin, No legs edema, no rash/lesion

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

Rectal exam: Tender on palpation especially at 12 o'clock (patient on left lateral position), good sphincter tone, no mass palpable, negative hemocult

Lab/Study:

On June 4, 2013

Abdominal ultrasound conclusion: normal

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

HIV test: negative Malaria smear negative

WBC	= 6000/mm^3	Na+	= 151	[135 – 155]
RBC	= 3600000/mm^3	K+	= 4.8	[3.5 – 5.5]
Hb	= 8.5g/dl	Creat	= 0.9	[0.8 – 1.1]
Ht	= 27%	Glucose	= 84	[75 – 115]
MCV	= 74fl	SGOT	= 63	[<37]
Plt	= 119000	SGPT	= 30	[<42]

on June 3, 2013

WBC = 7600/mm^3

RBC = 3700000/mm^3
Hb = 9.3g/dl
Ht = 27%
Plt = 219000

Assessment:

1. Acute diarrhea
2. Tachycardia 2nd to dehydration due to diarrhea and poor intake
3. Gastritis
4. Anemia
5. Pancreatitis??

Plan:

1. IVF NSS infusion 2L run 300cc/hr
2. Cotrimoxazole 480mg 2t po bid for 7d
3 Omeprazole 20mg 1t po qhs for one month
4 Metoclopramide 10mg 1 po qid prn N/V
5 Albendazole 400mg 1t po bid for 5d
6 FeSO4/Folate 200/0.4mg 1t po bid for two months
7. MTV 1po qd
8 Vit B complex 1t po bid for two months
9 Draw blood for CBC, Lyte, BUN, Creat, Transaminase, Amylase, Alkaline phosphates at SHCH

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

Examined by: Nurse Sovann Peng **Date: June 5, 2013**

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Sat, Jun 8, 2013 at 3:58 AM
Subject: FW: Rattanakiri TM Clinic June 2013, Case#4, SS#RK00418, 43M
To: "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

This 43 year old farmer who smokes and drinks presents with one week of persistent low grade fever, abdominal colicky pain, nausea-vomiting and loose watery stools despite initial ampicillin followed by cotrimoxazole. 2 months earlier he had similar symptoms. Physical exam showed dehydration and diffuse abdominal tenderness. Lab studies showed mild anemia with Hb 8.5g/dl, normal white cell count 6000-7600, and elevated AST 63 [37].

Food poisoning due to Norovirus, Staph and enteropathic E coli tend to be short lived. Prolonged infective gastroenteritis suggest salmonella, shigella, Giardia or cholera. Stool examination for white cells and culture for bacteria would make the diagnosis.

Abdominal pain and nausea-vomiting may be consistent with acute cholecystitis, pancreatitis, peritonitis, appendicitis, diverticulitism mechanical obstruction from post operative adhesions, and even pyelonephritis, but the presence of loose watery stools rule out all these conditions.

Recurrent abdominal pain and diarrhea point towards inflammatory bowel disease like Crohn's or ulcerative colitis and less likely ischemic bowel syndrome that is more likely in the elderly with atherosclerotic disease. He needs colonoscopy to rule out inflammatory bowel disease.
As for interim management, 1 agree he needs more vigorous IV fluid replacement. Ciprofloxacin 500 mg twice daily may be more effective empiric antibiotic for infective diarrhea. However, stool examination, culture and colonoscopy [or sigmoidoscopy] should be done soon.

Heng Soon Tan, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 5, 2013 at 4:53 PM
Subject: Rattanakiri TM Clinic June 2013, Case#5, CC#RK00419, 53M
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 case number 5, CC#RK00419, 53M and photo.

Best regards,
Polo/Sovann

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

Patient: **CC#RK00419, 53M (Chey Chumnas Village, Labansirk, Banlung)**

Chief Complaint: 3y history of diabetes and come for diabetic care

HPI: 53M with 3y history of diabetic, diagnosed at private clinic with FBS: 180mg/dl, has got treatment with Chinese combination medicine 2t po qd. He was advised by his neighbor to come for diabetic care with Telemedicine. She denied of fatigue, polyphagia, polydypsia, polyuria, blurred vision, numbness/tingling.

PMH/SH: Unremarkable

Family Hx: Mother with HTN and DMII

Social Hx: Smoking 2packs of cig per day for 2y and stopped since 7y, drinking 5cans of beer per day and about 5days per week

Medication:

Chinese combination medicine for diabetes 2t qd

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 146/96 P: 86 RR: 18 T: 36.5^{o}C Wt: 66kg

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 (Light touch, position sense) intact, DTRs +2/4, normal gait

Lab/Study: on June 4, 2013

WBC	= 6100/mm^3	Na+	= 141	[135 – 155]
RBC	= 4620000/mm^3	K+	= 3.2	[3.5 – 5.5]
Hb	= 14.3g/dl	Creat	= 1.3	[0.8 – 1.1]
Ht	= 43%	Glucose	= 91	[75 – 115]
MCV	= 93fl	Tot chole	= 682	[200mg/dl]
Plt	= 194000	TG	= 750	[80 – 195]
		SGOT	= 59	[<37]
		SGPT	=99	[<42]

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

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po qhs
2. Captopril 25mg 1/4t po bid
3. Educate on diabetic diet, do regular exercise and foot care
4. Alcohol drinking cessation
5. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng **Date: June 5, 2013**

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Mon, Jun 10, 2013 at 9:15 PM
Subject: FW: Rattanakiri TM Clinic June 2013, Case#5, CC#RK00419, 53M
To: "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

Less concerned about diabetes, very concerned about his lipid profile, both TG and cholesterol

He should be on a statin at least

Leslie Fang, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 5, 2013 at 4:54 PM
Subject: Rattanakiri TM Clinic June 2013, Case#6, TP#RK00420, 61M
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 case number 6, TP#RK00420, 61M and photo.

Best regards,
Polo/Sovann

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

Patient: **TP#RK00420, 61M (Norng Hai Village, Seda, Lumphat)**

Chief Complaint: Epigastric burning pain and abdominal distension x 2months

HPI: 61M, commune chief, presented with symptoms of epigastric burning pain, progressive abdominal distension, icterus, decreased urine output, fatigue, fever and one day, he became unconscious and was brought to private clinic in the province and diagnosed with liver cirrhosis with ascitis. He was treated with Furosemide 20mg 1t po bid, and KCl 1/2t po qd. He has became better with increased urine output, less distenion, no jaundice but still complaint of epigastric and RUQ burning pain. He denied of weight loss, nausea/vomiting.

PMH/SH: Unremarkable

Family Hx: None
Social Hx: Smoking of cigarettes 1pack/d for about over 20y; Drinking beer about 2-3cans/d and 2-3day per week for over 20y

Medication:
1. Furosemide 20mg 1t po bid
2. KCL 1/2t po qd

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 120/76 P: 69 RR: 20 T: 37^{o}C Wt: 50kg

General: Look stable

HEENT: No oropharyngeal lesion, slightly 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 colateral vein dilatation, no spider nivi, 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 June 5, 2013

WBC	= 6300/mm^3	Na+	= 126	[135 – 155]
RBC	= 3960000/mm^3	K+	= 4.3	[3.5 – 5.5]
Hb	= 12g/dl	Creat	= 0.8	[0.8 – 1.1]
Ht	= 37%	Glucose	= 66	[75 – 115]
MCV	= 94fl	Tot bilirubin	= 2.3	[<1.1mg/dl]
Plt	= 86000	Direct bilirubin	= 0.28	[<0.25mg/dl]
		SGOT	= 160	[<37]
		SGPT	= 67	[<42]

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

May 28, 2013 Abd ultrasound conclusion: Liver cirrhosis

Assessment:
1. Liver cirrhosis

Plan:

1. Spironolactone 25mg 1t po qd
2. Furosemide 20mg 1t po qd for one week
3. Draw blood for CBC, Creat, Glucose, lyte, Transaminase at SHCH

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

Examined by: Nurse Sovann Peng **Date: June 5, 2013**

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Sat, Jun 8, 2013 at 3:59 AM
Subject: FW: Rattanakiri TM Clinic June 2013, Case#6, TP#RK00420, 61M
To: "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

This 61 year old man recovered from hepatic coma from alcoholic liver cirrhosis and portal hypertension. He still complained of epigastric and right abdominal burning pain. Physical exam showed no signs of chronic liver disease, ascites or hepatic encephalopathy. Stool guaiac test was not done. Liver test showed mild hepatocellular dysfunction consistent with liver cirrhosis and possibly superimposed fatty liver or hepatitis. Mild anemia with low platelet is consistent with hypersplenism from portal hypertension.

Diagnostic issues:

While chronic alcohol intake may account for cirrhosis, other causes should be considered including tests for viral hepatitis B and C. Acute hepatitis on chronic cirrhosis may trigger hepatic coma. Causes of acute hepatitis include increased alcohol use, acetaminophen intake more than 2-4 grams daily, acute viral hepatitis A. Other causes of hepatic coma include excessive dietary protein intake or GI bleeding.

Epigastric pain could reflect alcoholic gastritis, H. pylori gastritis, alcoholic or acid reflux esophagitis, chronic cholecystitis, acute hepatitis.

Management issues

If he does not have active ascites, he would not need to take any diuretics. If he needs diuretics, I would use higher doses of spironolactone 50 mg twice daily for a start.

To manage liver cirrhosis, I would immunize him against hepatitis A and B if he is not immune. He should be counseled to refrain from further alcohol or acetaminophen use. He may need sedation with lorazepam if he develops alcohol withdrawal symptoms after stopping alcohol. Review his nutrition to see whether he needs oral thiamine supplements.

Omeprazole 20 mg for severe and ranitidine 150 mg for milder epigastric pain could be offered for esophagitis or gastritis. Combination antibiotic therapy could be offered if H. pylori gastritis is confirmed.

If GI bleeding is found from portal hypertension variceal bleeding, then propranolol could be used to manage portal hypertension.

Heng Soon Tan, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 5, 2013 at 4:58 PM
Subject: Rattanakiri TM Clinci June 2013, Case#7, NM#RK00412, 69F
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 the last case of Rattanakiri TM Clinic June 2013, NM#RK00421, 69F and photo. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly for patients who come to receive treatment at that afternoon 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: NM#RK00421, 69F (Chey Chumnas Village, Labansirk, Banlung)

Chief Complaint: Knee joint pain x 2y

HPI: 69F presented with symptoms of bilateral knee joint pain, which became worse with activity, no swelling, no redness, no warmth. She got consultation at private clinic and was treated with medicine injection into joint every week for three doses. She became better for about 1y then the pain recurred again. She denied of trauma.

PMH/SH: DMII with Metformin/Glibenclamide 500/5mg 1t po bid and HTN with Amlodipine 5mg 1t po qd since 2011

Family Hx: None

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

Medication:
1. Metformin/Glibenclamide 500mg/5mg 1t po bid
2. Amlodipine 5mg 1t po qd

Allergies: NKDA

ROS: Normal appetite, normal bowel movement, normal urination

PE:
Vital Signs: BP: 127/78 P: 98 RR: 18 T: 36°C Wt: 55kg

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

Knee joint: Full range of motion, no tender, no warmth, no rendez, no swelling, no stiff

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

Lab/Study: on June 5, 2013

U/A: no blood, no glucose, no protein
RBS: 204mg/dl

Assessment:
1. Osteoarthritis
2. DMII
3. HTN

Plan:
1. Paracetamol 500mg 1t po qid prn pain
2. Metformin/Glibenclamide 500mg/5mg 1t po bid
3. Captopril 25mg 1/4t po bid
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng **Date: June 5, 2013**

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

From: Patel, Dinesh,M.D.
Sent: Friday, June 07, 2013 8:49 PM
To: Fiamma, Kathleen M.
Subject: Re: Rattanakiri TM Clinci June 2013, Case#7, NM#RK00412, 69F

Thank you Kathleen

My comments
History
Ask patient if she has pains on stairs ,grinding
Ask the patient if kneeling on the knee for gardening church or temple hurts

Knee joint exam requires
bowing or not
moving patella -- knee cap side to side and up an down hurts
Any lump on the back of knee…Baker cyst
Any swelling in front of knee cap bursitis etc

How about movement of hips -- normal

Does she have radiating pain back to knee to legs

I would not order any urine or blood tests
Knee is not swollen
What will one gain by blood or urine tests for knee
Can be done for other medical condition

Assessment
Osteoarthritis is good one but
Medial meniscus tear being common
Patella chondromalacia

Plan of management
Paracetamol for pain is good
May be anti inflammatory medicine short time
Heat
Simple ace bandage or simple knee support with hole for patella
Gentle exercises avoiding deep knee bend ,long strides or stairs
Activity modifications
If after many weeks no benefit than get X-rays of the knee standing frontal and patella views
Steroid injections after conservative treatment is reasonable
Wish you the best
Thanks
Dinesh Patel MD

Thursday, June 6, 2013

Follow-up Report for Rattanakiri TM Clinic

There were 7 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 7 cases was transmitted and received replies from both Phnom Penh and Boston, and other 24 patients came for brief consult and refill medication only, and other 16 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 June 2013

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

1. DMII
2. Elevated BP

Treatment:

1. Metformin 500mg 1t po bid (buy)
2. Glibenclamide 5mg 1t po bid (#60)
3. Captopril 25mg 1/4t po bid (buy)
4. Educate on diabetic diet, do regular exercise and foot care
5. Alcohol drinking cessation
6. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on June 6, 2013

Creat	=90	[53 - 97]
Gluc	=12.7	[4.1 - 6.1]
T. Chol	=3.5	[<5.7]
TG	=3.2	[<1.71]
HbA1C	=5.5	[4.0 – 6.0]

2. 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 1/4t po qd (buy)
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on June 6, 2013

Creat	=86	[53 - 97]
Gluc	=8.1	[4.1 - 6.1]
T. Chol	=4.7	[<5.7]
TG	=2.4	[<1.71]
HbA1C	=6.1	[4.0 – 6.0]

3. CS#RK00417, 50F (Village I, Lamenh, Borkeo)
Diagnosis:

1. Diffuse goiter
2. Elevated blood pressure

Treatment:

1. Draw blood for TSH at SHCH
2. Recheck blood pressure in next follow and encourage for life style modification

Note: patient didn't come for blood drawn

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

1. Acute diarrhea
2. Tachycardia 2nd to dehydration due to diarrhea and poor intake
3. Gastritis
4. Anemia
5. Pancreatitis??

Treatment:

1. IVF NSS infusion 2L run 300cc/hr
2. Cotrimoxazole 480mg 2t po bid for 7d
3 Omeprazole 20mg 1t po qhs for one month (#30)
4 Metoclopramide 10mg 1 po qid prn N/V (#10)
5 Albendazole 400mg 1t po bid for 5d (#10)
6 FeSO4/Folate 200/0.4mg 1t po bid for two months (#120)
7. MTV 1po qd (#60)
8 Vit B complex 1t po bid for two months (#120)
9 Draw blood for CBC, Lyte, BUN, Creat, Transaminase, Amylase, Alkaline phosphates at SHCH

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]			

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

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformin 500mg 1t po qhs (#30)
2. Captopril 25mg 1/4t po bid (buy)
3. Educate on diabetic diet, do regular exercise and foot care
4. Alcohol drinking cessation
5. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on June 6, 2013

Creat	=90	[53 - 97]
Gluc	=7.4	[4.1 - 6.1]
T. Chol	=7.7	[<5.7]
TG	=8.8	[<1.71]
HbA1C	=6.4	[4.0 – 6.0]

Recommendation after lab result: Start Lipantil 1t po qd

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

1. Liver cirrhosis

Treatment:

1. Spironolactone 25mg 1t po qd (#60)
2. Furosemide 20mg 1t po qd for one week (buy)
3. Draw blood for CBC, Creat, Glucose, lyte, Transaminase, HBs Ag, HCV Ab at SHCH

Lab result on June 6, 2013

WBC	=5.0	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=4.0	[4.6 - 6.0x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=12.1	[14.0 - 16.0g/dL]	Cl	=104	[95 – 110]
Ht	=38	[42 - 52%]	BUN	=4.5	[0.8 - 3.9]
MCV	=94	[80 - 100fl]	Creat	=70	[53 - 97]
MCH	=30	[25 - 35pg]	AST	=166	[<40]
MHCH	=32	[30 - 37%]	ALT	=65	[<41]
Plt	=83	[150 - 450x10^9/L]	HBsAg	= Non-reactive	
Lymph	=1.2	[1.00 - 4.00x10^9/L]	HCV Ab	= Weakly reactive	
Mono	=0.3	[0.10 - 1.00x10^9/L]			
Neut	=3.5	[1.80 - 7.50x10^9/L]			

7. NM#RK00421, 69F (Chey Chumnas Village, Labansirk, Banlung)
Diagnosis:

1. Osteoarthritis
2. DMII
3. HTN

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#30)
2. Metformin/Glibenclamide 500mg/5mg 1t po bid (buy)
3. Captopril 25mg 1/4t po bid (buy)
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on June 6, 2013

Creat	=67	[44 - 80]
Gluc	=7.6	[4.1 - 6.1]
T. Chol	=4.8	[<5.7]
TG	=2.1	[<1.71]
HbA1C	=8.5	[4.0 – 6.0]

Recommendation after lab result: increase Metformin 500mg 2t po bid

Patients who come for brief consultation and refill medicine

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

1. Lt total, Rt subtotal thyroidectomy
2. Euthyroid goiter
3. Hypocalcemia

Treatment:

1. Ca/Vit 500mg/400UI 1t po bid (buy)

2. 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)
6. Draw blood for creat, glucose and HbA1C at SHCH

Lab result on June 6, 2013

Creat	=62	[44 - 80]
Gluc	=8.6	[4.1 - 6.1]
HbA1C	=6.4	[4.0 – 6.0]

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

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 3t po qAM and 2t po qPM (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Amitriptylin 25mg 1/4t po qhs (#20)

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 (#60)
3. Spironolactone 25mg 1t po bid (#110)
4. Draw blood for Lyte, Creat, glucose at SHCH

Lab result on June 6, 2013

Na	=138	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=103	[95 - 110]
Creat	=89	[44 - 80]
Gluc	=4.7	[4.1 - 6.1]

5. SP#RK00081, 58F (Village III, LBS)
Diagnosis:

1. HTN
2. DMII
3. Liver cirrhosis

Treatment:

1. Glibenclamide 5mg 1t po qd (#120)
2. Metformin 500mg 1t po bid (#60)
3. Amlodipine 5mg 1t po qd (#60)
4. Spironolactone 25mg 1t po bid (#100)
5. Propranolol 40mg 1/4t po bid (#30)
6. Draw blood for glucose and HbA1C at SHCH

Lab result on June 6, 2013

Gluc	=9.1	[4.1 - 6.1]
HbA1C	=5.8	[4.0 – 6.0]

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 (#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. KK#RK00231, 51F (Village I)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 1t po bid (buy)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 100mg 1t po qd (#60)

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

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 11/2t po bid (#120)
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 (#60)
2. Captopril 25mg 1/4t po bid (buy)

10. BS#RK00265, 56M (Village VI, LBS)
Diagnosis:

1. DMII
2. NHL, a nasal NK/T-Cell lymphoma

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Glibenclamide 5mg 1t po qd (buy)
3. Palliative care at home

11. 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)

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

1. DMII
2. Dilated Cardiomyopathy
3. Joint pain

Treatment:

1. Metformin 500mg 1t po bid (#120)
2. Amiodarone 200mg 1t po qd (buy)
3. Lorsartan Potassium 50mg 1t po qd (buy)
4. Carvedilol 6.25mg 1t po bid (buy)
5. Spironolactone 50mg 1/2t po qd (buy)
6. Furosemide 40mg 2t po qd (#116)
7. ASA 100mg 1t po qd (#60)
8. Paracetamol 500mg 1t po qid prn (#30)
9. Draw blood for RF at SHCH

Lab result on June 6, 2013

RF = Negative

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

1. DMII

Treatment:

1. Metformin 500mg 3t qAM, 2t qPM (#70)
2. Glibenclamide 5mg 1t po bid (#120)

14. 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)

15. 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)
6. Draw blood for glucose and HbA1C at SHCH

Lab result on June 6, 2013

Gluc	=9.2	[4.1 - 6.1]
HbA1C	=8.7	[4.0 – 6.0]

16. 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 (#120)
3. Pioglytazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/4t po bid (buy)
5. Amitriptyline 25mg 1/4t po qhs (#15)

17. 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. 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)

18. 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 qd (buy)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 10mg 1t po bid (buy)
5. HCTZ 25mg 1t po qd (#60)

19. 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)

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

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 2t po bid (#50)
3. Captopril 25mg 1/2 tab bid (buy)
4. Amlodipine 5mg 1t po qd (#60)
5. ASA 100mg 1t po qd (#60)

21. 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)

22. 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)
4. Draw blood for glucose and HbA1C at SHCH

Lab result on June 6, 2013

Gluc	=7.0	[4.1 - 6.1]
HbA1C	=7.8	[4.0 – 6.0]

23. 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 (buy)

24. SS#RK00405, 55M (Kork, Bor Keo)
Diagnosis:

1. Nodular goiter

Treatment:

1. FNA of the goiter for cytology at SHCH

Cytology result on June 11, 2013

Conclusion: Bloody FNA

25. RR#RK00413, 51F (Peark, Yalung, Oyadav)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (buy)
2. Glibenclamide 5mg 1t po qd (#100)
3. Enalapril 10mg 1t po qd (buy)
4. Amitriptylin 25mg 1/2t po qhs (#30)
5. ASA 100mg 1t po qd (#60)

The next Rattanakiri TM Clinic will be held in August 5 – 9, 2013