

# **Telemedicine Clinic**

## *Rattanakiri*

# **Referral Hospital**

## **October 2013**

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

On Tuesday October 8 and Wednesday October 9, 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. PA Rithy Chau was also on site to provide advice.

The following day, Thursday October 10, 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, Oct 2, 2013 at 12:28 PM  
Subject: Telemedicine clinic at Rattanakiri referral hospital in October 2013  
To: Rithy Chau <rithychau@sihosp.org>, Kruey Lim <kruylim@yahoo.com>, 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>  
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, October 8 - 9, 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, October 10, 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, Oct 9, 2013 at 5:16 PM  
Subject: Rattanakiri Telemedicine clinic October 2013, Case#1, KS#RK00427, 34M  
To: Cornelia Haener <corneliahaener@sihosp.org>, 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>  
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 Telemedicine clinic October 2013 at Rattanakiri referral hospital. Case number 1, KS#RK00427, 34M and photos.

Best regards,  
Polo/Sovann

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



**Patient:** KS#RK00427, 34M (Phnom Svay Village, Beungkan Seng, Banlung)

**Chief Complaint:** Skin lump for 12 years

**HPI:** 34M, farmer, presented with a lump about 1x1cm size on right shoulder without warmth, erythema, pain, swelling. It spontaneously ruptured with white color pustule with smell then disappeared without treatment. Several years later, he noticed many lumps appeared on extremities and body. He didn't seek medical consultation or treatment because he has not been disturbed by these lumps. He denied of cough, fever, weight loss. He said the number of lumps increased with increased body weight.

**PMH/SH:** Malaria infection and admitted to referral hospital in 1993

**Family Hx:** None

**Social Hx:** Smoking 1pack of cig per day for over 10y, stopped 2y; casual EtOH

**Medication:** None

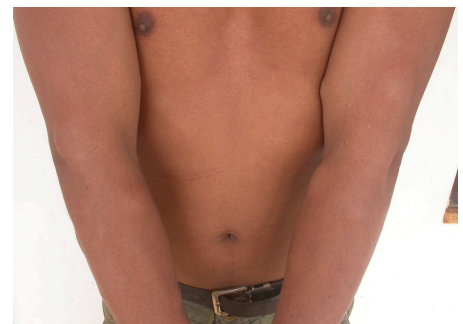
**Allergies:** NKDA

**ROS:** Unremarkable

**PE:**

**Vital Signs:** BP: 132/94    P: 91    RR: 18    T: 36.5°C  
Wt: 63kg

**General:** Look stable



**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD; Ear exam with normal mucosa, intact tympanic membrane; Nose exam: pink mucosa, no polyp, no mass

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

**Abdomen:** Soft, no distension, no tender, (+) BS, no HSM, no mass palpable, no abd bruit

**Skin:** Many lumps size from 1x1cm to 3x4cm, no tender, no swelling, no redness, no warmth, no axillary and inguinal lymph node palpable

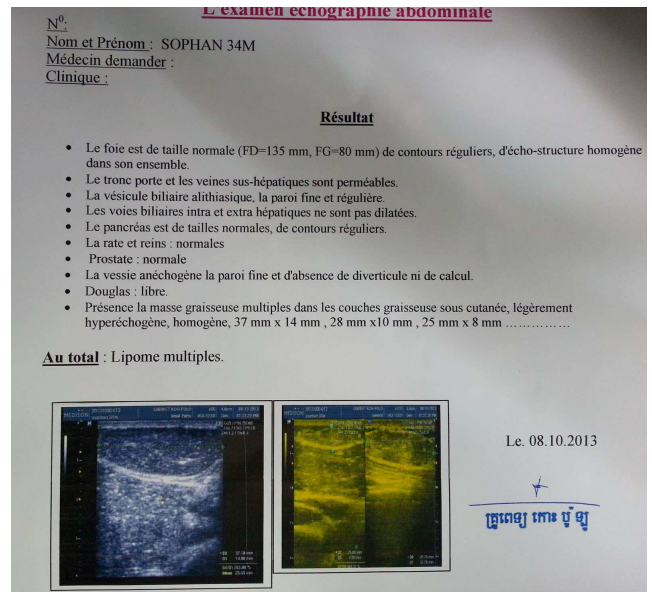
**Rectal exam:** Good sphincter tone, smooth mucosa, no mass palpable, negative hemocult

**Genitalia exam:** no lesion, no discharge

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

**Lab/Study:**

Abdominal ultrasound conclusion: Multiple lipoma  
CXR: attached  
RBS: 165mg/dl ; FBS: 90mg/dl (next day)



**Assessment:**

1. Lipoma
2. Lymphoma??

**Plan:**

1. Incision biopsy of the lump for histology at SHCH
2. Ibuprofen 200mg 2t po tid for 3days
3. Augmentin 400/57mg 1t po bid for 5d
4. Amoxicillin 500mg 1t po bid for 5d
5. Draw blood for CBC, Lyte, Creat, Tot chole, TG, ESR at SHCH

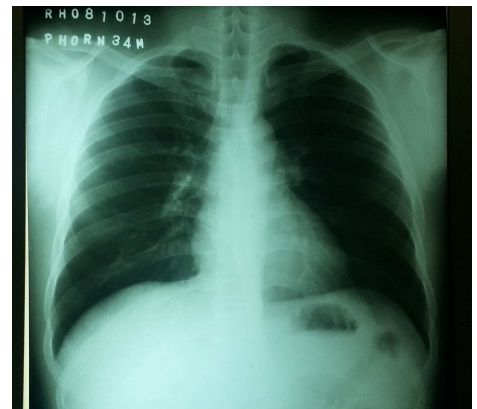
**Comments/Notes:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** October 9, 2013

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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From: **Cornelia Haener** <corneliahaener@sihosp.org>  
Date: Thu, Oct 10, 2013 at 11:03 AM  
Subject: RE: Rattanakiri Telemedicine clinic October 2013, Case#1, KS#RK00427, 34M  
To: Hospital Rattanakiri Referral <kirihospital@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 Mr. Polo and Mr. Sovann,  
It sounds like multiple lipomas/lipomatosis not like malignant lymphoma.  
I think an incisional biopsy would give you the same result as the ultrasound and the physical examination.

Kind regards  
Cornelia

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From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>  
Date: Wed, Oct 9, 2013 at 5:18 PM  
Subject: Rattanakiri Telemedicine October 2013, Case#2, VS#RK00428, 58M  
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, VS#RK00428, 58M and photo.

Best regards,  
Polo/Sovann

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



**Patient:** VS#RK00428, 58M (Village III, Labansirk, Banlung)

**Chief Complaint:** Suprapubic pain x 3months

**HPI:** 58M, farmer, with 1y history of DMII, Right blindness due to laceration and 9y history of left kidney stone. He came to TM clinic complaining of suprapubic pain with frequency and small amount without urgency, dysuria, hematuria. These symptoms occurred for 3months, He went to consult with referral hospital and got treatment only with Glibenclamide 5mg 1t po bid and Metformin 500mg 1t po bid until now.

**PMH/SH:** Head injury due to Explosive in 1978 and admitted to hospital in Phnom Penh for one month

**Family Hx:** None

**Social Hx:** Smoking 5cig per day for over 20y, stopped 5y; casual EtOH

**Medication:** (he ran out of medicine for 4days)

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

**Allergies:** NKDA

**ROS:** No fever, no cough, no SOB, (+) fatigue, (+) numbness/tingling on both feet from calf down

**PE:**

**Vital Signs:** BP: 123/78 P: 86 RR: 18 T: 36°C Wt: 60kg

**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, mild tender on suprapubic region, (+) BS, no HSM, no surgical scar, no abd bruit, no costovertebral angle tenderness

**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:**

RBS: 572mg/dl (before taking Gliben and Metformin)

RBS:222mg/dl (next day after taking Glibenclamide 5mg 1t po bid and Metformin 500mg 1t bid)

Urine multistix: glucose 2+, pH 5.0

**Assessment:**

1. DMII with PNP
2. UTI
3. Right eye blindness

**Plan:**

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Captopril 25mg 1/4t po bid
4. ASA 100mg 1t po qd
5. Amitriptylin 25mg 1/2t po qhs

6. Ciprofloxacin 500mg 1t po bid for 7d
7. Educate on diabetic diet, do regular exercise and foot care
8. 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: October 9, 2013**

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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No answer replied

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

Date: Wed, Oct 9, 2013 at 5:20 PM

Subject: Rattanakiri Telemedicine clinic October 2013, Case#3, PL#RK00429, 35F

To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 3, PL#RK00429, 35F and photo.

Best regards,  
Polo/Sovann

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



**Patient: PL#RK00429, 35F (Village III, Labansirk, Banlung)**

**Chief Complaint:** Malaise x 4 months

**HPI:** 35F, hospital admin, presented with constant epigastric pain with vomiting, (+) gas/stool, no fever then she got Hyoscin IM injection for 2 doses. The pain still persisted so she was brought to Emergency of referral hospital and Morphine was given to relieve the pain and discharged from hospital next day. Two days later, she presented with malaise and sleepy then she went to have



head CT scan done at Calmette hospital in Phnom Penh with normal result. She also then went for consultation at hospital in Viet Nam and diagnosed with psychiatric problem and treated with few medications which have made her better but still malaise persists.

**PMH/SH:** Gallbladder stone diagnosed in 2012 by private clinic in Phnom Penh

**Family Hx:** None

**Social Hx:** Married with one child; No cig smoking; casual EtOH

**Medication:**

1. Haloperidol 5mg 1t po qhs
2. Amitriptyline 25mg 1t po qhs
3. Trihexyphenidyl hydrochloride 5mg 1t po qd

**Allergies:** NKDA

**ROS:** Menarache : 14y, After delivery of baby, she noticed few times of menstruation then no menstruation until now (amenorrhea for over 10y)

**PE:**

**Vital Signs:** BP: 118/91 P: 103 RR: 18 T: 36.5°C Wt: 95kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD; ear exam with normal mucosa, intact tympanic membrane

**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, 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

**CN II – XII:** intact

Finger-Nose test, Alternative movement, and Tandem gait are normal

**Lab/Study:**

RBS: 126mg/dl

**Assessment:**

1. Lyte disorder??
2. Thyroid disorder??
3. Psychiatric problem??

**Plan:**

1. Draw blood for CBC, Lyte, Creat, Tot chole, TG, Calcium, Magnesium, TSH at SHCH
2. Continue Psychiatric med

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

**Examined by: Nurse Sovann Peng**

**Date: October 9, 2013**

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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No Answer replied

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

Date: Wed, Oct 9, 2013 at 5:22 PM

Subject: Rattanakiri Telemedicine clinic October 2013, Case#4, BA#RK00430, 17M

To: "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruiy 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, BA#RK00430, 17M and photos.

Best regards,  
Polo/Sovann

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



**Patient: BA#RK00430, 17M (Khourn Village, Koh Peark, Veun Sai)**

**Chief Complaint:** Extremities weakness x 2weeks

**HPI:** 17M with three months history of skin rash on underwear area, hands, knees and ankles. In these two weeks, he presented extremities weakness with generalized swelling and itchy without fever, cough, runny nose, sneezing, abdominal pain, diarrhea, and jaundice, insect bite. He got treatment with IM injection locally for 1week then the swelling has gone but weakness still persists so he was brought to referral hospital.

**PMH/SH:** Unremarkable

**Family Hx:** Sister with Tinea cruris



**Social Hx:** No cig smoking; no EtOH

**Medication:** Injection medication at home (unknown name)

**Allergies:** NKDA

**ROS:** No urinary or stool incontinence

**PE:**

**Vital Signs:** BP: 135/85 P: 95 RR: 18 T: 36°C

**Wt:** 42kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD; Ear exam: left side with pus and perforated tympanic membrane, right side is normal

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

**Abdomen:** Soft, no distension, mild tender on suprapubic region, (+) BS, no HSM, no surgical scar, no abd bruit

**Extremities/Skin:** Patches with scaly, irregular border on underwear area, hand, knee and ankle (see potos)

**Muscle Strength:**

Upper extremities: +4/5 of wrists and fingers; +5/5 of elbows and shoulders

Lower extremities: +4/5 of ankles and toes; +5/5 of Knees and hip

**Sensory:** light touch, position sense intact

**Tendon reflex:** bicep and tricep +2/4; Knee and Achille +1/4

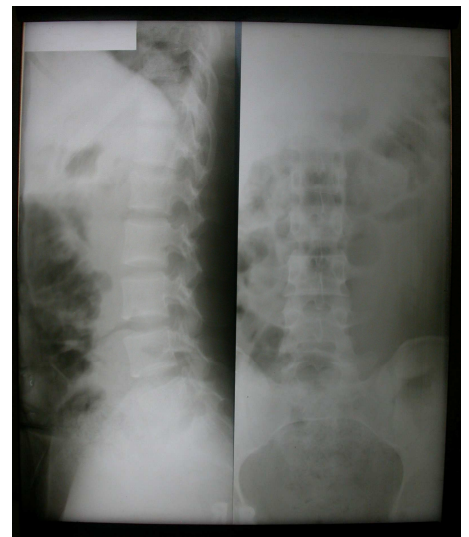
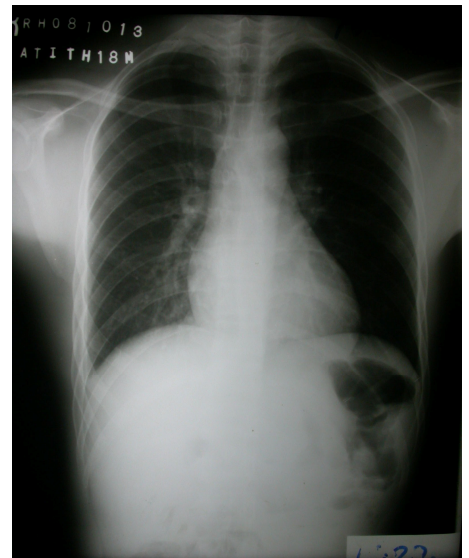
**Gait:** unable to walk

CN II – XII: intact

**Lab/Study:**

RBS: 146mg/dl

WBC	=9.1	[4 - 11x10 <sup>9</sup> /L]
RBC	=4.6	[4.6 - 6.0x10 <sup>12</sup> /L]
Hb	=12.3	[14.0 - 16.0g/dL]
Ht	=38	[42 - 52%]
MCV	=82	[80 - 100fl]
MCH	=26	[25 - 35pg]
Plt	=256	[150 - 450x10 <sup>9</sup> /L]



**Assessment:**

1. Vitamin deficiency
2. Viral syndrome
3. Guillaine Barre Syndrome?
4. Tinea (cruris, pedis)
5. Left Otitis media with perforated TM

**Plan:**

1. Fluconazole 100mg 1t po bid for 10 days
2. Augmentin 400/57mg 1t chew bid for 10 days
3. Amoxicillin 500mg 1t po bid for 10 days
4. Vit B complex 10cc IV infusion per day for three days
5. Vit B complex 1t po qd for two months
6. MTV 1t po bid
7. Draw blood for CBC, Creat, Lyte, Albumin, Protein, ESR, TSH, RPR at SHCH

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

**Examined by: Nurse Sovann Peng**

**Date: October 9, 2013**

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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No answer replied

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

Date: Wed, Oct 9, 2013 at 5:24 PM

Subject: Rattanakiri Telemedicine Clinic October 2013, Case#5, KP#RK00431, 43F

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, KP#RK00431, 43F and photo.

Best regards,  
Polo/Sovann

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



**Patient:** KP#RK00431, 43F (Chey ChumNas Village, Labansirk, Banlung)

**Chief Complaint:** Polyuria x 20 days

**HPI:** 43F presented with symptoms of polyuria, polyphagia, and fatigue for about 10 days, she went to consult at private clinic and blood sugar tested with result 213mg/dl then she went to referral hospital for treatment. She was diagnosed with DMII and treated with Glibenclamide 5mg 1t po bid and Metformin 500mg 1t po bid. She has run out of medicine for 4 days and comes to TM clinic today. She denied of fever, cough, blurred vision, nausea, vomiting, diarrhea, dysuria, hematuria, numbness/tingling.

**PMH/SH:** Unremarkable

**Family Hx:** None

**Social Hx:** No cig smoking, no EtOH, married with three children

**Medication:** (he ran out of medicine for 4 days)

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Injection contraceptive (every three months)

**Allergies:** NKDA

**ROS:** Unremarkable

**PE:**

**Vital Signs:** BP: 124/102    P: 101    RR: 18    T: 36.2°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

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

**Lab/Study:**

FBS: 180mg/dl

Urine multistix: no glucose, no protein, no blood

**Assessment:**

1. DMII

**Plan:**

1. Metformin 500mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. ASA 100mg 1t 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: October 9, 2013**Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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No answer replied

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

Date: Wed, Oct 9, 2013 at 5:25 PM

Subject: Rattanakiri Telemedicine Clinic October 2013, Case#6, YS#RK00432, 59M

To: Rithy Chau &lt;rithychau@sihosp.org&gt;, Kruy Lim &lt;kruylim@yahoo.com&gt;, "Kathleen M. Kelleher" &lt;kfiamma@partners.org&gt;, "Paul J. M.D. Heinzelmann" &lt;paul.heinzelmann@gmail.com&gt;, Joseph Kvedar &lt;jkvedar@partners.org&gt;

Cc: Bernie Krisher &lt;berkrish@gmail.com&gt;, Noun SoThero &lt;thero@cambodiadaily.com&gt;, Ed &amp; Laurie Bachrach &lt;lauriebachrach@yahoo.com&gt;

Dear all,

This is case number 6, YS#RK00432, 59M and photos.

Best regards,

Polo/Sovann

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



**Patient:** YS#RK00432, 59M (Sayos Lor Village, Kaleng, Lumphatt)

**Chief Complaint:** Productive cough, chest tightness and SOB for 5days

**HPI:** 59M, farmer, presented with history of chronic dry cough, on/off chest tightness without fever, weight loss, SOB, He bought medications from local pharmacy without consultation and above symptoms still persisted. In these two weeks, he has developed yellow productive cough, increased chest tightness, SOB and fever for 5days so he came to referral hospital and admitted to medicine ward. He has been diagnosed with bronchitis and treated with IV

infusion D5%1/2NSS 1000ml/day, Ampicillin 1g tid IV, Gentamycin 80mg bid IM, Salbutamol bid IV. Next day, he was treated with Ceftriaxone 2g IV, Salbutamol bid IV, Dexa 4mg bid IM. He was seen at medicine ward for 8days and now became better with less SOB but still productive cough, chest tightness, and fever. He denied of hemoptysis.

**PMH/SH:** He was diagnosed with PTB and got TB medication for 6months in 1998

**Family Hx:** None

**Social Hx:** Smoking 10cig per day for over 20y; casual EtOH

**Medication:**

1. Ceftriaxone 2g IV
2. Salbutamol bid IV
3. Dexa 4mg bid IM

**Allergies:** NKDA

**ROS:** Epigastric burning pain, burping with sour taste, radiation to the back, no stool with blood/mucus

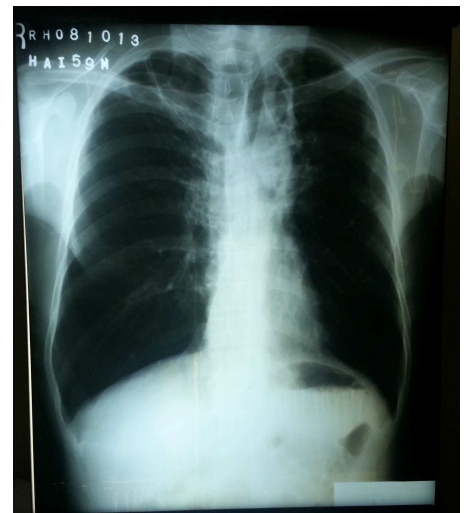
**PE:**

**Vital Signs:** BP: 108/65    P: 104    RR: 22    T: 37°C  
Wt: 45kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD; ear exam with normal mucosa, and intact tympanic membrane

**Chest:** Lung decreased breathing sound bilaterally with wheezing, no crackle, normal vibration on palpation; Heart: RRR, no murmur





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

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

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

**Lab/Study:**

**Lab result on September 29, 2013**

WBC	=14	[4 - 11x10 <sup>9</sup> /L]	Gluc	=102	[4.2 - 6.4]
RBC	=3.97	[4.6 - 6.0x10 <sup>12</sup> /L]	T. Chol	=91	[150 - 220]
Hb	=12.2	[14.0 - 16.0g/dL]	TG	=145	[50 - 200]
Ht	=36.8	[42 - 52%]	Ca <sup>2+</sup>	=6.8	[8.1 - 10.4]
MCV	=92	[80 - 100fl]	Uric acid	=5.8	[3.0 - 6.5]
Plt	=212	[150 - 450x10 <sup>9</sup> /L]			

**Sero-immunology**

H-pylori: positive

AFB sputum smear: negative

CRX (PA and Lat): attached

**Assessment:**

1. COPD
2. Pneumonia
3. PTB?
4. GERD

**Plan:**

1. Clarithromycin 500mg 1t po bid for 7d
2. Salbutamol inhaler 2puffs bid
3. Promethazine 25mg 1t po qhs
4. Omeprazole 20mg 1t po qhs for one month
5. Mebendazole 100mg 5t po once qhs

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

**Examined by: Nurse Sovann Peng**

**Date: October 9, 2013**

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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No answer replied





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

Date: Wed, Oct 9, 2013 at 5:29 PM

Subject: Rattanakiri Telemedicine clinic October 2013, Case#7, HS#RK00433, 37F

To: Cornelia Haener <corneliahaener@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>, 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 Telemedicine clinic October 2013, HS#RK00433, 37F and photos. Please reply to the cases before Thursday afternoon because the patients will come to receive treatment on that afternoon.

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

Best regards,  
Polol/Sovann

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



**Patient: HS#RK00433, 37F (7 Makara Village, Labansirk, Banlung)**

**Chief Complaint:** Extremities tremor x 6months

**HPI:** 37F presented with extremities tremor, heat intolerance, insomnia, palpitation. She took medicine bought from local pharmacy without consultation but her symptoms still persisted. In the past three months, she noticed of progressive enlargement of her eyes. She comes to referral hospital and advised to seek consultation with TM clinic. She denied of fever, cough, SOB, abdominal pain, hematuria, dysuria, edema.

**PMH/SH:** Surgical removal of gallbladder stone in 1997; Cesarean section in 2009

**Family Hx:** No family member with goiter

**Social Hx:** No cig smoking, no EtOH

**Medication:**

1. Carbimazole 5mg 2t po tid
2. Propranolol 40mg 1/4t po bid

**Allergies:** NKDA



**ROS:** Irregular menstruation, Maculopapular skin rash on feet with itchy in these few months especially after eating seafood

**PE:**

**Vital Signs:** BP: 120/71 P: 110 RR: 18 T: 37°C Wt: 46kg

**General:** Look stable

**HEENT:** Exophthalmos, No oropharyngeal lesion, pink conjunctiva, thyroid enlargement diffusely about 4x5cm, soft, smooth, regular border, no tender, no bruit, 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:** Maculopapular rash on feet with crust lesion, No legs edema

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

**Lab/Study:**

**Lab result on August 8, 2013**

TSH	=<0.005	[0.27 – 4.20]
Free T4	=>100	[12.00 – 22.00]

**Assessment:**

1. Hyperthyroidism
2. Eczema

**Plan:**

1. Carbimazole 5mg 1t po tid
2. Propranolol 40mg 1/4t po bid
3. Desoximethasone 0.05% cream apply bid
4. Cetirizine 10mg 1t po qhs prn itchy
5. Recheck free T4 in next two months

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

**Examined by: Nurse Sovann Peng**

**Date: October 9, 2013**

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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From: **Cornelia Haener** <corneliahaener@sihosp.org>  
Date: Thu, Oct 10, 2013 at 11:00 AM  
Subject: RE: Rattanakiri Telemedicine clinic October 2013, Case#7, HS#RK00433, 37F  
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, 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>, Rithy Chau <rithychau@sihosp.org>  
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear Mr. Polo and Mr. Sovann,

Thanks for submitting this case.

I agree with your assessment.

As the rash gets worse when she eats seafood, I would recommend that she stays away from eating seafood, including oyster sauce or shrimp paste.

Kind regards  
Cornelia

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## Thursday, October 10, 2013

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### 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 27 patients came for brief consult and refill medication only, and other 15 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 October 2013

#### 1. KS#RK00427, 34M (Phnom Svay Village, Beungkan Seng, Banlung)

##### Diagnosis:

1. Lipoma

##### Treatment:

1. Incision biopsy of the lump for histology at SHCH
2. Ibuprofen 200mg 2t po tid for 3days (#12)
3. Augmentin 400/57mg 1t po bid for 5d (#10)
4. Amoxicillin 500mg 1t po bid for 5d (#10)
5. Draw blood for CBC, Lyte, Creat, Tot chole, TG, ESR at SHCH

**Lab result on October 10, 2013**

WBC	=5.8	[4 - 11x10 <sup>9</sup> /L]	Na	=140	[135 - 145]
RBC	=5.8	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.5	[3.5 - 5.0]
Hb	=16.9	[14.0 - 16.0g/dL]	Creat	=93	[53 - 97]
Ht	=50	[42 - 52%]	T. Chol	=5.8	[<5.7]
MCV	=87	[80 - 100fl]	TG	=2.2	[<1.7]
MCH	=29	[25 - 35pg]			
MHCH	=34	[30 - 37%]			
Plt	=213	[150 - 450x10 <sup>9</sup> /L]			
Lymph	=2.4	[1.00 - 4.00x10 <sup>9</sup> /L]			
ESR	=16	[0 - 15]			

**Histology result conclusion:** Lipoma

## 2. VS#RK00428, 58M (Village III, Labansirk, Banlung)

### Diagnosis:

1. DMII with PNP
2. Right eye blindness

### Treatment:

1. Glibenclamide 5mg 1t po bid (#60)
2. Metformin 500mg 1t po bid (#60)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 100mg 1t po qd (#70)
5. Amitriptylin 25mg 1/2t po qhs (#30)
6. Educate on diabetic diet, do regular exercise and foot care
7. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

### Lab result on October 10, 2013

Creat	=111	[53 - 97]
Gluc	=13.7	[4.1 - 6.1]
T. Chol	=4.6	[<5.7]
TG	=2.5	[<1.71]
HbA1C	=9.22	[4.8 - 5.9]

## 3. PL#RK00429, 35F (Village III, Labansirk, Banlung)

### Diagnosis:

1. Lyte disorder??
2. Thyroid disorder??
3. Psychiatric problem??

### Treatment:

1. Draw blood for CBC, Lyte, Creat, Tot chole, TG, Calcium, Magnesium, TSH at SHCH
2. Continue Psychiatric med

### Lab result on October 10, 2013

WBC	=5.7	[4 - 11x10 <sup>9</sup> /L]	Na	=138	[135 - 145]
RBC	=5.4	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.2	[3.5 - 5.0]
Hb	=12.8	[12.0 - 15.0g/dL]	Creat	=59	[44 - 80]
Ht	=41	[35 - 47%]	T. Chol	=4.5	[<5.7]
MCV	=75	[80 - 100fl]	TG	=1.5	[<1.71]
MCH	=24	[25 - 35pg]	Ca2+	=1.23	[1.12 - 1.32]
MHCH	=31	[30 - 37%]	Mg2+	=0.82	[0.66 - 1.07]
Plt	=241	[150 - 450x10 <sup>9</sup> /L]	TSH	=1.77	[0.27 - 4.20]
Lymph	=2.2	[1.00 - 4.00x10 <sup>9</sup> /L]			

## 4. BA#RK00430, 17M (Khourn Village, Koh Peark, Veun Sai)

### Diagnosis:

1. Vitamin deficiency
2. Viral syndrome
3. Guillaine Barre Syndrome?
4. Tinea (cruris, pedis)
5. Left Otitis media with perforated TM

**Treatment:**

1. Fluconazole 100mg 1t po bid for 10 days (buy)
2. Augmentin 400/57mg 1t chew bid for 10 days (#20)
3. Amoxicillin 500mg 1t po bid for 10 days (#20)
4. Vit B complex 10cc IV infusion per day for three days
5. Vit B complex 1t po qd for two months (#60)
6. MTV 1t po bid (#120)
7. Draw blood for CBC, Creat, Lyte, Albumin, Protein, ESR, TSH, RPR at SHCH

**Lab result on October 10, 2013**

WBC	=6.5	[4 - 11x10 <sup>9</sup> /L]	Na	=138	[135 - 145]
RBC	=4.7	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.8	[3.5 - 5.0]
Hb	=12.2	[14.0 - 16.0g/dL]	Albu	=45	[38 - 51]
Ht	=40	[42 - 52%]	Protein	=72	[66 - 87]
MCV	=84	[80 - 100fl]	Creat	=61	[53 - 97]
MCH	=26	[25 - 35pg]	Ca2+	=1.21	[1.12 - 1.32]
MHCH	=31	[30 - 37%]	Mg2+	=0.94	[0.66 - 1.07]
Plt	=287	[150 - 450x10 <sup>9</sup> /L]	AST	=33	[40]
Lymph	=2.0	[1.00 - 4.00x10 <sup>9</sup> /L]	ALT	=53	[<41]
			TSH	=2.70	[0.27 - 4.20]
ESR	=15	[0 - 15]	RPR	= Non reactive	

**5. KP#RK00431, 43F (Chey ChumNas Village, Labansirk, Banlung)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. ASA 100mg 1t po qd (#70)
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 October 10, 2013**

Creat	=55	[53 - 97]
Gluc	=12.1	[4.1 - 6.1]
T. Chol	=5.3	[<5.7]
TG	=5.6	[<1.71]
HbA1C	=10.51	[4.8 - 5.9]

**Recommendation after blood test resulted:** Increased Metformin 500mg 2t po bid and Add Fenofibrate 100mg 1t po qd

**6. YS#RK00432, 59M (Sayos Lor Village, Kaleng, Lumphatt)**

**Diagnosis:**

1. COPD
2. Pneumonia
3. PUD

**Treatment:**

1. Salbutamol inhaler 2puffs bid (#2)
2. Promethazine 25mg 1t po qhs (#10)
3. Omeprazole 20mg 1t po bid for one month (#30)

4. Metronidazole 250mg 2t po bid for 7d (#28)
5. Clarithromycin 500mg 1t po bid for 7d (#14)
6. Metoclopramide 10mg 1t po qd for 15d (#15)
7. Mebendazole 100mg 5t po once qhs (#5)
8. Paracetamol 500mg 1t po qid prn fever (#40)
9. Draw blood for Lyte and Creat at SHCH

**Lab result on October 10, 2013**

Na	=130	[135 - 145]
K	=4.6	[3.5 - 5.0]
Creat	=96	[53 - 97]

**7. HS#RK00433, 37F (7 Makara Village, Labansirk, Banlung)**

**Diagnosis:**

1. Hyperthyroidism
2. Eczema

**Treatment:**

1. Carbimazole 5mg 1t po tid (#200)
2. Propranolol 40mg 1/4t po bid (#40)
3. Desoximethasone 0.05% cream apply bid (#2)
4. Cetirizine 10mg 1t po qhs prn itchy (#20)
5. Recheck free T4 in next two months

**Patients who come for brief consult and refill medicine**

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

**Diagnosis:**

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

**Treatment:**

1. Atenolol 50mg 1t po bid (buy)
2. HCTZ 25mg 2t po qd (#120)
3. Captopril 25mg 1t po bid (buy)
4. Glibenclamide 5mg 1t po bid (#120)
5. Metformin 500mg 2t po bid (#60)
6. Draw blood for Glucose and HbA1C at SHCH

**Lab result on October 10, 2013**

Gluc	=8.8	[4.1 - 6.1]
HbA1C	=6.87	[4.8 - 5.9]

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

**Diagnosis:**

1. CHF
2. Incompleted RBBB

**Treatment:**

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

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

**Diagnosis:**

1. HTN
2. DMII



3. Liver cirrhosis

**Treatment:**

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

**Lab result on October 10, 2013**

Gluc	=10.0	[4.1 - 6.1]
AST	=88	[<32]
ALT	=39	[<33]
HbA1C	=5.54	[4.8 – 5.9]

**Recommendation after blood test resulted:** Stop Glibenclamide

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

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Metformin 500mg 2t po bid (#100)
2. Captopril 25mg 1t po bid (#buy)
3. Atenolol 50mg 1/2t po bid (#60)
4. ASA 300mg 1/4t po qd (#15)
5. Amitriptylin 25mg 1/2t po qhs (#30)
6. Insulin NPH 23UI qAM and 8UI qPM (buy)

**5. SV#RK00256, 49M (Village I)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

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

**Lab result on October 10, 2013**

Gluc	=12.8	[4.1 - 6.1]
Tot chol	=5.4	[<5.7]
TG	=2.5	[<1.7]
HbA1C	=10.78	[4.8 – 5.9]

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

**6. KC#RK00260, 50F (Village V)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid (#80)
2. Captopril 25mg 1/4t po bid (buy)

**7. SH#RK00311, 60F (Dey Lor Village)**

**Diagnosis:**

1. DMII
2. Dilated Cardiomyopathy

**Treatment:**

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

**8. CT#RK00318, 33F (Village I)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 3t qAM, 2t qPM (#70)
2. Glibenclamide 5mg 1t po bid (#120)
3. Pioglitazone 15mg 1t po qd (buy)

**9. TS#RK00320, 53M (Village V)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid (#120)
2. Metformin 500mg 2t po bid (#80)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 5mg 1t po qd (buy)

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

**Diagnosis:**

1. DMII
2. HTN
3. Hyperlipidemia

**Treatment:**

1. Metformine 500mg 1t po bid (#60)
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 (#20)
6. Draw blood for Glucose, Tot chole, TG and HbA1C at SHCH

**Lab result on October 10, 2013**

Gluc	=11.1	[4.1 - 6.1]
Tot chol	=5.9	[<5.7]
TG	=2.1	[<1.7]
HbA1C	=9.19	[4.8 – 5.9]

**Recommendation after blood test resulted:** Increase Metformin 500mg 2t po bid

**11. TK#RK00344, 59F (Thmey Village, Ban Lung)**

**Diagnosis:**

1. DMII

**Treatment:**

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

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

**Diagnosis:**

1. DMII with PNP
2. HTN

**Treatment:**

1. Metformin 500mg 3t po qAM and 2t po qPM (#100)
2. Glibenclamide 5mg 1t po bid (#120)
3. Pioglitazone 15mg 1t po qd (#60)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptyline 25mg 1/4t po qhs (#20)
6. Fenofibrate 100mg 1t po qhs (buy)

**13. CS#RK00390, 52F (Village I, LBS)**

**Diagnosis:**

1. DMII
2. HTN
3. Obesity

**Treatment:**

1. Metformin 500mg 3t po qAM and 2t po qPM (#100)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 10mg 1t po bid (buy)
5. HCTZ 25mg 1t po qd (#60)

**14. 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 (#20)

**15. SS#RK00299, 50F (Thmey Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

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

**16. NK#RK00371, 70F (Thmey Village, LBS)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po tid (#100)
2. Captopril 25mg 1/4t po bid (buy)

**17. 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 1/2t po bid (buy)
4. Fenofibrate 100mg 1t po qd (buy)
4. Draw blood for Glucose, Tot chole, TG and HbA1C at SHCH

**Lab result on October 10, 2013**

Gluc	=6.6	[4.1 - 6.1]
T. Chol	=4.0	[<5.7]
TG	=9.1	[<1.71]
HbA1C	=7.16	[4.8 – 5.9]

**18. CM#RK00399, 52F (Village IV, Kachagn, Banlung)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 2t qAM and 1t qPM (#90)
2. Captopril 25mg 1/2t po bid (buy)
3. Atenolol 50mg 1/2t po qd (#30)
4. ASA 100mg 1t po qd (#60)

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

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

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

**20. ES#RK00407, 20F (Yern village, Kork commune, Borkeo district)**

**Diagnosis:**

1. Euthyroid goiter (with medicine)

**Treatment:**

1. Propylthiouracil 100mg 1/1t po bid (buy)

**21. VC#RK00268, 70M (Bey Srok Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 3t po qAM and 2t qPM (buy)
2. Glibenclamide 5mg 2t po bid (buy)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. ASA 100mg 1t po qd (buy)

**22. YC#RK00416, 43M (Chey Chumnas Village, Labansirk, Banlung)**

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on October 10, 2013**

Gluc =8.1 [4.1 - 6.1]  
HbA1C =5.65 [4.8 - 5.9]

**Recommendation after blood test resulted:** Stop Glibenclamide

**23. CC#RK00419, 53M (Chey Chumnas Village, Labansirk, Banlung)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po qhs (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. Lipantil 200mg 1t po qd (buy)
4. Simvastain 20mg 1t po qhs (buy)
5. ASA 100mg 1t po qd (#60)
6. Educate on diabetic diet, do regular exercise and foot care
7. Alcohol drinking cessation

**24. SC#RK00422, 45M (Village I, Lamenh, Borkeo)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po qd (#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

**25. SS#RK00423, 50M (Village I, Lamenh, Borkeo)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Captopril 25mg 1/2t po bid (buy)
2. Metformin 500mg 1t po qhs (#60)
3. ASA 100mg 1t po qd (#60)
4. Educate on diabetic diet, do regular exercise and foot care

**26. TL#RK00424, 38F (Lumchor village, Lumchor commune, Oyadav)**

**Diagnosis:**

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

**Treatment:**

1. Prednisolone 5mg 8t po qd for one month, and 6t for another month then taper (#200)
2. Captopril 25mg 1/4t po bid (buy)
3. Simvastatin 20mg 1t po qhs (buy)

4. ASA 300mg 1/4t po qd (#15)

**Lab result on October 10, 2013**

Creat	=113	[44 - 80]
T. Chol	=6.9	[<5.7]
Albu	=42	[38 - 51]
Protein	=69	[66 - 87]

**27. LD#RK00425, 53M (Okantil Village, Beung Kanseng commune, Banlung)**

**Diagnosis:**

1. Right kidney stone
2. DMII

**Treatment:**

1. Drink plenty of water
2. Glibenclamide 5mg 1t po bid (#80)
3. Captopril 25mg 1/4t po bid (buy)

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**The next Rattanakiri TM Clinic will be held in  
December 2013**

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