Telemedicine Clinic
Rattanakiri
Referral Hospital
March 2012

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

On Tuesday March 20 and Wednesday March 21, 2012, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 11 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 March 22, 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: Tue, Mar 13, 2012 at 5:15 PM
Subject: Telemedicine Clinic March 2012 at Rattanakiri referral hospital
To: Rithy Chau <rithychau@sihosp.org>, Cornelia Haener <corneliahaener@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, Joseph Kvedar <jkvedar@partners.org>, "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>

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Dear All,

      Please be informed that the TM clinic at Rattanakiri Referral Hospital will be held
on Tuesday and Wednesday, March 20 - 21, 2012 beginning at 8:00am local time for full
day. We expect to enter and transmit the patient data to those of you at SHCH and at
Partner in Boston on Wednesday evening.

      Please try to respond before noontime the following day, Thursday, March 22, 2012.
The patients will be asked to return to the hospital that afternoon on Thursday to
receive treatment along with a follow up plan or referral.

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

Best regards,
Koh Polo
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From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Mar 21, 2012 at 4:16 PM
Subject: Rattanakiri Telemedicine Clinic March 2012, Case#1, NK#RK00371, 69F
To: kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org, Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com"

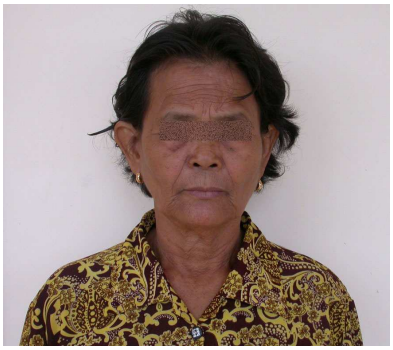
<lauriebachrach@yahoo.com>

Dear all,

There are 10 new cases for Rattanakiri Telemedicine Clinic March 2012. This is case number 1, NK#RK00371, 69F and photo.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine



Patient: **NK#RK00371, 69F (Thmey Village, LBS)**

Chief Complaint: Fatigue and blurred vision x 4 months

HPI: 69F, farmer, presented with 4 months of fatigue, polyuria, polyphagia, polydypsia, and blurred vision. She went to consult in private clinic, blood sugar 169mg/dl, blood pressure 160/? and she was treated with Metformin 500mg 1t po bid, Glibenclamide 5mg 1/2t po qd and Amlodipine 5mg 1t po qd. The following blood sugar, FBS: 78mg/dl on January 25, 2012; FBS: 84mg/dl on February 11, 2012. She denied of fever, SOB, palpitation, abdominal pain, nausea/vomiting, stool with blood/mucus, edema, hematuria, dysuria.

PMH/SH: Unremarkable

Family Hx: Daughter with DMII

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

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

Allergies: NKDA

ROS: 2y post menopause

PE:
Vital Signs: BP: 151/83 (both arms) P: 97 R: 20 T: 37^{O}C Wt: 50kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no neck lymph node palpable, no JVD; Fundi is not examined due to no ophthalmoscope available

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

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

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

MS/Neuro: MS +5/5, motor intact, sensory intact with light touch, DTRs +2/4, normal gait

Lab/Study:

- Done today on March 20, 2012
  U/A: glucose 4+, no ketone, protein trace RBS: 280mg/dl

Assessment:

1. DMII
2. HTN

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1/2t po qd
3. Captopril 25mg 1/2t po bid
4. Educate on diabetic diet, do regular exercise and foot care
5. Advise to seek eye examination with Ophthalmologist
6. Draw blood for Lyte, Creat, and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng Date: March 20, 2012

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Fri, Mar 23, 2012 at 8:15 PM
Subject: FW: Rattanakiri Telemedicine Clinic March 2012, Case#1, NK#RK00371, 69F
To: kirihospital@gmail.com
Cc: rithychau@sihosp.org

Agree with diagnosis
Patient may need both captopril and amlodipine for optimal blood pressure control

Leslie S.T. Fang, MD PhD

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Mar 21, 2012 at 4:21 PM
Subject: Rattanakiri Telemedicine Clinic March 2012, Case#2, SC#RK00372, 48F
To: rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org

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

Dear all,

This is case number 2, SC#RK00372, 48F and photos.

Best regards,
Polo/Sovann

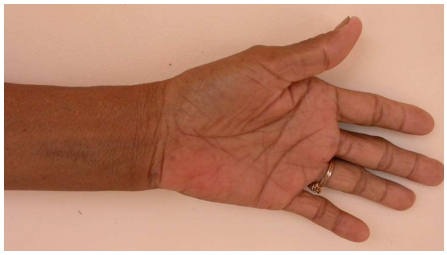
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: **SC#RK00372, 48F (Thmey Village, Lumphat)**

Chief Complaint: Epigastric pain x 6 months

HPI: 48F, farmer, presented with epigastric pain, burning sensation, burping with sour taste. The pain radiated to the back, better with antacid, and worse with spicy food and denied of nausea, vomiting, stool with blood/mucus. She got treatment from local health center and traditional medicine. The epigastric pain became better in several weeks but she developed hyperpigmentation skin rash around the neck, no itchy, no vesicle, no pustule.

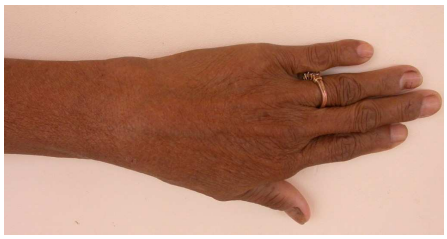
PMH/SH: Distal forearm fracture due to motor accident in the past year with traditional treatment



Family Hx: None

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

Medication: Traditional medicine

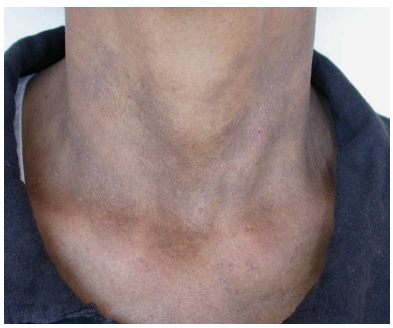


Allergies: NKDA

ROS: 2y post menopause, no fever, no SOB, no cough, no palpitation, no edema

PE:
Vital Signs: BP: 113/81 P: 82 R: 20 T: 37^{O}C Wt: 40kg

General: Look stable



HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no neck lymph node palpable, no JVD

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

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

Extremities/Skin: hyperpigmentation around the neck (see the photo)

MS/Neuro: Limited flexion and extension of left hand with muscle strength +4/5, sensory intact, DTRs +2/4, normal gait

Rectal exam: good sphincter tone, no mass palpable, negative colocheck

Lab/Study:

- Done today on March 20, 2012
  RBS: 94mg/dl

Assessment:

1. GERD
2. Skin rash due to drug allergy
3. Left hand weakness due to post trauma

Plan:

1. Cimetidine 200mg 1t po qhs for one month
2. Mebendazole 100mg 5t qhs once
3. Stop traditional medicine
4. GERD prevention education

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

Examined by: Nurse Sovann Peng **Date: March 20, 2012**

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

From: **Cusick, Paul S.,M.D.** <PCUSICK@partners.org>
Date: Thu, Mar 22, 2012 at 3:11 AM
Subject: RE: Rattanakiri Telemedicine Clinic March 2012, Case#2, SC#RK00372, 48F
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

Thank you for the opportunity for this consultation

Y**our patient** has classic symptoms for reflux.
In the absence of Melena(black stools) And Negative colocheck, she is unlikely to have peptic or duodenal ulcers.
I agree with cimetidine.

Her rash is quite interesting. The rash is in the distribution of her neck and face. It occures in the sun exposed areas outside her collar.
In a different setting, a dark, velvet textured rash on the back of her neck or in her underarms or groin could be acanthosis nigrans that can be associated with diabetes or adrenal insufficiency.
However, I believe that the most likely cause of her rash is the interaction of one of her traditional medicines with the sun.
I agree that stopping the traditional medications is the best approach.

I agree with cimetidine and GERD lifestyle intervention.

Mebendazole will treat intestinal helminths.

Thanks so much

I wish her and you the best

Paul Cusick MD internist,

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Mar 21, 2012 at 4:24 PM
Subject: Rattanakiri Telemedicine Clinic March 2012, Case#3, SS#RK00373, 57F
To: jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, rithychau@sihosp.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 3, SS#RK00373, 57F and photo.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: **SS#RK00373, 57F (Village III, LBS)**

Chief Complaint: Fatigue and Polyuria x 1y

HPI: 57F with known history of hypertension for 3y with Antihypertensive 1t po qd and presented symptoms of fatigue, polydypsia, polyuria, extremity numbness and blurred vision. This morning she went to private clinic for blood and urine test with result glucose 270mg/dl, chole:188mg/dl, TG:380mg/dl and U/A glucose 3+, no protein and come to consult with Telemedicine in afternoon. She denied of fever, cough, SOB, GI problem, hematuria, edema, foot wound.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No cig smoking, no tobacco chewing, EtOH with traditional during delivery

Medication:

1. Antihypertensive 1t po qd (unknown name)

Allergies: NKDA

ROS: 2y post menopause

PE:
Vital Signs: BP: 133/87 P: 78 R: 20 T: 37^{O}C Wt: 69kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no neck lymph node palpable, no JVD; Fundi is not examined due to no ophthalmoscope available

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

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

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

MS/Neuro: MS +5/5, motor intact, sensory intact with light touch, DTRs +2/4, normal gait

Lab/Study:

- Done today on March 20, 2012
  U/A: glucose 3+, no ketone, no protein RBS: 450mg/dl

Assessment:

1. DMII
2. HTN (history)

Plan:

1. Metformin 500mg 1t po bid
2. Captopril 25mg 1/2t po bid
3. Educate on diabetic diet, do regular exercise and foot care
4. Advise to seek eye examination with Ophthalmologist
5. Draw blood for Creat, Lyte and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng Date: March 20, 2012

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Fri, Mar 23, 2012 at 8:16 PM
Subject: RE: Rattanakiri Telemedicine Clinic March 2012, Case#3, SS#RK00373, 57F
To: kirihospital@gmail.com
Cc: rithychau@sihosp.org

Agree with diagnosis of diabetes mellitus
Agree with therapy proposed
Agree that she need ophthalmological evaluation

Leslie S.T. Fang, MD PhD

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Mar 21, 2012 at 4:26 PM
Subject: Rattanakiri Telemedicine Clinic March 2012, Case#4, SC#RK00374, 55F
To: Cornelia Haener <corneliahaener@sihosp.org>, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, rithychau@sihosp.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is the case number 4, SC#RK00374, 55F and photos.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

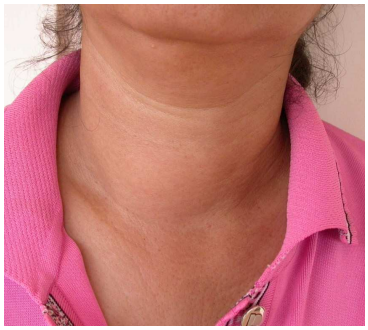
Patient: **SC#RK00374, 55F (Sayons, Kaleng, Lumphat)**

Chief Complaint: Polyuria and muscle pain x 6days

HPI: 55F presented with symptoms of diabetes mellitus for 16y. The complaints started when she was 39 years old. She went already to another clinic where she received medication for her diabetes: Diamicron 60 mg. Sometimes she takes antihypertensive medication (Nifedipine 20 mg and Atenolol 60 mg) when she is dizzy and has the feeling she is hypertensive. She doesn't follow any diet, she eats 3 times a day. Now she stopped her medication for 6 days and started to have complaints like polyuria, muscle pain, tiredness. Since 2 years she has a blurred vision when she looks at the distance. She's never been to an ophthalmologist.

PMH/SH: 2 years ago: Cervix lesion (CIL?) treated at private clinic in Kampong Cham province. Goiter, diagnosed at the same time, no treatment so far.

Social Hx: Farmer; husband also farmer. 5 children all in good health. No smoking, no alcohol, no tobacco chewing.



Family Hx: Her mother had also arterial hypertension and diabetes mellitus II. (insulin-dependent)

Medication: Diamicron 60 mg 1 tablet/day. Nifedipine 20 mg 1 tablet, Atenolol 60 mg 1 tablet when necessary

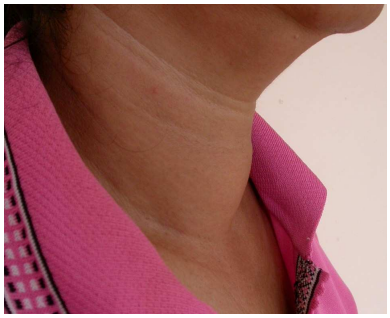
Allergies: NKDA

ROS: Post-menopausal since 3 years.

PE:
Vital Signs: BP: 152/100 P: 83 R: 20 T: Wt: 57kg

General: Look stable, good

HEENT: No oropharyngeal lesion, pink conjunctiva, neck mass: goiter about 6 x 4 cm: soft, no nodules, movable with swallowing, no lymph node palpable



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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM

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

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

Lab/Study:

Done today March 20, 2012
Urine: Glycosuria 4+, no ketone, no protein
RBS: 305mg/dl
FBS: 268mg/dl (March 21, 2012)

Assessment:

1. Diabetes mellitus
2. Arterial hypertension
3. Goiter

Plan:

1. Draw blood for Creat, Gluc,HbA1c, TSH at SHCH
2. Metformin 500mg 1t po bid
3. Captopril 25mg 1/2t po bid
4. Goiter without symptoms. If symptoms check with ultrasound.
5. Educate on diabetic diet, do regular exercise and foot care

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

Examined by: Dossche Lien/Sovann **Date: March 20, 2012**

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

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Wed, Mar 21, 2012 at 6:10 PM
Subject: RE: Rattanakiri Telemedicine Clinic March 2012, Case#4, SC#RK00374, 55F
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, rithychau@sihosp.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear Polo and Sovann,

Thanks for submitting this case. I only want to comment on the goiter. I agree with checking TSH only. The goiter seems to be a minor problem for this patient and might be euthyroid.

Kind regards
Cornelia

From: **Barbesino, Giuseppe,M.D.** <GBARBESINO@partners.org>
Date: Thu, Mar 22, 2012 at 4:07 AM
Subject: RE: Rattanakiri Telemedicine Clinic March 2012, Case#4, SC#RK00374, 55F
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>
Cc: "kirihospital@gmail.com" <kirihospital@gmail.com>, "rithychau@sihosp.org" <rithychau@sihosp.org>

hello: I agree that Metformin is a reasonable choice at this point, make sure you check LFTs and creatinine. would get a urinalysis to make sure she is not having UTI and no proteinuria. If possible a neck ultrasound would be sueful to establish a baseline and judge on whether there is any dangerous nodule.

Giuseppe Barbesino M.D.

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Mar 21, 2012 at 4:29 PM
Subject: Rattanakiri Telemedicine Clinic March 2012, Case#5, LV#RK00375, 46F
To: rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is the case number 5, LV#RK00375, 46F and photo.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: **LV#RK00375, 46F (Osinlar Village, Kaleng, Lumphat)**

Chief Complaint: Polydipsia and polyuria x 6months

HPI: 46F presented with symptoms of persistent asthenia after taking antidiabetic medicines for 6 months. The first symptoms of the diabetes mellitus started 6 months ago with asthenia as major complaint next to polydipsia and polyuria. She had several blood sugar tests with an average glycemia of 270 mg/dl. She takes Glibenclamide 5mg 1t bid. The polyuria and polydipsia disappeared. She knows that she cannot drink or eat products who contain a lot of sugar. Her vision is normal. She has no paresthesias. She has her periods regularly.

PMH/SH: DM II

Family Hx: No family history of diabetes mellitus or arterial hypertension.

Medication: Glibenclamide 5mg 1t bid

Social Hx:
- Job: farmer
- Nicotine abuse: negative
- Alcohol usus: social drinker
- 5 children, all healthy

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 130/84 P: 83 R: 20 T: 37^{o}C Wt: 61kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph nodes palpable

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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM

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

MS/Neuro: MS +5/5, motor and sensory intact, normal reflexes, normal gait, CN I to XII normal

Lab/Study:

Done today on March 20, 2012

Urine dipstick: glycosuria 1+, no protein, no ketone
RBS: 151mg/dl
RBS: 91mg/dl

Assessment:

1. Diabetes Mellitus

Plan:

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

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

Examined by: Rousseff Thaïs/Sovann **Date: March 20, 2012**

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

From: **Cusick, Paul S.,M.D.** <PCUSICK@partners.org>
Date: Thu, Mar 22, 2012 at 2:13 AM
Subject: RE: Rattanakiri Telemedicine Clinic March 2012, Case#5, LV#RK00375, 46F
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

Thank you so much For this consultation
Agree that She has diabetes mellitus
And she appears to be responding nicely to oral hypoglycemic agents
As well as dietary Interventions.

I agree with the addition of ACEI For renal protection

It sounds like her recent fasting blood sugar levels are At target

I would consider the continuing current
Plan and followup on her laboratory studies

I wish her and you the best of luck
Paul Cusick

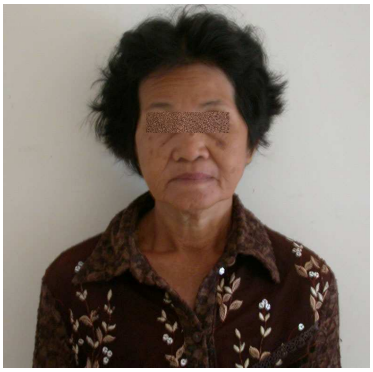
From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Mar 21, 2012 at 4:32 PM
Subject: Rattanakiri Telemedicine Clinic March 2012, Case#6, OS#RK00376, 63F
To: rithychau@sihosp.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is the case number 6, OS#RK00376, 63F and photo.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine



Patient: **OS#RK00376, 63F (Village III, LBS)**

Chief Complaint: Palpitation x 3 months

HPI: 63F presented with palpitation (fast heart beat) which occurred frequently at night and with loud voice, headache, neck tension, and blurred vision. She went to consult with local referral hospital BP: 170/? and was treated with Antihypertensive (unknown name) 1t po bid. She became better with BP: 130/? and she bought Chinese antihypertensive combination from local pharmacy without prescription and taking 1t po bid until now.

PMH/SH: Unremarkable

Family Hx: Father with PTB

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

Medication:
1. Chinese antihypertensive combination 1t po bid

Allergies: NKDA

ROS: no fever, no cough, no SOB, no orthopnea, no nausea, o vomiting, no stool with blood/mucus, no oliguria, no dysuria, no hematuria, no leg edema

PE:
Vital Signs: BP: 144/98 P: 60 R: 20 T: 37^{O}C Wt: 42kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no neck lymph node palpable, no JVD

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

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

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

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

Lab/Study:

- Done today on March 21, 2012
  FBS: 92mg/dl U/A normal

Assessment:

1. HTN

Plan:

1. HCTZ 25mg 1t po qd
2. Draw blood for Lyte, and Creat at SHCH

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

Examined by: Nurse Sovann Peng **Date: March 21, 2012**

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Fri, Mar 23, 2012 at 8:18 PM
Subject: FW: Rattanakiri Telemedicine Clinic March 2012, Case#6, OS#RK00376, 63F
To: kirihospital@gmail.com
Cc: rithychau@sihosp.org

The amount of information provided is very limited. I could provide more guidance with a little more information about the symptoms of "palpitations." Was it a fast, racing heart beat? Did the patient describe the rhythm as regular or irregular? Were there any other associated symptoms?

Has she had any other signs or symptoms of severe hypertensions: chest pain, shortness of breath, blurry vision, nausea, headache?

Any other constitutional symptoms to suggest a thyroid (or other endocrine) abnormality?

I think that a plan of using an antihypertensive agent sounds like a reasonable first step. HCTZ should be an effective first agent.

If there is a racing heart beat, in addition to hypertension, it may be appropriate to consider a different agent that may stabilize the heart rate as well (such as diltiazem or metoprolol).

You may wish to consider checking a TSH, if there is additional concern for thyroid dysfunction, based on questions above.

Thanks,

Doug Drachman, MD

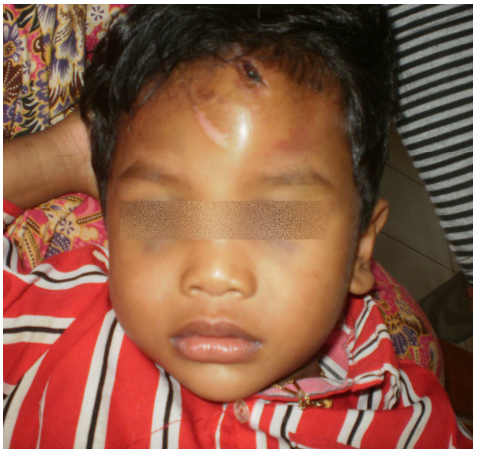
From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Mar 21, 2012 at 4:34 PM
Subject: Rattanakiri Telemedicine Clinic March 2012, Case#7, SL#RK00377, 4M
To: Cornelia Haener <corneliahaener@sihosp.org>, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org, rithychau@sihosp.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is the case number 7, SL#RK00377, 4M and photos.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine



Patient: SL#RK00377, 4M (Lungkhong Village)

Chief Complaint: Burn wound x 4y

HPI: 4M presented with a burn grade II 15%. He sat on a motorbike, fell of and stick with his leg at the hot motor engine and bumped his head. It involves the right upper leg medial, the right foot and the right side of the penis. He also has a big bruise at the front of his head. Beneath both eyes there is a hematoma. After the accident, he did no syncope, did not vomit. He has a lot of pain. Signs of phimosis, clear urine.

PMH/SH: Unremarkable

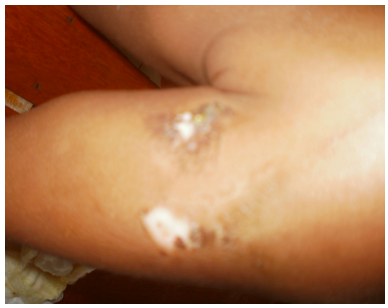
Family Hx:

Medication:

Allergies: NKDA

ROS: Unremarkable

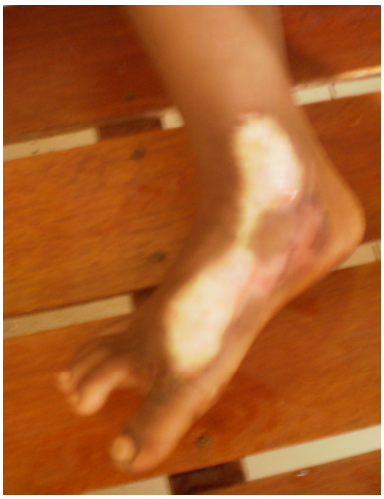
PE:



Vital Signs: BP: P: 124 R: 30 T: 37,5 Wt: 16kg

General: Look stable

HEENT: No oropharyngeal lesion, oedema and hematoma of the eyelids



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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM

Extremities/Skin: extensive burn wound at the right upper leg medial (15cmx7cm), the right side of the penis (1.5cmx3cm) and the right foot (10cmx5cm).

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

Lab/Study: None

Assessment:

1. Burn wound grade II 15%

Plan:

1. PIV D5% 2fl/24h, Ampicillin 1g 1A IV, Paracetamol 500mg ½ x 4 dd, urinary catheter
2. local treatment: sterile water, paraffine ointment, silver sulfadiazine cream 1%
3. pictures included

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

Examined by: Rousseff Thais **Date: March 21, 2012**

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

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Wed, Mar 21, 2012 at 6:08 PM
Subject: RE: Rattanakiri Telemedicine Clinic March 2012, Case#7, SL#RK00377, 4M
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org, rithychau@sihosp.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear Polo and Sovann,

Thanks for submitting this case. The burns do not look infected. Thus, it might not be needed to give Ampicillin IV. Local treatment alone as suggested by you might be enough.
Do you have a skull X-ray? If yes, any signs of fracture?

Kind regards
Cornelia

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Fri, Mar 23, 2012 at 8:19 PM
Subject: FW: Rattanakiri Telemedicine Clinic March 2012, Case#7, SL#RK00377, 4M
To: kirihospital@gmail.com
Cc: rithychau@sihosp.org

I agree with the assessment. If he were here we would graft his wounds.

Rob Sheridan, MD

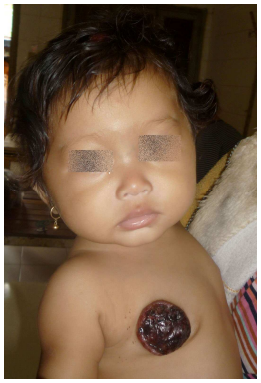
From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Mar 21, 2012 at 4:36 PM
Subject: Rattanakiri TM Clinic March 2012, Case#8, SR#RK00378, 6mF
To: Cornelia Haener <corneliahaener@sihosp.org>, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, rithychau@sihosp.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is the case number 8, SR#RK00378, 6mF and photos.

Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

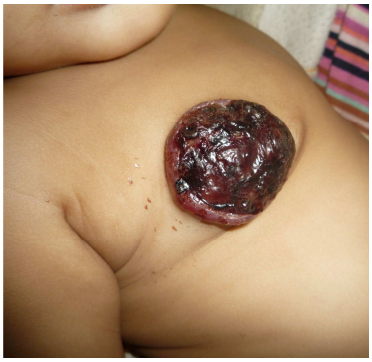


Patient: **SR#RK00378, 6 months F (Sre Ang krang Village)**

Chief Complaint: mass on chest wall and head

HPI: 6monthsF presented with mass on right hemithorax. The mother said it wasn`t there when she was born but appeared at the age of 1 month. It's growing progressively. The size of the mass on the chest is about 4cm x 4 cm x 1,5 cm. The mass on the head is about 1cm x 1cm x 1cm. It bleeds easily because she scratches it. She got no treatment with traditional medicine and no trauma history.

PMH/SH: Unremarkable. Normal birth after normal pregnancy.



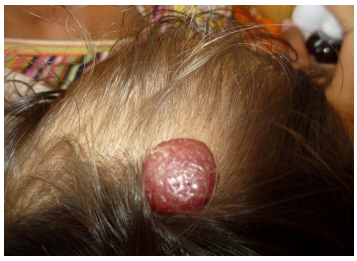
Family Hx: No family history of mass. 1 other child, healthy

Medication: /

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP:/ P: 110 R: 30 T: 38 Wt: /



General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, a few lymph node palpable, soft. A soft red mass on the middle of the head about 1cm x 1cm x 1cm. (see pictures)

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur. Soft dark red/purple mass on the right hemithorax about 4cm x 4 cm x 1,5 cm, fluctuation, mobile.

Abdomen: Soft, no tender, no distension, (+) BS, no HSM

Extremities/Skin: No leg edema, no lesion

MS/Neuro: MS +5/5, motor and sensory intact, DTRs

Lab/Study: None

Assessment:
1. Angiofibroma?
2. Malignant mass?

Plan:
1. Cover the wound to prevent form scratching
2. Augmentin 120mg/5cc 2.5cc bid for 7d
3. Ibuprofen 200mg 1/2t po bid for 5d

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

Examined by: Dossche Lien **Date: March 21, 2012**

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

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Wed, Mar 21, 2012 at 6:03 PM
Subject: RE: Rattanakiri TM Clinic March 2012, Case#8, SR#RK00378, 6mF

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

Dear Polo and Sovann,

Thanks for submitting this case. I would refer this child to Angkor Hospital for Children. The lesions look rather malignant, at least the chest mass.

Kind regards
Cornelia

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Sat, Mar 24, 2012 at 1:13 AM
Subject: FW: Rattanakiri TM Clinic March 2012, Case#8, SR#RK00378, 6mF
To: kirihospital@gmail.com
Cc: rithychau@sihosp.org

We believe these are infantile capillary hemangiomas. They can grow rapidly over the first 12-18 mo of life, then gradually regress on their own after that. The larger chest lesion is ulcerated and at risk for infection (or may already be infected). We would consider excising this if possible, though we are also concerned that it may involve the nipple and thus removing it surgically may pose an issue with breast development later in life. Laser therapy would be another option for treatment. To start with, I would recommend a trial of oral propranolol, at a dose of 1 mg/kg/dose twice daily. This can result in dramatic improvement. They need to take good care to try to prevent additional trauma to the lesions so that they do not become infected. Mittens could be put on the baby's hands so that she does not scratch at the lesions.

Alison Friedmann, MD

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Mar 21, 2012 at 4:38 PM
Subject: Rattanakiri TM Clinic March 2012, Case#9, ST#RK00379, 53M
To: Cornelia Haener <corneliahaener@sihosp.org>, Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org, kfiamma@partners.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is the case number 9, ST#RK00379, 53M and photos.

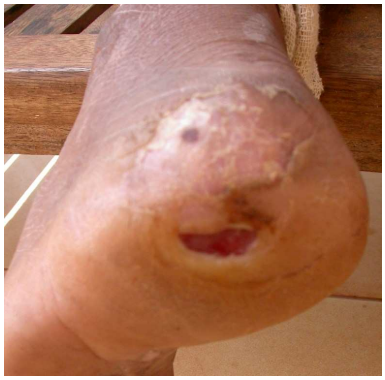
Best regards,
Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: **ST#RK00379, 53M (Som Thom Village, Oya dav)**

Chief Complaint: Foot wound x 1 month

HPI: 53M, farmer, presented with 1 year history of numbness from the knees down and one day both soles got burn and he got treatment from local health care worker with Penicillin injection then it became healed. In this one month, he developed the lesion on the left heel with trauma and it became ulcerated lesion, swelling, and warmth. He got treatment with Penicillin apply on the lesion but it does not get better. He denied of groin lymph node enlargement, high fever.



PMH/SH: Unremarkable

Family Hx: No family member with HTN, DM, skin lesion

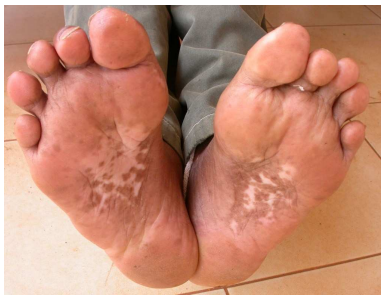
Social Hx: Smoking 5cig/day, heavy alcohol drinking

Medication: No oral or injection medication but apply Penicillin directly on the lesion qd

Allergies: NKDA

ROS: extremity tremor, no fever, no SOB, no cough, no GI problem, no oliguria, no hematuria

PE:
Vital Signs: BP: 135/91 P: 80 R: 20 T: 37^{O}C Wt: 45kg



General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no neck lymph node palpable, no JVD

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

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

Extremities/Skin: On left heel presented with ulcerated lesion, no bad smell**,** no groin lymph node palpable, (+) posterior tibial and dorsalis pedis pulse; complete healed scar on both soles

MS/Neuro: MS +5/5, motor intact, sensory intact with light touch, DTRs +2/4, normal gait

Lab/Study:

- Done today on March 21, 2012
  RBS: 103mg/dl

Assessment:

1. Chronic infected wound due to vitamin deficiency/bacteria
2. Alcoholism

Plan:

1. Vitamin B complex injection 10cc qd for 3d
2. Vitamin B complex 1t po bid for one month
3. Clean and dressing wound with Bacitracine Zn cream every day
4. Stop alcohol drinking and cigarette smoking

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

Examined by: Nurse Sovann Peng **Date: March 21, 2012**

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

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Wed, Mar 21, 2012 at 6:01 PM
Subject: RE: Rattanakiri TM Clinic March 2012, Case#9, ST#RK00379, 53M
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>, Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org, kfiamma@partners.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear Polo and Sovann,

Thanks for submitting the case. I agree with your assessment and plan. In addition to your treatment plan, it would be good to apply a splint if cast material is available.

Kind regards, Cornelia

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Mar 21, 2012 at 4:41 PM
Subject: Rattanakiri TM Clinic March 2012, Case#10, TM#RK00380, 60M
To: rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is the last case for Rattanakiri TM Clinic March 2012, case number 10, TM#RK00380, 60M and photo.

Please reply to the cases before Thursday afternoon Cambodian 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 Partners in Telemedicine

Patient: **TM#RK00380, 60M (Village I, LBS)**

Chief Complaint: Lower extremities numbness x 2months

HPI: 60M presented with symptoms of lower extremities numbness, fatigue, headaches but denied of polyphagia, polydipsia, and polyphagia. He went to consult with private clinic and blood sugar testing with result 146mg/dl and glucose 3+ in urine and was treated with Diamicron 30mg 1t po bid and Multivitamin 1t po qd.

PMH/SH: Unremarkable

Family Hx: No family history of diabetes mellitus or arterial hypertension

Medication: Diamicron 30mg 1t po bid and Multivitamin 1t po qd

Social Hx: No cig smoking, casually alcohol drinking

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 121/84 P: 82 R: 18 T: 36.5^{o}C Wt: 59kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph nodes palpable

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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM

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

MS/Neuro: MS +5/5, motor and sensory intact, normal reflexes, normal gait

Lab/Study:
Done today on March 21, 2012
U/A: normal
RBS: 171mg/dl

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Multivitamin 1t po qd
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for Lyte, Creat, HbA1c at SHCH

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

Examined by: Dr. Lok Vanthorn **Date: March 21, 2012**

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

No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Thu, Mar 22, 2012 at 6:31 PM
Subject: Other new case for Rattanakiri TM Clinic March 2012
To: Radiology Boston <radiologyexchange@gmail.com>, Cornelia Haener <corneliahaener@sihosp.org>, Rithy Chau <rithychau@sihosp.org>, 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>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

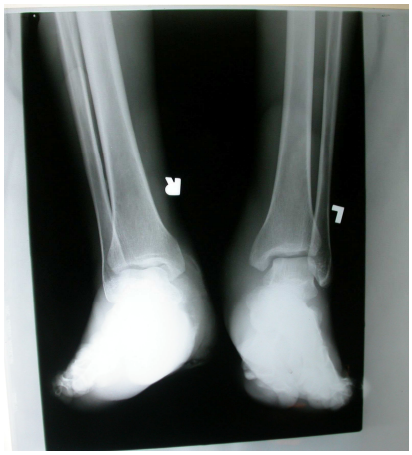
Dear all,

This is the other new case for Rattanakiri Telemedicine Clinic March 2012, YP#RK00381, 46F and photos.

Best regards,
Polo/Sovann

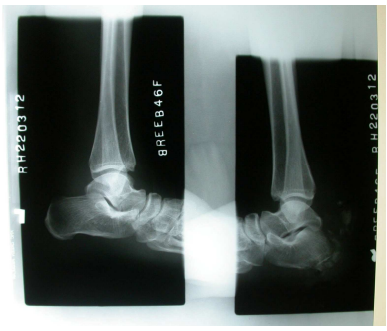
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: **YP#RK00381, 46F (Penh Village, O Chum)**



Chief Complaint: Chronic wound x 3 years

HPI: 46F presented with fistula infected wound on right foot with swelling, erythema, and bad swelling. She reported of previous burn on the side of right ankle by motobike exhausted pipe and it became complete healed then the wound developed after with fistula. She got treatment with Amoxicillin from local health center and traditional medicine. She wound became worse so she came to referral hospital and was treated with Amoxicillin 500mg 1t po bid, Metronidazole 250mg 1t po tid, Multivitamin 1t po bid and daily wound cleaning.

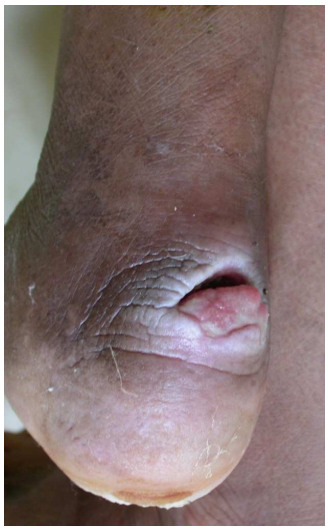


PMH/SH: Unremarkable

Family Hx: No family history of diabetes mellitus

Medication: treatment from referral hospital

1. Amoxicillin 500mg 1t po bid
2. Metronidazole 250mg 1t po tid
3. Multivitamin 1t po bid



Social Hx: smoking 1 pack of cig per day, casual alcohol drinking

Allergies: NKDA

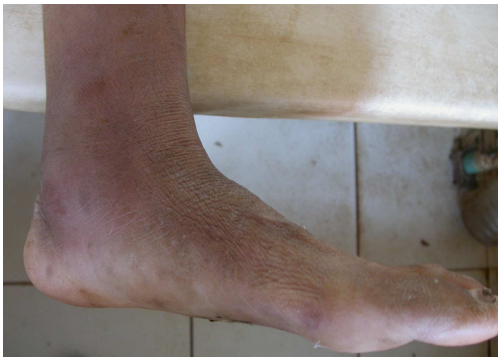
ROS: Unremarkable

PE:
Vital Signs: BP: 74/51 P: 64 R: 20 T: 37^{o}C Wt: 38kg

General: Look stable, cachexia

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no neck lymph nodes palpable

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



Abdomen: Soft, no tender, no distension, (+) BS, no HSM

Extremities/Skin: Wound with fistula at back of ankle and heel, swelling, erythema, pus on dressing, foul odor, no tender and scar on the dorsum; Mild abrasion on the left sole; several groin

lymph nodes diameter about 0.5 to 1cm palpable bilaterally. Weak palpable dorsalis pedis and posterior tibial pulse.

MS/Neuro: MS +5/5, motor and sensory intact, normal reflexes

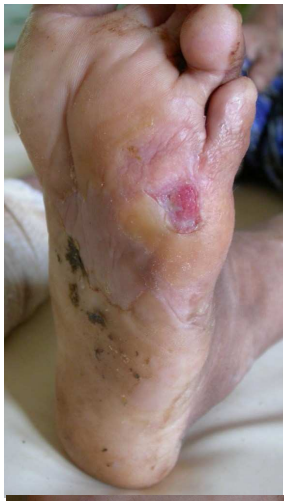
Lab/Study:

Done today on March 22, 2012

RBS: 108mg/dl

Assessment:

1. Chronic infected wound
2. Osteomyelitis

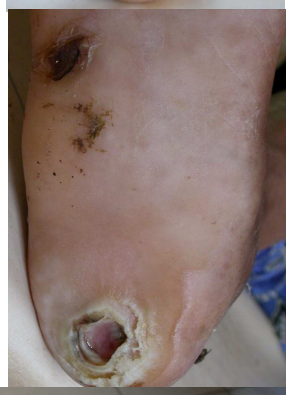


Plan:

1. Augmentin 625mg/cc 10cc bid for 10d
2. Metronidazole 250mg 1t po tid for 10d
3. Ibuprofen 200mg 2t po tid for 5d
4. Get specimen for culture and antibiogram at SHCH
5. Daily wound cleaning

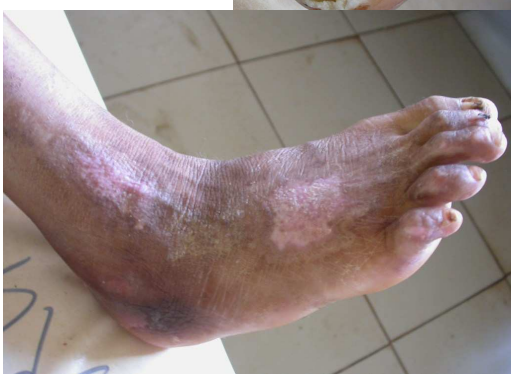
Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: March 22, 2012**



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

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Fri, Mar 23, 2012 at 9:57 AM
Subject: RE: Other new case for Rattanakiri TM Clinic March 2012
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, Radiology Boston <radiologyexchange@gmail.com>, Rithy Chau <rithychau@sihosp.org>, 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>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>



Dear Polo and Sovann,

Thanks for submitting this case. Is the patient diabetic and neuropathy? It looks like a neuropathic ulcer with osteomyelitis.
It is certainly good to get a culture. She will need good debridement of the wound, splint, bed rest, daily soaking in NSS, wet to dry dressings first. When the wound starts to granulate, they can put (Ratanakiri) honey pack.
A second option is putting a wound vac system after good debridement. Granulation might come faster.

Kind regards
Cornelia

From: **Garry Choy** <garryc@gmail.com>
Date: Fri, Mar 23, 2012 at 1:30 PM
Subject: Re: Other new case for Rattanakiri TM Clinic March 2012
To: Cornelia Haener <corneliahaener@sihosp.org>
Cc: Hospital Rattanakiri Referral <kirihospital@gmail.com>, Radiology Boston <radiologyexchange@gmail.com>, Rithy Chau <rithychau@sihosp.org>, 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>, Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Hi all,

Agree with Cornelia from the radiographic perspective -- there is significant cortical destruction c/w osteomyelitis involving right calcaneus. There are multiple well corticated fragments c/w with superimposed chronic or prior infection.

best,
Garry

Garry Choy MD
MGH Department of Radiology
MGH Imaging Global Health Programs
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Thursday, March 22, 2012

Follow-up Report for Rattanakiri TM Clinic

There were 11 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 11 cases was transmitted and received replies from both Phnom Penh and Boston, and other 21 patients came for follow up and refill medication only, and other 29 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 March 2012

1. NK#RK00371, 69F (Thmey Village, LBS)
Diagnosis:

1. DMII
2. HTN

Treatment: (Patient didn't come to receive treatment)

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1/2t po qd
3. Captopril 25mg 1/2t po bid
4. Educate on diabetic diet, do regular exercise and foot care
5. Advise to seek eye examination with Ophthalmologist

2. SC#RK00372, 48F (Thmey Village, Lumphat)
Diagnosis:

1. GERD
2. Skin rash due to drug allergy
3. Left hand weakness due to post trauma

Treatment:

1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t qhs once (#5)
3. Stop traditional medicine
4. GERD prevention education

3. SS#RK00373, 57F (Village III, LBS)
Diagnosis:

1. DMII
2. HTN (history)

Treatment: (patient didn't come to receive treatment)

1. Metformin 500mg 1t po bid
2. Captopril 25mg 1/2t po bid
3. Educate on diabetic diet, do regular exercise and foot care
4. Advise to seek eye examination with Ophthalmologist

4. SC#RK00374, 55F (Sayons, Kaleng, Lumphat)
Diagnosis:

1. DMII
2. HTN
3. Goiter

Treatment:

1. Metformin 500mg 1t po bid (#100)
2. Captopril 25mg 1/2t po bid (buy)
3. Goiter without symptoms. If symptoms check with ultrasound
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for Lyte, Creat, HbA1c, TSH at SHCH

Lab result on March 22, 2012

Na	=133	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=101	[95 - 110]
Creat	=74	[44 - 80]
HbA1C	=12.6	[4.8 – 5.9]

TSH =0.56 [0.27 – 4.20]

Recommendation: Increase Metformin 500mg 2t po bid

5. LV#RK00375, 46F (Osinlar Village, Kaleng, Lumphat)
Diagnosis:
1. DMII

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

Lab result on March 22, 2012

Na	=134	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=103	[95 - 110]
Creat	=55	[44 - 80]
HbA1C	=9.7	[4.8 – 5.9]

6. OS#RK00376, 63F (Village III, LBS)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd (#50)
2. Draw blood for Lyte, and Creat at SHCH

Lab result on March 22, 2012

Na	=135	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=99	[95 - 110]
Creat	=86	[44 - 80]

7. SL#RK00377, 4M (Lungkhong Village)
Diagnosis:
1. Burn wound grade II 15%

Treatment:
1. PIV D5% 2fl/24h
2. Ampicillin 1g 1A IV
3. Ibuprofen 200mg 1t po tid (#30)
4. Urinary catheter
5. Local treatment: sterile water, paraffine ointment, silver sulfadiazine cream 1%

8. SR#RK00378, 6 months F (Sre Ang krang Village)
Diagnosis:
1. Hemangioma?
2. Malignant mass?

Treatment:
1. Cover the wound to prevent form scratching
2. Augmentin 125mg/5cc 2.5cc bid for 7d (#1)
3. Ibuprofen 200mg 1/2t po bid for 5d (#5)

9. ST#RK00379, 53M (Som Thom Village, Oya dav)
Diagnosis:
1. Chronic infected wound due to vitamin deficiency/bacteria

2. Alcoholism

Treatment:

1. Vitamin B complex injection 10cc qd for 3d
2. Vitamin B complex 1t po bid for one month (#60)
3. Clean and dressing wound with Bacitracine Zn cream every day
4. Stop alcohol drinking and cigarette smoking

10. TM#RK00380, 60M (Village I, LBS)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#100)
2. Multivitamin 1t po qd (buy)
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for Lyte, Creat, HbA1c at SHCH

Lab result on March 22, 2012

Na	=134	[135 - 145]
K	=3.8	[3.5 - 5.0]
Cl	=101	[95 - 110]
Creat	=85	[53 - 97]
HbA1C	=8.7	[4.8 – 5.9]

11. YP#RK00381, 46F (Penh Village, O Chum)
Diagnosis:

1. Chronic infected wound
2. Osteomyelitis

Treatment:

1. Augmentin 625mg/cc 10cc bid for 10d (#1)
2. Metronidazole 250mg 1t po tid for 10d (buy)
3. Ibuprofen 200mg 2t po tid for 5d (#30)
4. Get specimen for Gram stain and culture at SHCH
5. Daily wound cleaning

Lab result on March 22, 2012

Gram stain : many gram positive and negative bacilli
Culture: Klebsiella Pneumoniae

Antibiotic/Drug	**Susceptibility**
Amoxicillin	Resistant
Amikacin	Sensitive
Augmentin	Sensitive
Ceftriaxone	Sensitive
Ciprofloxacin	Resistant
Cotrimoxazole	Resistant
Gentamycin	Sensitive
Meropenem	Sensitive
Ceftazidime	Sensitive

Patient Who come for follow up and refill medicine

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

1. Myasthenia gravis post thyroidectomy
2. Left total and right subtotal thyroidectomy

Treatment:

1. L-thyroxin 100mcg 3/4t po qd (buy)
2. Calcium/Vit D 1t po qid (buy)
3. Fosteum 1t po bid (buy)
4. Draw blood for CBC, TSH, T3, T4 and Ca2+ at SHCH

Lab result on March 22, 2012

WBC	=6.8	[4 - 11x10^{9}/L]	TSH	=0.008	[0.27-4.20]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]	F T4	=30.01	[12.0-22.0]
Hb	=11.6	[12.0 - 15.0g/dL]	F T3	=6.51	[2.0-4.4]
Ht	=38	[35 - 47%]	Ca2+	=0.79	[1.12 – 1.32]
MCV	=77	[80 - 100fl]			
MCH	=24	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=317	[150 - 450x10^{9}/L]			
Lymph	=2.2	[1.0 - 4.0x10^{9}/L]			

Recommendation: Stop L-thyroxin and start Propylthiouracil 50mg 1 tab tid because still breastfeed 4mo old baby, recheck TFT in 3 months.

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

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

Treatment:

1. Atenolol 50mg 1t po bid (#200)
2. Glibenclamide 5mg 1t po bid (buy)
3. HCTZ 25mg 2t po qd (#200)
4. Captopril 25mg 1t po bid (buy)
5. Draw blood for HbA1C at SHCH

Lab result on March 22, 2012

HbA1C	=9.3	[4.8 – 5.9]

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

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 1t po bid (#200)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for Creatinine, HbA1C at SHCH

Lab result on March 22, 2012

Creat	=57	[44 - 80]
HbA1C	=11.5	[4.8 – 5.9]

Recommendation: Increase Metformin 500mg 2t po bid

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 (#200)

5. SP#RK00081, 59F (Village III, LBS)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1tab bid (buy)
2. Amlodipine 10mg 1/2t po qd (#50)
3. Draw blood for Lyte, Creat, and HbA1c at SHCH

Lab result on March 22, 2012

Na	=134	[135 - 145]
K	=2.9	[3.5 - 5.0]
Cl	=99	[95 - 110]
Creat	=46	[44 - 80]
HbA1C	=11.9	[4.8 – 5.9]

6. UP#RK00093, 58F (Village I)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Methimazole 1t po bid (#200)
2. Propranolol 40mg 1/4t po bid (#30)

7. OT#RK00155, 45F (Bor Keo)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 2t po bid (#200)
2. Captopril 25mg 1/2t po bid (#buy)
3. Atenolol 50mg 1/2t po bid (buy)
4. ASA 300mg ¼t po qd (#25)
5. Amitriptylin 25mg 1/2t po qhs (#50)
6. Insulin NPH 23UI qAM and 5UI qPM

8. KK#RK00231, 45F (Village I)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 2t po bid (#200)
3. Captopril 25mg 1/4t po qd (buy)
4. ASA 300mg 1/4t po qd (#25)

9. SV#RK00256, 43M (Village I)
Diagnosis:

1. DMII
2. HTN
3. Hypertriglyceridemia

Treatment:

1. Glyburide 2.5mg 2t po bid (#400)
2. Metformin 500mg 2t po bid (#150)
3. Captopril 25mg 1/2t po bid (buy)
4. Fenofibrate 100mg 1t po qd (buy)

10. KC#RK00260, 44F (Village V)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#100)

11. VC#RK00268, 66M (Bey Srok Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t po qAM and 3t qPM (#200)
2. Glibenclamide 5mg 2t po bid (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for Creat and HbA1C at SHCH

Lab result on March 22, 2012

Creat	=83	[53 - 97]
HbA1C	=11.1	[4.8 – 5.9]

12. SS#RK00299, 46F (Thmey Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1tab bid (buy)
2. Metformin 500mg 2t po bid (#200)
3. Captopril 25mg 1/4 tab bid (buy)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for Creat and HbA1C at SHCH

Lab result on March 22, 2012

Creat	=71	[44 - 80]
HbA1C	=15.0	[4.8 – 5.9]

13. CT#RK00318, 31F (Village I)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid (#300)
2. Glibenclamide 5mg 1t po qd (buy)

14. TS#RK00320, 51M (Village V)
Diagnosis:

1. DMII

Treatment:

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

Lab result on March 22, 2012

HbA1C =11.1 [4.8 – 5.9]

Recommendation: Increase Metformin 500mg 2t po bid

15. MT#RK00324, 54F (Village III, LBS)
Diagnosis:
1. DMII

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

Lab result on March 22, 2012

Na	=135	[135 - 145]
K	=5.1	[3.5 - 5.0]
Cl	=103	[95 - 110]
Creat	=63	[44 - 80]
HbA1C	=9.3	[4.8 – 5.9]

16. NL#RK00328, 38F (Tus Village, Ta Ang)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1tab bid

17. HY#RK00341, 41M (Village VI, Labansirk commune)
Diagnosis:
1. DMII
2. HTN
3. Hyperlipidemia

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

18. MC#RK00342, 52F (Village III, Labansirk commune)
Diagnosis:
1. Dyspepsia

Treatment:
1. Cimetidine 200mg 1t po qhs (#60)

19. PP#RK00366, 68M (Osinlar Village)
Diagnosis:
1. DMII
2. Hyperlipidemia

Treatment:
1. Glyburide 2.5mg 2t po bid (#400)
2. Metformin 500mg 1t po bid (#100)

3. Captopril 25mg 1/4t po bid (buy)
4. Simvastain 10mg 1t po qhs (buy)

20. LV#RK00369, 55F (Village I, LBS)
Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 1t po bid (buy)
2. Glyburide 2.5mg 2t po bid (#400)
3. Amitriptylin 25mg 1/4t po qd (#25)
4. Draw blood for HbA1C at SHCH

Lab result on March 22, 2012

HbA1C =13.7 [4.8 – 5.9]

Recommendation: Increase Metformin 500mg 2t po bid

21. HS#RK00370, 47F (Village I, LBS)
Diagnosis:

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

Treatment:

1. Metformin 500mg 1t po bid (buy)
2. Glyburide 2.5mg 2t po bid (#400)
3. Captopril 25mg 1/2t po bid (buy)
4. Amitriptylin 25mg 1/4t po qhs (#25)
5. Fenofibrate 100mg 1t po bid (buy)
6. Draw blood for tot chole, TG and HbA1C at SHCH

Lab result on March 22, 2012

T. Chol =7.6 [<5.7]
TG =4.3 [<1.7]
HbA1C =11.7 [4.8 – 5.9]

Recommendation: Increase Metformin 500mg 2t po bid

The next Rattanakiri TM Clinic will be held in June 2012