

Telemedicine Clinic
Rattanakiri
Referral Hospital
April 2008

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

On Tuesday and Wednesday April 01-02, 2008, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 2 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 April 03, 2008, 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 the PA Rithy Chau 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: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, March 25, 2008 3:26 PM
To: Rithy Chau; Rithy Chau; Cornelia Haener; Brian Hammond; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Kruy Lim
Cc: Ed & Laurie Bachrach; Cora; Bernie Krisher; Noun So Thero
Subject: April TM clinic at Rattanakiri Referral Hospital

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, April 2, 2008 beginning at 8:00am local time for one full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston that evening.

Please try to respond before noontime the following day, Thursday, April 3, 2008. 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 service.
Best regards,

Channarith Ly

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, April 02, 2008 4:32 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Rattanakiri TM Clinic April 2008, Case#1, OE#00273, 65M

Dear All,

Rattanakiri TM clinic April 2008 there are two cases. This is case No1. OE#00273, 65M and photos.
Best regards,
Dr Leng Sreng/Mr Koh Polo/Sovann

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



Patient: OE#00273, 65M (Village I)

Chief Complaint: Burning pain on both feet x 3months

HPI: 6 years ago, he presented with symptoms of both knees pain, burning sensation, without swelling, erythema, stiffness, he went to local private clinic and was told he has arthritis and treated him with steroid injection, then the pain became relieved. Three years later the pain on both knees developed again without symptoms of inflammation and he got treatment with Indomethacin prn. These three months, he developed with burning pain on both feet and fingers. He got treatment with pain killer and Vitamin but it didn't help him with his pain. This one month, He applied analgesic med pad on both feet and it help release his pain. He denied

of dizziness, SOB, HA, fever, chest pain, palpitation, GI problem, dysuria, hematuria, stool with blood or mucus, edema.

PMH: Remote malaria

Family Hx: None

Social Hx: Smoking 20cig/d over 20y, drinking alcohol casually, Stopped both for 20y

Medication:

1. Pain killer prn
2. Vitamin

Allergies: NKDA

ROS: He noticed polydypsia, polyuria, fatigue during this one year

PE:

Vital Signs: BP: 110/ 70 P: 90 R: 20 T: 37°C Wt: 49Kg

General: Look stable

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

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

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

Extremity/Skin: On knee, ankle, and foot joints, normal ROM, no swelling, no erythema, no stiffness, no tender, no skin rash, no foot wound

MS/Neuro: MS +5/5, motor intact, loose sensory with light touch on socket and gloves, other intact, DTRs +2/4

Lab/Studies done today:

On April 01, 2008



RBS: 390mg/dl; UA: Gluc 4+

Gluco =331.1 [75 - 115mg/dl]
Creat =11.5 [0.6 – 1.1mg/dl]

Assessment:

1. DMII with PNP
2. Renal Failure??

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 25mg 1/4t po qd for one month
3. ASA 300mg 1/4t po qd for one month
4. Amitriptylin 25mg 1/2t po qhs for one month
5. MTV 1t po qd for one month
6. Diabetic diet education, regular exercise and foot care
7. Draw blood for Electrolyte, BUN, Creat, Gluc, HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: April 01, 2008

Please send all replies to kirihospital@yahoo.com and cc: to tmed_rithy@online.com.kh.

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From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, April 03, 2008 4:24 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Rattanakiri TM Clinic April 2008, Case#1, OE#00273, 65M

This indeed sounds like diabetes and diabetic neuropathy and diabetic nephropathy.

I think that your choice of medication for diabetes, neuropathic pain and ACEI are good ones.

Assess response in next 1-3 months.

Paul

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, April 02, 2008 4:53 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Rattanakiri TM Clinic. April 2008, Case #2 NP#00274, 13F

Dear All,

This is case #2, NP#00274, 13F and photos. Please reply to cases before Thursday afternoon. Thank you very much for your cooperation and support in this project.

Best regards,
Dr Leng Sreng/Koh Polo/Sovann

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



Patient: NP#00274, 13F (Lum Path)

Chief Complaint: Pale, headaches, dizziness, asthenia x 3months

HPI: 13F presented with symptoms of pale, headaches, asthenia, and dizziness. She was brought for lab test at private clinic and was told she has increase WBC and low Hb. She was treated with Amoxicillin, Vitamin and Paracetamol bid for 5d. Her condition became worse, on February 10, 2008, Her mother brought her to Kuntha Bopha hospital in Phnom Penh and told she has pulmonary TB and RBC is not enough produced and she need treatment for 6 months with TB medication and Prednisolone 13tabs. She got transfusion 2 units of blood in Phnom

Penh. She was discharged from Hospital and follow up in one month. 17d later, her symptoms became worse with itching, echymosis, epigastric pain, dyspnea, nausea, vomiting, dizziness, pale and stool with mucus and blood. She was admitted to provincial hospital and got transfusion 2 units of blood, and treated with Prednisolone 5mg 8tabs qd, MTV, and cimetidine 400mg.

PMH: No past surgical history, no injury

Family Hx: Unremarkable

Social Hx: No smoking, no alcohol drinking

Medication:

1. Prednisolone 8tab qd
2. MTV 1t po qd
3. Cimetidine 400mg

Allergies: NKDA

ROS: Pale conjunctiva, general echymosis

PE:

Vital Signs: BP: 100/ 40 P: 100 R: 24 T: 37.5°C Wt: 35Kg

General: Look sick

HEENT: No oropharyngeal lesion, severe pale conjunctiva, no icterus, no neck mass, no lymph node palpable, echymosis on oromucosa

Chest: CTA bilaterally, no rale, no rhonchi; H RR, tachycardia, 2+ systolic murmur, loudest at pulmonic area

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

Musculoskeletal: Unremarkable

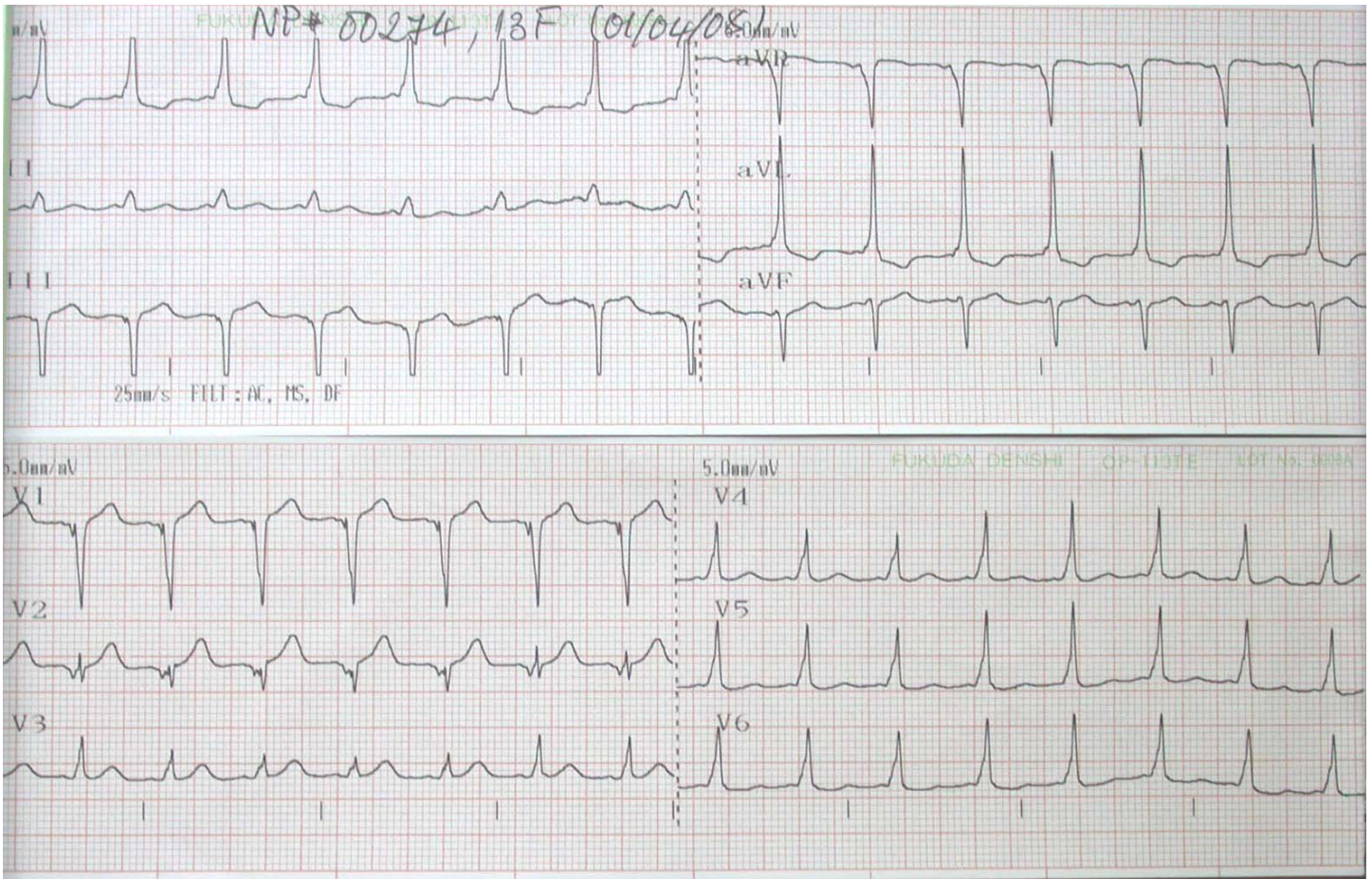
Neuro: MS +5/5, motor and sensory intact, DTRs +4/4

Lab/Studies done today:



On April 1, 2008

Malaria negative
WBC = 4800/mm³
RBC = 1250000/mm³
Hb = 4.3
Ht = 13
Eosinophil = 0.3%
Neutrophil = 35%
Lymphocyte = 60%
Monocyte = 0.2%
Basophil = 0.0%
Platelet = 145000/mm³
TS = 2mn
TC = 3mn
ESR 1h: 45, 2h: 68
RTV negative



Abd ultrasound: no conclusion

EKG attached

Assessment:

1. Gastritis due to Prednisolone
2. Severe Anemia
 - a) Aplastic Anemia?
 - b) Thalassemia?
 - c) AML?
 - d) Autoimmune hemolytic anemia
3. VHD??

Plan:

1. Famotidine 10mg 1t po qhs for one month
2. MTV 1t po qd for one month
3. Paracetamol 500mg 1t po qid prn
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Peripheral smear, Reticulocyte count, ESR, Hep B, Hep C, and TSH, ASLO at SHCH

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

Examined by: Dr. Leng Sreng

Date: April 01, 2008

Please send all replies to kirihospital@yahoo.com and cc: to tmed_rithy@online.com.kh.

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From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

Sent: Thursday, April 03, 2008 11:20 AM

To: Kathleen M. Kelleher

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; Rithy Chau

Subject: Rattanakiri TM April 2008 case received

Dear Kathy,

I have received one answer of case OE#00273, 65M from you for now. Please sending answer of other one case when you got the answer of it.

Best regards,

Sovann

Thursday, April 03, 2008

Follow-up Report for Rattanakiri TM Clinic

There were 2 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 2 cases was transmitted and received replies from both Phnom Penh and Boston, and other 15 patients came for follow up and refill medication. 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 April 2008

1. OE#00273, 65M (Village I)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#100)
2. Captopril 25mg 1/4t po qd for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#15)
4. Amitriptylin 25mg 1/2t po qhs for one month (buy)
5. MTV 1t po qd for one month (buy)
6. Diabetic diet education, regular exercise and foot care
7. Draw blood for Electrolyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab Result on April 03, 2008

Na	=140	[135 - 145]
K	=4.5	[3.5 - 5.0]
Cl	=101	[95 - 110]
BUN	=3.4	[0.8 - 3.9]
Creat	=94	[53 - 97]
Gluc	=11.9	[4.2 - 6.4]
HbA1C	=14.4	[4 - 6]

SHCH Recommendations: increase Glibenclamide 5mg to 2 tab po bid and recheck FBS and HbA1C in 3 mo.

2. NP#00274, 13F (Lum Path)

Diagnosis:

1. Gastritis due to Prednisolone
2. Severe Anemia
 - a. Aplastic Anemia?
 - b. Thalassemia?

- c. AML?
 - d. Autoimmune hemolytic anemia
3. VHD?

Treatment:

1. Prednisolone 5mg 6t po qd
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Peripheral smear, Reticulocyte count, ESR, Hep B, Hep C, and ASLO at SHCH

Lab Result on April 03, 2008

WBC	=2.8	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=1.9	[3.9 - 5.5x10 ¹² /L]	K	=4.0	[3.5 - 5.0]
Hb	=4.8	[12.0 - 15.0g/dL]	Cl	=97	[95 - 110]
Ht	=15	[35 - 47%]	BUN	=1.6	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=77	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=5.5	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=10	[150 - 450x10 ⁹ /L]			
Lym	=2.3	[1.0 - 4.0x10 ⁹ /L]			

Differential count

Neutrophil (segs)	=10	[36 - 66]
Lymphocyte	=89	[24 - 44]
Atypical Lymphocytes	=1	

RBC Morphology

Elliptocytes	1+
Schistocytes	1+
Hypochromic	2+
Microcyte	3+

Reticulocyte count =0.5 [0.5 - 1.5]
 Platelet confirmed by smear: decreased

HBs-Ag Non-reactive
 HCV Non-reactive
 HIV negative (per test done at RRH on 2 Apr 08)

ESR is not done due to sample late arrival

SHCH Recommendations:

- Dx: Aplastic Anemia**
Tx: Cyclophosphamide 200mg/Kg
Prednisolone 5mg 2t po qd x 2 weeks , then 1t po qd x 2 weeks, then stop
Omeprazole 20mg 1 cap po qhs x 1 mo
Albendazole 200mg 2t po bid x 5d
MTV 1t po qd
Check RFT, BP qmonth and if required more transfusions, check Ferritin level

Patient who came for follow up and refill medication

1. NH#00010, 53F (Village III)
Diagnosis:

1. HTN
2. DMII
3. LVH
4. Aortic Insufficiency?
5. Aortic Stenosis?

Treatment:

1. Atenolol 50mg 1t po bid
2. Chlorpropamide 1t po bid
3. ASA 300mg 1/4t po qd
4. Captopril 25mg 1t po tid
5. HCTZ 25mg 2t po qd
6. Recheck Creat, Gluc, HbA1C next month

2. UP#00093, 52F (Village III)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po qd
2. Propranolol 40mg 1/4t po bid
3. Draw blood for Free T4 at SHCH

Lab Result on April 03, 2008

Free T4=12.77 [9.14 – 23.81]

3. MS#00144, 52M (Thmey Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1tab po bid
2. Metformin 500mg 1t po qhs
3. Captopril 25mg ¼ tab po qd
4. ASA 300mg 1/4t po qd

4. PO#00148, 67F (Village III)

Diagnosis:

1. HTN
2. DMII with PNP

Treatment:

1. Metformin 500mg 1t po qhs
2. Glibenclamide 5mg 1t po bid
3. Captopril 25mg ¼t po bid
4. ASA 300mg ¼t po qd
5. Amitriptylin 25mg ½t po qhs
6. Furosemide 20mg 1t po qd for 7d
7. Draw blood for Lyte, BUN, Creat, Gluc, Tot Chole and TG at SHCH

Lab Result on April 03, 2008

Na	=145	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=108	[95 - 110]
BUN	=2.0	[0.8 - 3.9]
Creat	=84	[44 - 80]

Gluc =10.6 [4.2 - 6.4]
T. Chol =6.1 [<5.7]
TG =3.0 [<1.71]

SHCH Recommendations: increase Glibenclamide 5mg to 2 tab po bid, Metformin 500mg 2 tab po qhs, add Simvastatin 5mg 1 tab po qhs and recheck FBS, tot chol and HbA1C in 2 mo.

5. PS#00149, 26F (Village I)

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1t po qd
2. Draw blood for Free T4 at SHCH

Lab Result on April 03, 2008

Free T4=13.52 [9.14 – 23.81]

6. OP#00161, 78M (Village I)

Diagnosis:

1. COPD

Treatment:

1. Salbutamol Inhaler 2puffs po bid (#2)

7. SP#00238, 34F (Village I)

Diagnosis:

1. Hyperthyroidism
2. 8 months Pregnancy

Treatment:

1. Antenatal care at health center

8. SV#00256, 43M (Village I)

Diagnosis:

1. DMII

Treatment:

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

9. SS#00258, 61F (Village III)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 250mg 1t po qd
2. MTV 1t po qd
3. Draw blood for Gluc and HbA1C at SHCH

Lab Result on April 03, 2008

Gluc =5.2 [4.2 - 6.4]
HbA1C =5.6 [4 – 6]

10. KC#00260, 44F (Village V)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs
2. Glibenclamide 5mg 1t po qd
3. Review patient on diabetic diet and foot care

11. BS#00265, 51M (Village VI)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for one month
2. Captopril 25mg 1/4t po bid for one month
3. ASA 500mg 1/4t po qd for one month
4. Diabetic diet education, regular exercise and foot care
5. Draw blood for Gluc, HbA1C at SHCH

Lab Result on April 03, 2008

Gluc = 7.7 [4.2 - 6.4]
HbA1C = 13.1 [4 - 6]

SHCH Recommendations: increase Glibenclamide 5mg to 2 tab po bid, add Metformin 500mg 1 tab po qhs, and recheck FBS and HbA1C in 3 mo.

12. TV#00267, 55F (Village II)

Diagnosis:

1. DMII
2. Elevated BP

Treatment:

1. Metformin 500mg 1t po qAM and 2t po qhs
2. Captopril 25mg 1/4t po bid
3. ASA 300mg 1/4t po qd
4. Review on Diabetes diet, do regular exercise and foot care

13. VC#00268, 66M (Bey Srok Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po qhs
2. Glibenclamide 5mg 2t po qAM
3. Captopril 25mg 1/4t po qd
4. ASA 300mg 1/4t po qd
5. Review on Diabetes diet, regular exercise, foot care
6. Draw blood for Lyte, BUN, Creat, Gluc at SHCH

Lab Result on April 03, 2008

Na =141 [135 - 145]
K =4.5 [3.5 - 5.0]
Cl =104 [95 - 110]

BUN	=2.7	[0.8 - 3.9]
Creat	=75	[53 - 97]
Gluc	=15.4	[4.2 - 6.4]

SHCH Recommendations: increase Glibenclamide 5mg to 2 tab po bid, Metformin 500mg 2 tab po bid, and recheck FBS and HbA1C in 2 mo.

14. MS #00269, 48F (Thmey Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamid 5mg 1tab bid
2. Captopril 25mg 1/4t po qd
3. ASA 300mg 1/4t po qd
4. Review on Diabetic diet, do regular exercise, foot care
5. Recheck Gluc and HbA1C next month

15. NM#00271, 68M (Choeng Ra Village)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po qAM, 1t po qPM
2. Captopril 25mg 1/4t po qd
3. ASA 300mg 1/4t po qd
4. Amytriptylin 25mg 1/2t po qhs
5. Diabetic diet education, regular exercise and foot care
6. Draw blood for Chem, BUN, Creat, and FBS at SHCH

Lab Result on April 03, 2008

Na	=143	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=105	[95 - 110]
BUN	=2.4	[0.8 - 3.9]
Creat	=78	[53 - 97]
Gluc	=5.8	[4.2 - 6.4]

SHCH Recommendations: recheck FBS and HbA1C next month.

**The next Rattanakiri TM Clinic will be Held on
May 2008**