

# **Telemedicine Clinic**

## *Rattanakiri*

### **Referral Hospital**

### **December 2009**

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

On Tuesday December 22 and Wednesday December 23, 2009, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 4 new cases and 1 follow up case 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 December 24, 2009, 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, Dec 16, 2009 at 9:26 PM

**Subject:** December TM clinic at Rattanakiri Referral Hospital

**To:** Chau Rithy; Kruy Lim; "Kathleen M. Kelleher"; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Brian Hammond; Cornelia Haener

**Cc:** Bernie Krisher; Ed & Laurie Bachrach; Noun SoThero

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, December 23, 2009 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, December 24, 2009. 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:** Kiri Hospital Telemedicine <kirihospital@gmail.com>

**Date:** Wed, Dec 23, 2009 at 5:37 PM

**Subject:** Rattanakiri TM Clinic December 2009, BM#00325, 56M

**To:** Lim kruy; kfiamma@partners.org; Paul Heinzelmann; jkvedar@partners.org; rithychau@sihosp.org

**Cc:** bernie@media.mit.edu; thero@cambodiadaily.com; "Lauriebachrach@Yahoo. Com"; Sutton Whitaker

Dear all,

There are one new case and one follow up case which will be sent to all of you for Rattanakiri Telemedicine December 2009. This is new case BM#00325, 56M and photo.

Best regards,

Polo

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



**Patient:** BM#00325, 56M (Village I)

**Chief Complaint:** Blurred vision and dizziness x 6 months

**HPI:** 56M presented with symptoms of blurred vision, dizziness, HA, neck tension, chest tightness, He didn't seek consultation with medical worker or buy medicine. He denied of SOB, cough, nausea, vomiting, diarrhea, dysuria, hematuria, edema.

**PMH/SH:** Unremarkable

**Social Hx:** Casually alcohol drinking; smoking 5cig/d

**Family Hx:** None

**Medication:** None

**Allergies:** NKDA

**ROS:** Epigastric pain, burning sensation, burping with sour taste, no stool with blood or black stool

**PE:**

**Vital Signs:** BP: 155/95      P: 80      R: 18      T: 36.5°C      Wt: 65kg

**General:** Look stable

**HEEN:** No oropharyngeal lesion, pink conjunctiva, no icterus, no lymph node palpable

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

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

**Extremity/Skin:** No edema, no lesion

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

**Lab/Studies:**

- Request for: - Calcium  
- Total cholesterol  
- Creatinin  
- Glucose  
- Potassium  
- Magnesium  
- BUN  
- TG

Result pending

**Assessment:**

1. HTN
2. GERD

**Plan:**

1. HCTZ 50 mg 1/2t po qd x 1 month
2. Cimetidine 400mg 1t po bid 1 month
3. Metoclopramide 10mg1t po qd x 10d
4. Do regular exercise and warmth compression
5. GERD prevention educate, eat low fats/salt diet

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: MA. Lok Vanthan**

**Date: December 23, 2009**

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

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.*

From: **Cusick, Paul S.,M.D.** <PCUSICK@partners.org>

Date: Fri, Dec 25, 2009 at 2:11 AM

Subject: RE: Rattanakiri TM Clinic December 2009, BM#00325, 56M

To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, [kirihospital@gmail.com](mailto:kirihospital@gmail.com)

Cc: [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

Thank you for the consult.

Are his symptoms of blurred vision and chest tightness at rest or with exertion/activity?

If his symptoms are not exertional, then his symptoms are consistent with reflux.

He is hypertensive.

I agree with the diuretic for blood pressure control

You can treat his reflux symptoms with cimetidine. You may add metoclopramide if he does not respond to this medication and changes in diet and smoking cessation

He needs to stop smoking. He needs to avoid spicy or acidic foods and alcohol.

If his symptoms do not improve with cimetidine, please consider atherosclerotic disease (angina) and pursue workup for this problem.

Paul

**From:** Kiri Hospital Telemedicine  
**Date:** Wed, Dec 23, 2009 at 5:34 PM  
**Subject:** Rattanakiri TM Clinic December 2009, KY#00069, 61F  
**To:** rithychau@sihosp.org; Paul Heinzelmann; jkvedar@partners.org; kfiamma@partners.org; Lim kruy  
**Cc:** bernie@media.mit.edu; thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com"; Sutton Whitaker

Dear all,

This is follow up case, KY#00069, 61F and photo.

Please reply to the cases before Thursday afternoon.

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

Best regards,  
Polo

**Rattanakiri Provincial Hospital Telemedicine Clinic  
with  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
(SOAP Note)**



**Patient:** KY#00069, 61F (Village III)

**Subject:** 58F seen in 2004 with diagnosis of DMII but she didn't come for follow up because she was busy with her business and got treatment from private clinic with Metformin 500mg 1t po bid until in 2008 she developed with symptoms of polyphagia, polydipsia, polyuria and blood sugar checked with result of 400mg/dl and Metformin was increased to 850mg 1t po bid. A few months after she presented with palpitation, dizziness, HA and got check up at private clinic and added Atenolol 50mg 1t po qd, VASTAREL (Trimetazidine dihydrochloride 35mg) 1t qd.

In these three months, she developed sensation of burning pain on both feet especially at night times and consulted in private clinic and treated her with Metformin 500mg 1t po bid, Glibenclamide 5mg 1t po bid, Atenolol 50mg 1t po qd, VASTAREL (Trimetazidine dihydrochloride 35mg) 1t po qd. She denied of cough, SOB, chest tightness, vomiting, abdominal pain, diarrhea, stool with blood, hematuria, dysruia, edema.

**Medication:**

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Atenolol 50mg 1t po qd
4. VASTAREL (Trimetazidine dihydrochloride 35mg) 1t qd

**Allergies:** NKDA

**Object:**

**Vital Signs:** BP: 123/76      P: 81      R: 20      T: 37°C      Wt: 65Kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no neck mass, no JVD

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

**Abd:** Soft, no tender, no distension, (+) BS, no HSM

**Extremity:** No edema, no lesion, no foot wound; (+) dorsalis pedis and posterior tibial pulse

**MS/Neuro:** MS +5/5, motor intact, decreased sensory with light touch on both feet, DTRs +2/4

**Previous Lab/Studies:**

On December 23, 2009

FBS: 239mg/dl (finger stick)

U/A normal

K+	= 3.8	[3.6 – 5.5]
Gluc	=177	[75 – 115]
Creat	=0.9	[0.5 – 0.9]
Urea	=55	[10 – 50]
TG	=237	[40 – 140]
Tot Chole	=117	[<200]

**Assessment:**

1. DMII with PNP

**Plan:**

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Captopril 25mg 1/2t po bid
4. ASA 300mg 1/4t po qd
5. Amitriptylin 25mg 1/2t po qhs
6. Educate on diabetic diet, do regular exercise and foot care
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** December 23, 2009

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

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.*

---

**From: Kiri Hospital Telemedicine**

**Date:** Thu, Dec 31, 2009 at 4:33 PM

**Subject:** Rattanakiri Referral Hospital TM clinic Patient NS#00326

**To:** rithychau@sihosp.org; jkvedar@partners.org; Lim kruy; kfiamma@partners.org; Paul Heinzelmann

**Cc:** bernie@media.mit.edu; "Lauriebachrach@Yahoo. Com"; thero@cambodiadaily.com

Dear All,

Here is the patient NS# 00326 and her photo.

Best regards  
Channarith/Polo

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



**Patient: NS#00326, 29F (Village IV, Labanseak commune, Banlung district, Rattanakiri)**

**Chief Complaint:** Left anterior neck mass for 2 months, tenderness, SOB on exertion

**HPI:** 29F presented with symptoms of left anterior neck mass presented with neck tenderness about 2 months and sometime palpitation, blurred vision, SOB when exertion, so she come to see us.

**PMH/SH:** Unremarkable

**Social Hx:** married with 2 children, no smoking, no drinking

**Medication:** none

**Allergies:** NDKA

**Family Hx:** Unremarkable

**ROS:** no fever, no cough, no diarrhea, no constipation

**PE:**

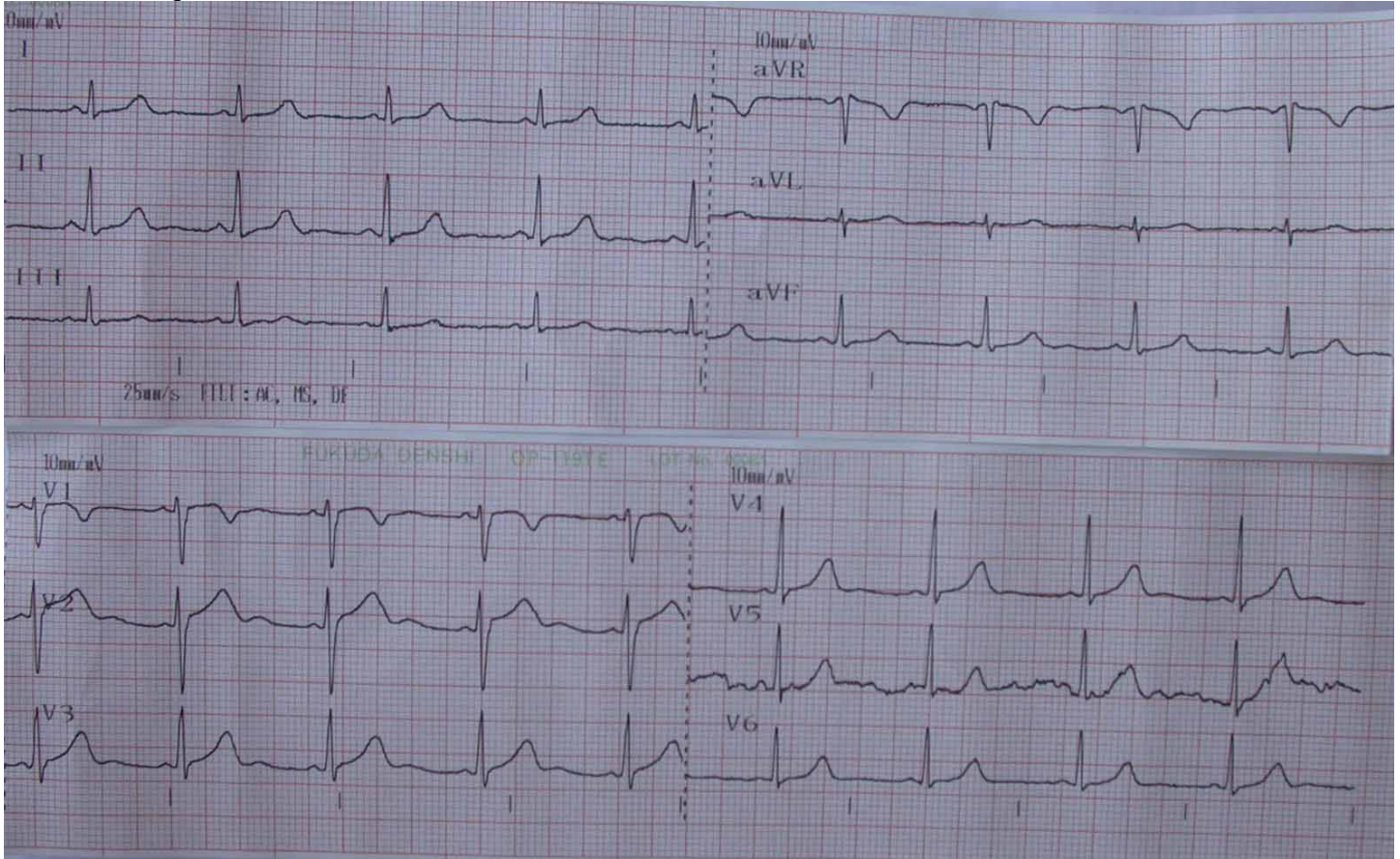
**Vital Signs:** BP: 109/73 P: 78 R: 20 T: 37 Wt: 54kg

**General:** look stable

**HEENT:** no change in vision, no oropharyngeal lesions, no lymphadenopathy, pink conjunctiva, left thyroid enlargement, mobile, hard, diffuse 3-4cm, tender on palpitation, no bruit.



**Chest:** Lung: clear both sides, no rales, no rhonchi, Heart RRR, no murmur.



**Abdomen:** soft, flat, no HSM, + BS, no mass, no tender.

**Extremity/Skin:** No edema, no lesion

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

**Previous Lab/Studies:**

Lab result on December 25, 2009

TSH	=1.45	[0.49 - 4.67]
Free T4	=11.16	[9.14 - 23.81]

Neck mass ultrasound conclusion:  
nodular goiter



**Assessment:**

1. Nodular goiter (Euthyroid)

**Plan:**

1. keep observe for 3months

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: MA Koh Polo**

**Date: 28/12/2009**

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

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.*

From: **rithychau** <rithychau@sihosp.org>

Date: Thu, Dec 31, 2009 at 4:59 PM

Subject: RE: Rattanakiri Referral Hospital TM clinic Patient NS#00326

To: Kiri Hospital Telemedicine <kirihospital@gmail.com>

Cc: Krui Lim <KruiLim@sihosp.org>

Dear Polo,

The PE of the thyroid enlargement did not correspond with the finding in US. It seemed like if the mass is diffuse and single then unlikely to be nodular goiter. Thus, dx is diffuse goiter and she is euthyroid, we can check her blood work again in 6 months. I agree to just keep observe.

Rithy

---

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>

Date: Thu, Dec 31, 2009 at 4:47 PM

Subject: Rattanakiri Referral Hospital TM Clinic patient CD#00327

To: rithychau@sihosp.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, Lim

krui <kruylim@yahoo.com>, kfiamma@partners.org

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

thero@cambodiadaily.com

Dear All

This is the patient CD#00327 and his photo.

Best regards,  
Channarith/Polo

**Rattanakiri Provincial Hospital Telemedicine Clinic  
with**

**Sihanouk Hospital Center of HOPE and Partners in  
Telemedicine**

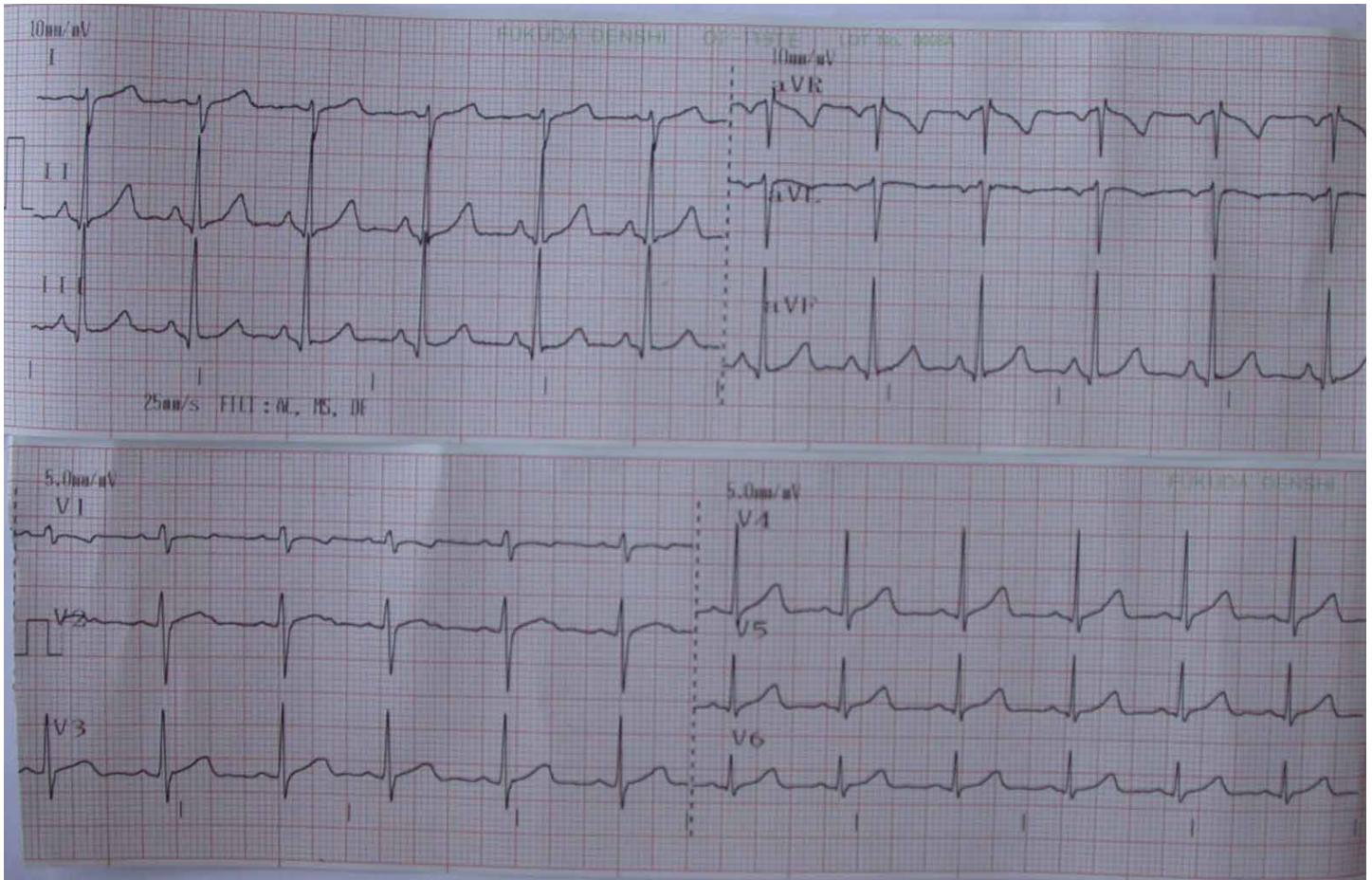


**Patient: CD#00327, 14M (Village I)**



**Chief Complaint:** Chest tightness on exertion x 2y

**HPI:** 14M, grade 8 student, presented with symptoms of fever, wheezing sound, SOB, and pale looking on the lips. The fever and SOB, wheezing sound increased then developed seizure in a few days. He was brought to referral hospital and treated there (unknown name medicine). He has had one time seizure per day in about one month then he developed only a few times attack of seizure per months and was admitted to hospital when not better in a few days. His mother bought traditional medicine for him and the above symptoms have gone for almost five months but he complain of chest tightness on exertion (running)



**PMH/SH:** Unremarkable

**Social Hx:** Grade 8 student, second child among 5 children

**Family Hx:** None

**Medication:** None

**Allergies:** NKDA

**ROS:** Unremarkable

**PE:**



**Vital Signs: BP: 90/52    P: 90    R: 22    T: 37°C    Wt: 30kg**

**General:** Look stable

**HEEN:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no icterus, no lymph node palpable

**Chest:** Wheezing and crackle bilaterally, no rhonchies; H RRR, S2 gallop, no murmur

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

**Extremity/Skin:** No edema, no lesion, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/Studies:**  
EKG attached

**Assessment:**

1. Asthma
2. Pneumonia
3. VHD??

**Plan:**

1. Salbutamol inhaler 2 puffs bid
2. Erythromycin 100mg/2.5cc 12.5cc po bid x 5d

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: December 24, 2009**

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

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.*

From: Kinane bernard <[tkinane@partners.org](mailto:tkinane@partners.org)>  
Date: January 3, 2010 9:16:35 PM EST  
To: "Fiamma, Kathleen M." <[KFIAMMA@PARTNERS.ORG](mailto:KFIAMMA@PARTNERS.ORG)>  
Subject: Re: Rattanakiri Referral Hospital TM Clinic patient CD#00327

Agree that asthma with recent pneumonia is most likely. Chest x-ray clear.

Agree with antibiotic and salbutamol is best

Bernard Kinane

From: **rithychau** <rithychau@sihosp.org>  
Date: Thu, Dec 31, 2009 at 5:35 PM  
Subject: RE: Rattanakiri Referral Hospital TM Clinic patient CD#00327  
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>  
Cc: Kruy Lim <KruyLim@sihosp.org>

Dear Polo/Sovann,

I think the "seizure" that the patient described maybe an asthma attack as you put in your list of assessment. I agree with your treatment plan and follow him up every month if possible to see how he is doing.

Rithy

---

From: **Kiri Hospital Telemedicine**  
Date: Thu, Dec 31, 2009 at 4:47 PM  
Subject: Rattanakiri Referral Hospital Patient KL#00328  
To: rithychau@sihosp.org; jkvedar@partners.org; Lim kruy; kfiamma@partners.org; Paul Heinzelmann  
Cc: bernie@media.mit.edu, "Lauriebachrach@Yahoo. Com"; thero@cambodiadaily.com

Dear All,

This is the patient KL# 00328.His photo will be sent later.

Best regards,  
Channarith/Polo

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

**Patient:** KL#00328, 47M (Tus Village, Ta Ang)

**Chief Complaint:** Polydipsia, Polyuria, Asthenia, Loss Weight and dizziness x 7 months

**HPI:** 47M presented with symptoms of Polydypsia, Polyuria, Asthenia and dizziness, thirty, chest tightness; tension abdominal, He didn't seek consultation with medical worker or buy medicine to release the problem. He denied of SOB, cough, nausea, vomiting, diarrhea, dysuria, hematuria, edema.

**PMH/SH:** Unremarkable

**Social Hx:** Casually alcohol drinking; smoking 20cig/d

**Family Hx:** None

**Medication:** None

**Allergies:** NKDA

**ROS:** Epigastric pain, burning sensation, burping with sour taste, no stool with blood or black stool

**PE:**

**Vital Signs:** BP: 90/60 P: 82 R: 20 T: 36.5°C Wt: 45kg

**General:** Look tired

**HEEN:** No oropharyngeal lesion, pink conjunctiva, no icterus, no lymph node palpable

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

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

**Extremity/Skin:** No edema, no lesion

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

**Lab/Studies:**

Blood test result:

- BS: 362mg/dl
- Total cholesterol: 148.6
- Creatinine: 1.1
- Magnesium: 2.4:

**Assessment:**

1. DMII
2. GERD

**Plan:**

1. Glibenclamide 5mg 1tab bid one month
2. Cimetidine 400mg 1t po bid one month
3. Metronidazole 250mg 2t po bid 1 week
4. Diabetic diet and GERD prevention education, do regular exercise and foot care

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by:** MA. Lok Vanthan

**Date:** December 28, 2009

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

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.*

From: **rithychau** <rithychau@sihosp.org>  
Date: Thu, Dec 31, 2009 at 5:15 PM  
Subject: RE: Rattanakiri Referral Hospital Patient KL#00328  
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>  
Cc: Kruy Lim <KruyLim@sihosp.org>  
Dear Vanthan/Polo,

Thanks for the case. I agree with the assessment. If his BS was random (not fasting), then I would only start him on Glibeclamide 5 mg qd with meal for a month or two and if not control with this dosage (including proper exercise and diet) then can increase to BID and may consider adding Metformin subsequently. Ask him to do regular exercise (fast walking or running for 30mins each time and at least 3x/week) and low sugar and fat diet with spacing out the meals with light snack in between meals—more vegetable and fish and recheck his cholesterol and TG again in a couple months. If the lipid panel elevates, start him on appropriate lipid medication(s) and drink 2-3L water per day. He may benefit low dose ASA and captopril also as preventive measure if available or affordable. You can have him monitor his FBS every week and record down the reading to help him and us following him up later.

Why do you give Metronidazole? Do you mean to give him metoclopramide for his GERD? If you want to give him metoclopramide 10mg po qhs for a month or so, I agree. Otherwise, I do not see the point of using Metronidazole at all. Do you have an explanation for using this? Also, ask him to stop smoking or slow down until stop because it would be better for his DM to improve and stop the alcohol consumption to improve his GERD.

Hope this help. Happy New Year!

Rithy

From: **Cusick, Paul S.,M.D.** <PCUSICK@partners.org>  
Date: Fri, Jan 1, 2010 at 3:53 AM  
Subject: RE: Rattanakiri Referral Hospital Patient KL#00328  
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, kirihospital@gmail.com  
Cc: rithychau@sihosp.org

Thanks for this consult.

This patient has developed diabetes mellitus with hyperglycemia, weight loss and polydipsia and polyuria.  
Can you measure ketones in his urine?

We will have to see how he responds to oral hypoglycemic agents.  
Changing diet will be helpful for hyperglycemia and for acid reflux.  
He must stop smoking!  
cimetidine will help some of the gastritis/esophageal reflux symptoms.

I am not sure why you are treating with flagyl.

Thanks and best of luck.

Paul Cusick

---

Thursday, December 24, 2009

---

Follow-up Report for Rattanakiri TM Clinic

There were 4 new patients and 1 follow up patient seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 5 cases was transmitted and received replies from both Phnom Penh and Boston, other 17 patients came for follow up and refill medication only. 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 December 2009

### 1. BM#00325, 56M (Village I)

#### Diagnosis:

1. HTN
2. GERD

#### Treatment:

1. HCTZ 50 mg 1/2t po qd (#50)
2. Cimetidine 400mg 1t po bid (#60)
3. Metoclopramide 10mg1t po qd x 10d (buy)
4. Do regular exercise and warmth compression
5. GERD prevention educate, eat low fats/salt diet

### 2. KY#00069, 61F (Village III)

#### Diagnosis:

1. DMII with PNP

#### Treatment:

1. Glibenclamide 5mg 1t po bid (#200)
2. Metformin 500mg 1t po bid (#200)
3. Captopril 25mg 1/2t po bid (#100)
4. ASA 300mg 1/4t po qd (#25)
5. Amitriptylin 25mg 1/2t po qhs (#50)
6. Educate on diabetic diet, do regular exercise and foot care
7. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

#### Lab result on December 25, 2009

Na	=135	[135 - 145]
K	=4.8	[3.5 - 5.0]
Cl	=105	[95 - 110]
BUN	=2.0	[0.8 - 3.9]
Creat	=80	[44 - 80]
Gluc	=25.2	[4.2 - 6.4]
T. Chol	=5.5	[<5.7]
TG	=3.6	[<1.71]
HbA1C	=12.7	[4 - 6]

### 3. NS#00326, 29F (Village IV, Labanseak)

#### Diagnosis:

1. Nodular goiter (Euthyroid)

#### Treatment:

1. keep observe for 3months

#### 4. CD#00327, 14M (Village I)

##### Diagnosis:

1. Asthma
2. Pneumonia
3. VHD??

##### Treatment:

1. Salbutamol inhaler 2 puffs bid
2. Erythromycin 100mg/2.5cc 12.5cc po bid x 5d

#### 5. KL#00328, 47M (Tus Village, Ta Ang)

##### Diagnosis:

1. DMII
2. GERD

##### Treatment:

1. Glibenclamide 5mg 1tab bid one month
2. Cimetidine 400mg 1t po bid one month
3. Metronidazole 250mg 2t po bid 1 week
4. Diabetic diet and GERD prevention education, do regular exercise and foot care

### Patients who come for follow up and refill medicine

#### 1. NH#00010, 55F (Village III)

##### Diagnosis:

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

##### Treatment:

1. Atenolol 50mg 1t po bid (#200)
2. Chlorpropamide 250mg 1t po bid (buy)
3. ASA 300mg 1/4t po qd (#25)
4. HCTZ 50mg 1t po qd (buy)
5. Enalapril 5mg 1/2t po qd (#50)

#### 2. EB#00078, 41F (Village IV) , KON MOM

##### Diagnosis:

1. CHF
2. Incompleted RBBB

##### Treatment:

1. Captopril 25mg 1/2t po qd (#50)
2. Digoxin 0.25mg 1t po qd (#100)
3. Furosemide 20mg 1t po bid (#200)
4. Spironolactone 25mg 1t po bid (#200)

#### 3. SP#00081, 54F (Village III)

##### Diagnosis:

1. HTN
2. DMII

##### Treatment:

1. Enalapril 5mg 1/2t po qd (#50)
2. ASA 300mg ¼t po qd (#25)
3. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

#### Lab result on December 25, 2009

Na =141 [135 - 145]

K	=5.2	[3.5 - 5.0]
Cl	=109	[95 - 110]
BUN	=1.0	[0.8 - 3.9]
Creat	=60	[44 - 80]
Gluc	=6.2	[4.2 - 6.4]
HbA1C	=5.9	[4 - 6]

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

##### Diagnosis:

1. DMII

##### Treatment:

1. Glibenclamide 5mg 1tab po bid (#200)
2. Metformin 1000mg 1t po qhs (#100)
3. Captopril 25mg ¼ tab po qd (buy)
4. ASA 300mg 1/4t po qd (buy)

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

##### Diagnosis:

1. Euthyroid Goiter

##### Treatment:

1. Carbimazole 5mg 1t po qd (#100)

#### 6. OT#00155, 45F (Bor Keo)

##### Diagnosis:

1. HTN
2. DMII

##### Treatment:

1. Metformin 1000mg 2t po qhs (#200)
2. Captopril 25mg 1/2t po tid (#buy)
3. ASA 300mg ¼t po qd (#25)
4. Amitriptylin 25mg 1/2t po qhs (#50)
5. Insulin NPH 20UI qAM
6. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

#### Lab result on December 25, 2009

Na	=139	[135 - 145]
K	=4.6	[3.5 - 5.0]
Cl	=109	[95 - 110]
BUN	=1.8	[0.8 - 3.9]
Creat	=56	[44 - 80]
Gluc	=6.4	[4.2 - 6.4]
T. Chol	=7.8	[<5.7]
TG	=4.3	[<1.71]
HbA1C	=9.0	[4 - 6]

#### 7. YM#00189, 16F (Village III)

##### Diagnosis:

1. Asthma

##### Treatment:

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

#### 8. OH#00230, 59F (Village III)

##### Diagnosis:

1. Euthyroid
2. HTN



**Treatment:**

1. HCTZ 50mg 1t po qd (buy)
2. Enalapril 5mg 1/2t po qd (#50)

**9. KC#00260, 44F (Village V)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po qhs (#100tab)
2. Glibenclamide 5mg 1t po qd (buy)
3. Draw blood for Gluc and HbA1C at SHCH

**Lab result on December 25, 2009**

Gluc	=5.3	[4.2 - 6.4]
HbA1C	=6.1	[4 - 6]

**10. TV#00267, 55F (Village II)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 1000mg 2t po qhs (#200)
2. Glibenclamide 5mg 1t po qd (buy)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on December 25, 2009**

Gluc	=6.0	[4.2 - 6.4]
HbA1C	=6.6	[4 - 6]

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po qAM and 3t qPM (buy)
2. Glibenclamide 5mg 2t po bid (#400)
3. Captopril 25mg 1/4t po qd (#25tab)
4. ASA 300mg 1/4t po qd (buy)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on December 25, 2009**

Gluc	=14.4	[4.2 - 6.4]
HbA1C	=8.6	[4 - 6]

**12. SS#00299, 46F (Thmey Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2tab bid (#400)
2. ASA 300mg 1/4 tab qd (#25)
3. Fenofibrate 100mg 1tb qd (BUY)
4. Captopril 25mg 1/4 tab bid (#50)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on December 25, 2009**

Gluc =17.7 [4.2 - 6.4]  
HbA1C =8.5 [4 - 6]

**13. NV#00306, 25M (Thmey Village)**

**Diagnosis:**

1. DM

**Treatment:**

1. Glibenclamide 5mg 2t po bid (#400)
2. Captopril 1/4t po qd (buy)
3. ASA 300mg 1/4t po qd (buy)
4. Draw blood for Gluc and HbA1C at SHCH

**Lab result on December 25, 2009**

Gluc =8.5 [4.2 - 6.4]  
HbA1C =10.1 [4 - 6]

**14. SH#00311, 57F (Dey Lo Village)**

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on December 25, 2009**

Gluc =9.3 [4.2 - 6.4]  
HbA1C =8.9 [4 - 6]

**15. KS#00312, 55F (Village I)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd (#50)
2. ASA 300mg 1/4t po qd (buy)

**16. TS#00320, 51M (Village V)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2t po bid (#400)

**17. HK#00323, 66F (Village VI)**

**Diagnosis:**

1. Left sciatica
2. DMII

**Treatment:**

1. Ibuprofen 400mg 1t po bid prn pain (buy)
2. Metformin 1000mg 1t po qd (#100)
3. Captopril 25mg 1/2t po bid (#100)

---

---

**The next Rattanakiri TM Clinic will be held in  
March 2010**