Telemedicine Clinic
Rattanakiri
Referral Hospital
February 2008

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

On Tuesday and Wednesday February 26-27, 2008, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 6 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 February 28, 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, February 19, 2008 3:41 PM
To: Rithy Chau; Cornelia Haener; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Kruy Lim; Brian Hammond
Cc: Ed & Laurie Bachrach; Cora; HealthNet International; Bernie Krisher; Noun So Thero
Subject: February TM clinic at Ratanakiri Referral Hospital

Dear All,
Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, February 27, 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, February 28, 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, February 27, 2008 4:47 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 February 2008, case# 1 TV#00267, 55F (Village II)

Dear all,

Rattanakiri telemedicine February 2008, there are six new cases. This is case number one, TV#00267, 55F and photo.
Best regards,
Koh Polo/Sovann

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

Patient: TV#00267, 55F (Village II)

Chief Complaint: Dizziness and palpitation x 6y

HPI: 55F presented with symptoms of dizziness, and palpitation, polyphasia, polydypsia, polyura and noticed the ants are around her urine, she went to private clinic, her blood sugar was high and diagnosed with DMII and treated with Metformin 500mg 1t bid. She took the medicine only when she presented with the symptoms. She denied of fever, cough, chest pain, GI problem, stool with blood or mucus, hematuria, dysuria, edema, paresthesia.

PMH: Malaria in 1993

Family Hx: None

Social Hx: No smoking, no alcohol drinking, 4 children

Medication: Metformin 500mg 1t po bid

Allergies: NKDA

ROS: 5y post-menopause

PE:

Vital Signs:	**On February 26, 2008**	**BP: 160/90**	**P: 84**	**R: 20**	**T: 37°C**	**Wt: 53Kg**
	On February 27, 2008	**BP: 110/60**				

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

Extremity/Skin: No edema, no skin rash, no foot wound

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

Lab/Studies done today:

On February 26, 2008

FBS= 156mg/dl (finger stick)

WBC = 6400/mm^3
RBC = 4500000/ mm^3
Hb = 14
Eosinophil= 04%

Neutrophil= 53%
Lymphocyte= 41%
Monocyte= 02%
Basophil = 00%
Tot-Chole= 184 [<200]
TG =220 [40 – 140]
Gluc =124 [75 – 110]
Creat =1.0 [0.5 – 0.9]

On February 27, 2008
FBS= 158mg/dl; UA protein trace

Assessment:

1. DMII
2. Elevated BP

Plan:

1. Metformin 500mg 1t po bid for two months
2. Captopril 25mg 1/4t po qd for two months
3. ASA 300mg 1/4t po qd for two months
4. Recheck BP in next follow up
5. Diabetes diet education, do regular exercise and foot care
6. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng **Date: February 27, 2008**

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

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, February 28, 2008 6:10 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Rattanakiri TM clinic February 2008, case# 1 TV#00267, 55F (Village II)

Thank you for the opportunity to comment.
I agree that she needs to be treated for Diabetes Mellitus.
She also needs a blood pressure medication. Captopril is a good choice since it will also protect her kidneys from effects of diabetes on her kidneys.
I agree with blood tests that you propose.
Best of luck,
Paul Cusick MD.

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, February 27, 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 February 2008, case# 2 VC#00268, 66M

Dear all,

This is case number two, TV#00268, 66M and photo.
Best regards,
Koh Polo/Sovann

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

Patient: VC#00268, 66M (Bey Srok Village)

Chief Complaint: Extremity numbness for 5y

HPI: 66M presented with extremity numbness, polyuria, polyphagia, polydypsia, and was examined at private clinic, diagnosed with DMII for 3y and treated with chines traditional medication for diabetes. He took these medicines for 3y. He stopped taking it for 4d and he presented with symptoms of impotence, extremity numbness, polydypsia, polyuria why he came to see us.

PMH: Impotence

Family Hx: None

Social Hx: No smoking, no alcohol drinking

Medication:

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 120/80 P: 80 R: 22 T: 37^{o}C Wt: 60Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no icterus, TM clear bilaterally

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

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

Extremity/Skin: No edema, no skin rash, no foot wound

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

Lab/Studies done today:

On February 27, 2008

FBS: 436mg/dl; UA: Gluc 4+

Gluc =346 [75 – 115]
Creat =7.2 [0.6 – 1.1]
Tot chol=198 [<200]
TG =269 [60 – 165]
BUN =55 [10 – 50]
WBC =5500/mm^3
Eosinophil= 04%

Neutrophil=53%
Lymphocyte=41%
Monocyte=02%

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po qhs for two months
2. Captopril 25mg 1/4t po qd for two months
3. ASA 300mg 1/4t po qd for two months
4. Diabetes education, regular exercise, foot care
5. Draw blood for Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

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

Examined by: Dr. Sreng Leng **Date: February 27, 2008**

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

From: Fang, Leslie S.,M.D. [mailto:LFANG@PARTNERS.ORG]
Sent: Friday, February 29, 2008 4:46 AM
To: Fiamma, Kathleen M.; tmed_rithy@online.com.kh; kirihospital@yahoo.com
Subject: RE: Rattanakiri TM clinic February 2008, case# 2 VC#00268, 66M

I do agree with the diagnosis of diabetes mellitus with peripheral neuropathy and erectil dysfunction and agree with the plans as detailed

Leslie S.T. Fang, MD PhD
Chief, Walter Bauer Firm,
Massachusetts General Hospital
Harvard Medical School

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, February 27, 2008 4:59 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 February 2008, case# 3 TS#00270, 32F

Dear all,

This is case number three, TS#00270, 32F and photos.

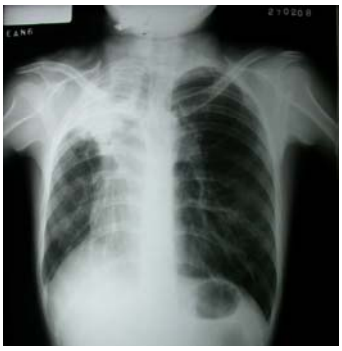
Best regards,
Koh Polo/Sovann

with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: TS #00270 32F Village !

Chief Complaint: Cought ,dyspnea On and off and epigastric pain for 4 month

HPI: 32y female present with cought dyspnea and epigastric pain, She was examened at private clinic, diagnosed with Broncho- Pneumonia + GERD and she was treated with Amoxicillin 500mg 2tab BiD and maalox 1tab bid on and off for 3 month . Now she has present with cought dyspnea and epigastric pain for 5days, as well as burning stomach radiated to the back and chest, neck tention, lower abdominal pain . So that she came to see us.



PMH/SH: - PTB 8year ago , cesarien section 5year ago

Social Hx: No smoking, No alcohol

Allergies: NKDA
Family Hx: None
ROS: Unremarkable

PE:
Vital Signs: **BP100/70mmhg** **P 88/mn** **R24** **T37^{oC}** **Wt** 34kg

General: She look stable
HEENT: No icterus, no oro pharyngeal lesion , Pink conjunctiva
Chest: Rales crakles and whizzing ,
Abdomen: soft , nodistention, (+) BS , No HSM , tenderness at epigastric erea , abdominal old scar about 10cm
Musculoskeletal: Unremarkable
Neuro: MS +5/5 motor and sensory intact, DTRs + 4/4
GU:
Rectal:
Previous Lab/Studies:
Lab/Studies Requests: chest xray , us , CBC , AFB Sputum smear

Assessment: **1**-Pneumonia , 2- Atelectasia
3-PTB , 4-gastritis, 5- parasititis
Plan: 1- clarithromycine 500mg 1tab Bid x 10d
2- Famotidine 10mg 2tabqhs x 1month .
3- Mebendazol 500mg 1tab qhs
4- paracetamol 500mg 1tab qid (prn) .
Comments/Notes:

Examined by: Dr sreng **Date: 27- 02- 2008**

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

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Thursday, February 28, 2008 4:20 AM
To: Fiamma, Kathleen M.

Cc: kirihospital@yahoo.com,; tmed_rithy@online.com.kh
Subject: RE: Rattanakiri TM clinic February 2008, case# 3 TS#00270, 32F

Patient: TS #00270 32F Village

The patient is a 32 -year-old woman, who presents with two medical problems:

1. She has a history of pneumonia treated with 3 months of amoxicillin on off, and appears that that has not been effective.
A recent chest x-ray shows that she has a large right-sided infiltrate involving both the upper and the lower lung fields. The patient denies any fever chills hemoptysis. She has history of reflux, but there is no reason to assume that at her young age she is aspirating. Do we know anything about her HIV status?? I would definitely test her. Given the fact that her infiltrate is located in the right upper lobes as well, well mean that she has TB and I agree with sending of AFB for sputum.

You you want to treat her with clarithromycine, which is a good choice of antibiotic, and I would give to her for two weeks straight.
He may want to add Bactrim double strength one tab p.o. b.I.d. for the same time.
You should repeat the chest x-ray in one month after she has finished her antibiotics, and if her infiltrate persists she will need to be referred to a hospital for a bronchoscopy for further diagnostic studies, to rule out other infectious processes and to rule out malignancy.

The patient has a long history of GERD symptoms. She could be positive for Helicobacter pylori infection, and she could be tested for this. It is positive I would treat her with amoxicillin 500 b.I.d. for two weeks, omeprazole 20 mg b.I.d. for two weeks, as well as amoxicillin 500 mg b.I.d. for two weeks.
If she is negative for H. pylori, I would just treat her with omeprazole 20 mg b.I.d. for two months, and then slowly taper off to daily for another month. The patient should be advised to avoid caffeinated drinks and spicy foods during this time so that the gastric lining can heal. If omeprazole is not available, I would treat with famotidine 10 mg nightly S. U. suggested, and treat her for at least 3 months

I would minimize the use of paracetamol, or Advil, as these might aggravate gastritis.

Keep in mind, that reflux can often induce asthma. Is she wheezing or not???? If that is the case, I would continue omeprazole or Famotidine longer.

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, February 27, 2008 5:09 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 February 2008 case#4 NM#00271, 68M

Dear all,

This is cas number four NM#00271, 68M and photos.

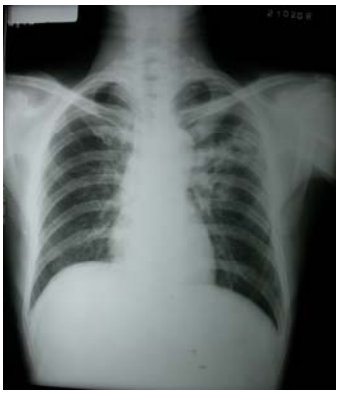
Best regards,
Koh Polo/Sovann

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

Patient: NM#00271, 68M (Choeng Ra Village)

Chief Complaint: Polyphasia, and polyuria x 1y

HPI: 68M, farmer, presented with symptoms of fever, polyphasia, polyuria and fatigue, poor appetite, he asked local healer to see him at home and was given with IV fluid for 5d. The condition got worse so his family brought him from Rattanakiri province to Kampong Cham province hospital and he was diagnosed with lung disease and DMII (Blood sugar 600mg/dl), treated with some unknown name medication for these problems. His condition became better and these six months he developed paresthesia on both feet then up to the knee. He bought lotion from private pharmacy but it really didn't help him. This month he came back to Rattanakiri and didn't take medicine for his diabetes. He denied of dizziness, HA, 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, no alcohol drinking

Medication:
1. Unknown name medicine for Diabetes 1t po bid

Allergies: NKDA

ROS: no fever, no SOB, no chest pain, no palpitation, no nausea, no vomiting, no dysuria, no hematuria, no stool with blood or mucus, no edema, weight loss 5kg in this year

PE:
Vital Signs: BP: 100/ 60 P: 70 R: 20 T: 37^{o}C Wt: 48Kg

General: Look stable

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

Chest: Whizzing on bilateral lower lobes on expiration, no crackle; H RRR, no murmur

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

Extremity/Skin: No edema, no skin rash, no foot wound

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

Lab/Studies done today:

On February 26, 2008

RBS: 567mg/dl; UA: Gluc 2+

K^+ =2.5 [3.6 – 5.5]
Na^+ =159 [135 – 155]
Gluc =235 [75 – 115]
Creat =8.3 [0.6 – 1.1]

CXR attached

Assessment:

1. DMII with PNP
2. Pneumonia
3. PTB?
4. Renal Failure?

Plan:

1. Glibenclamide 5mg 1t po bid for two months
2. Captopril 25mg 1/4t po qd for two months
3. ASA 300mg 1/4t po qd for two months
4. Amytriptylin 25mg 1/2t po qhs for two months
5. Clarythromycin 500mg 1t po bid for 10d
6. Check AFB sputum smear in referral hospital
7. Smoking cessation
8. Diabetic diet education, regular exercise and foot care
9. 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: February 26, 2008**

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

From: Fang, Leslie S.,M.D. [mailto:LFANG@PARTNERS.ORG]
Sent: Friday, February 29, 2008 4:40 AM
To: kirihospital@yahoo.com; tmed_rithy@online.com.kh; Fiamma, Kathleen M.
Subject: NM#00271, 68M (Choeng Ra Village)

I am actually VERY worried about the electrolyte profile. He is severely hypernatremic, hypokalemic and in acute renal failure

He obviously has diabetes mellitus but the etiology of the metabolic derangements is unclear:

1. Hypernatremia denotes significant free water depletion:
   - ? is he on a diuretic
   - ? is this related to volume depletion from his diabetes
   - ? what is his oral intake like
   - ? is he clinically volume depleted

   For the Na to be at 159, he is almost 6 litres behind in his free water

2. Hypokalemia
   - ? is he on a diuretic
   - ? is this related to volume depletion from his diabetes

3. Cr of 8.3: this is obviously the most worrisome of all of the lab values. He appears to be in renal failure, ?acute vs chronic

I would very much like to see him fluid repleted with free water and repeat the labs values

Leslie S.T. Fang, MD PhD
Chief, Walter Bauer Firm
Massachusetts General Hospital
Harvard Medical School

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Friday, February 29, 2008 8:36 PM
To: Rithy Chau; Fang, Leslie S.,M.D.
Cc: bernie@media.mit.edu; kirihospital@yahoo.com; sovann.peng@gmail.com; thero@cambodiadaily.com; Heinzelmann, Paul J.,M.D.
Subject: RE: NM#00271, 68M (Choeng Ra Village)

Thank you very much Rithy

Kathy Fiamma
617-726-1051

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Friday, February 29, 2008 3:58 AM
To: Fang, Leslie S.,M.D.
Cc: bernie@media.mit.edu; kirihospital@yahoo.com; Fiamma, Kathleen M.; sovann.peng@gmail.com; thero@cambodiadaily.com
Subject: RE: NM#00271, 68M (Choeng Ra Village)

Dear Dr. Leslie Fang,

We are repeating his lab again due to reasons that in the past the lab done at Rattanakiri Referral Hospital gave us "funny" values also. We will let you know again once the results come out at SHCH next week.

Thanks for your reply.

Best Regards,
Rithy

Rithy Chau, MPH, MHS, PA-C
Director for Capacity Building and Telemedicine
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
Mobile: 855-12-520-547/855-11-623-805

From: Fang, Leslie S.,M.D. [mailto:LFANG@PARTNERS.ORG]
Sent: Friday, February 29, 2008 9:31 PM
To: Rithy Chau
Cc: bernie@media.mit.edu; kirihospital@yahoo.com; Fiamma, Kathleen M.; sovann.peng@gmail.com; thero@cambodiadaily.com
Subject: RE: NM#00271, 68M (Choeng Ra Village)

I do hope that the labs are in error

Les

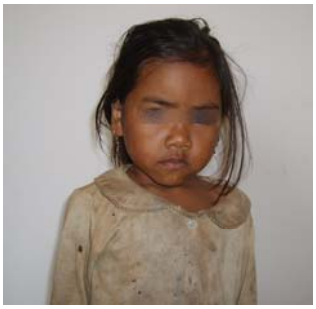
From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, February 27, 2008 5:22 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Rattanakiri TM clinic February 2008 case#5, IA#00272, 5F

Dear all,

This is cas number five, IA#00272, 5F and photos.

Best regards,
Koh Polo/Sovann

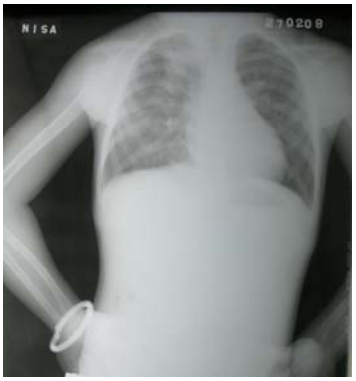
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine



Patient: IA#00272, 5F (Thmey Village)

Chief Complaint: Dyspnea x 5y

HPI: 5F brought to us by her father complaining of dyspnea for 5y. When she was 3 months, she presented with symptoms of fever, dypnea, cough, then she was brought to provincial hospital and admitted to ED for 3d then she was referred to TB department and got treatment with TB drugs for 1y. Since then she frequently developed dyspnea on exertion, fever and cough, her parent bought medicine at private pharmacy for her. Her parents denied she has had hemoptysis.



PMH: Unremarkable

Family Hx: None

Social Hx: Second child among 4 brothers and sisters

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 90/ 60 P: 112 R: 24 T: 37.5^{o}C Wt: 11Kg

General: Look stable, cachexia

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

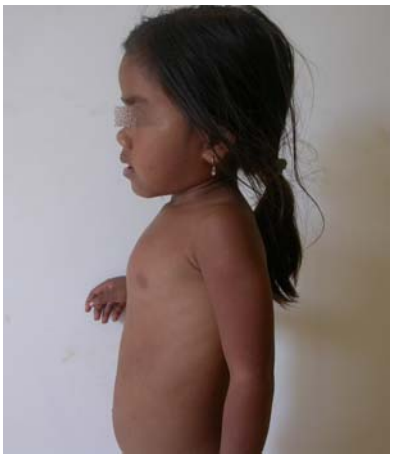
Chest: Barrel chest, bilateral rhonchi, no crackle, no whizzing; H RRR, no murmur

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

Extremity/Skin: No edema, no skin rash

Lab/Studies done today:
On February 26, 2008

CXR attached



Assessment:
1. Pneumonia
2. Relapsed PTB?
3. Cachexia

Plan:
1. Clarythromycin 500mg 1/2t po bid for 7d
2. MTV 1t po qd
3. Do AFB sputum smear in referral hospital

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

Examined by: Nurse Sovann Peng **Date: February 26, 2008**

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

From: Haver, Kenan E., M.D. [mailto:KHAVER@PARTNERS.ORG]
Sent: Thursday, February 28, 2008 4:54 AM
To: kirihospital@yahoo.com; tmed_rithy@online.com.kh
Cc: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM clinic February 2008 case#5, IA#00272, 5F

On his CXR, there appears to be a difference in aeration that I can not attribute to rotation. This may be a result of the early infection. This could account for 5 years of dyspnea and cough but not fever.

I agree with the plan to re-check her for TB as well as for HIV and paragonimiasis. I would suggest repeating the CXR, both PA and lateral, in about 6 weeks.

Kenan Haver, M.D.

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, February 27, 2008 5:28 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 February 2008 case#6, MS#00269, 48F

Dear all,

This is the last case for Rattanakiri TM Clinic February 2008, number six,MS#00269, 48F and photos. Please reply to the cases before Thursdayafternoon in Cambodia time. Thank you very much for your cooperation and support in this project.

Best regards,
Koh Polo/Sovann

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

Patient: MS #00269 48y Female Thmey Village

Chief Complaint: Palpitation, Numbness for one year

HPI: 48y female presented with polyuria 5 to 6 times per night. Associated with polyphasia + alot of drinking especially at nigh , with progressive loss weight around 10kg from 67kg to 57kg . The last one year she complained of numbness of feet, one month ago she was examined at private clinic: high blood sugar and treated with chlorpropamid 1t po qd , but her symptoms is still remain + blurry vision, asthenia.

PMH: Malaria in 2001
GERD in 2007

Social Hx: No smoke, no EtOH

FamilyHx: None

ROS: Vaginal discharge

PE:

Vital sings: BP 120/90 P 84 RR 20 T 36.5^{o}C Wt 57kg

General: Alert and oriented x 3

HEEN: No icteric, no oropharyngeal lesions, pink conjunctiva

Chest: CTA bilaterally, no rhonchi, HRRR without murmur

Abdomen: Soft, positive BS, no tenderness, no organomegaly

.

Musculoskeletal: No gross masses or lesion, no oedema, joints not swollen.

MS/Neuro:
MS +5/5 , full ROM , Sensory pin prick sensation normal, but light touch is positive for glove and stocking pattern of decrease in sensation.

Lab/Rx Requests: Done today CBC RBC 470,0000/mm3, WBC 6800/mm3, Hb 14.3,
Differential counting: Eo 05%, Neu 52% Lym 40% Mono 03% Baso 00%.
Biochemistry: Total cholesterol 156mg/dl, Creatinine 1.0mg/dl, Glucose 195.6mg/dl, TG 177mg/d

Assessment:
1- DMII
2- Leucorrhea

Plan:

1- Glibenclamid 5mg 1tab bid for 2 months
2- Captopril 25mg 1/4t po qd for two months
3- ASA 300mg 1/4t po qd for two months
4- Ciprofloxacin 500mg 1tab bid for a week
5- Diabetic diet education, do regular exercise, foot care
6- Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

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

Examined by: PA Polo Koh **Date: February 27, 2008**

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

Subject: RE: Rattanakiri TM clinic February 2008 case#6, MS#00269, 48F
Date: Sun, 2 Mar 2008 14:49:03 -0500
From: "Goodman, Annekathryn,M.D.
To: Fiamma, Kathleen M.
CC: kirihospital@yahoo.com, tmed_rithy@online.com.kh

Dear PA Polo Koh,

I agree with your assessment and plan. Your Patient appears to have signs and symptoms of diabetes. Her numbness is most likely due to diabetic neuropathy.

From a gynecologic viewpoint, her vaginal discharge maybe be due to yeast as this is common in uncontrolled diabetes. However, I would suggest additional information about her gynecologic history. Is she still having her periods? When was her last menstrual cycle? Additionally, if possible a pelvic examination to visualize her cervix and rule out growths or bacterial infection is important.

Respectfully,
Annekathryn Goodman, M.D.

Thursday, February 28, 2008

Follow-up Report for Rattanakiri TM Clinic

There were 6 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 6 cases was transmitted and received replies from both Phnom Penh and Boston, 28 patients seen by PA Rithy for minor problem and other 18 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 February 2008

1. TV#00267, 55F (Village II)
Diagnosis:

1. DMII
2. Elevated BP

Treatment:

1. Metformin 500mg 2t po qhs for one month (#80)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#15)
4. Recheck BP in next follow up
5. Diabetes diet education, do regular exercise and foot care
6. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 28, 2008

Gluc	=8.1	[4.2 - 6.4]
HbA1C	=11.8	[4 – 6]

SHCH Recommendation: Continue medication as plan, follow up next month, and check Gluc and HbA1C in three months

2. VC#00268, 66M (Bey Srok Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs for one month (#40)
2. Captopril 25mg 1/4t po qd for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#15)
4. Diabetes education, regular exercise, foot care
5. Draw blood for Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

Lab result on February 28, 2008

Na	=139	[135 - 145]
K	=5.2	[3.5 - 5.0]
Cl	=99	[95 - 110]
BUN	=3.1	[0.8 - 3.9]
Creat	=79	[44 - 80]
Gluc	=16.5	[4.2 - 6.4]
HbA1C	=12.4	[4 – 6]

SHCH Recommendation: Add Glibenclamide 5mg 1t po qAM, follow up next month and check Gluc and HbA1C in three months

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

Diagnosis:

1. DMII
2. Bacterial Vaginosis

Treatment:

1. Glibenclamid 5mg 1tab bid for one month (#80)
2. Captopril 25mg 1/4t po qd for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#15)
4. Ciprofloxacin 500mg 1tab bid for a week (buy)
5. Diabetic diet education, do regular exercise, foot care
6. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 28, 2008

Gluc	=13.9	[4.2 - 6.4]
HbA1C	=12.6	[4 – 6]

SHCH Recommendation: Continue medication as plan, follow up next month and check Gluc and HbA1C in three months

4. TS #00270, 32F (Village I)

Diagnosis:

1. Pneumonia
2. Atelectasia
3. PTB?
4. Gastritis
5. Parasititis

Treatment:

1. Clarithromycine 500mg 1tab bid for two weeks (#28)
2. Cotrimoxazole 480mg 2t po bid for two weeks (#56)
3. Famotidine 10mg 2tabqhs x 1month (#90)
4. Mebendazol 500mg 1tab qhs (buy)
5. Paracetamol 500mg 1tab qid (prn) (#30)
6. MTV 1t po qd (#60)
7. Do AFB sputum smear in referral hospital

SHCH Recommendation: Continue medication as plan and follow up next month

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

Diagnosis:

1. DMII with PNP
2. Pneumonia
3. PTB?
4. Renal Failure?

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#80)
2. Captopril 25mg 1/4t po qd for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#15)
4. Amytriptylin 25mg 1/2t po qhs for one month (buy)
5. Clarythromycin 500mg 1t po bid for 10d (#20)
6. Check AFB sputum smear in referral hospital
7. Smoking cessation
8. Diabetic diet education, regular exercise and foot care
9. Draw blood for Gluc, HbA1C at SHCH

Lab result on February 28, 2008

Gluc	=25.9	[4.2 - 6.4]
HbA1C	=17.5	[4 – 6]

SHCH Recommendation: Increase Glibenclamide 5mg 2t po qAM and add Metformin 500mg 2t po qhs, follow up next month and check Gluc and HbA1C in three months

6. IA#00272, 5F (Thmey Village)
Diagnosis:

1. Pneumonia
2. Relapsed PTB?
3. Cachexia

Treatment:

1. Clarythromycin 500mg 1/2t po bid for 14d (#14)
2. MTV 1t po qd (#60)
3. Do AFB sputum smear in referral hospital

SHCH Recommendation: Continue medication as plan and follow up next month

Patient who came for follow up and refill medication

1. NS#00006, 18F (Village I)
Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po qd
2. Propranolol 40mg ¼t po bid
3. Draw blood for Free T4 in April 2008

2. 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. Chlorpropramide 1t po bid
3. ASA 300mg 1/4t po qd
4. Captopril 25mg 1t po tid
5. HCTZ 25mg 2t po qd
6. Draw blood for Lyte, BUN, Creat, Gluc, Tot Cholesterol, TG, HbA1C at SHCH

Lab result on February 28, 2008

Na	=142	[135 - 145]
K	=3.2	[3.5 - 5.0]
Cl	=100	[95 - 110]
BUN	=2.3	[0.8 - 3.9]
Creat	=71	[44 - 80]
Gluc	=6.0	[4.2 - 6.4]
T. Chol	=4.2	[<5.7]
TG	=1.3	[<1.71]
HbA1C	=7.2	[4 – 6]

SHCH Recommendation: Continue medication as plan and check Gluc, HbA1C in three months

3. EB#00078, 41F (Village IV) , KON MOM
Diagnosis:

1. CHF
2. Incompleted RBBB

Treatment:

1. Captopril 25mg 1/2tab po qd (#50)
2. Digoxin 0.25mg 1tab po qd (#100)
3. Furosemide 40mg ½tab po bid (#100)
4. Spironolactone 25mg 2tab po bid (#400)
5. MTV 1tab po bid (#100)

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. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 28, 2008

Gluc	=6.2	[4.2 - 6.4]
HbA1C	=9.8	[4 – 6]

SHCH Recommendation: Continue medication as plan and check Gluc, HbA1C in three months

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

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1t po qd

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

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 2t qAM, 3t qPM (#500)
2. Glibenclamide 5mg 2t po bid (#400)
3. Captopril 25mg 1/2t po bid (100)
4. ASA 300mg ¼t po qd (#25)
5. Amitriptylin 25mg ½t po qhs (#50)
6. Citirizin 10mg 1t po qd (buy)
7. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 28, 2008

Gluc =9.3 [4.2 - 6.4]
HbA1C =14.1 [4 – 6]

SHCH Recommendation: Continue medication as plan, follow up next month and check Gluc, HbA1C in three months

7. OP#00161, 78M (Village I)
Diagnosis:

1. COPD

Treatment:

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

8. YM#00189, 16F (Village III)
Diagnosis:

1. Asthma

Treatment:

1. Salbutamol Inhaler 2puffs bid prn

9. PN#00229, 45F (Village VI)
Diagnosis:

1. DMII

Treatment:

1. Chlorpropramide 250mg 1t po qd
2. Metformin 500mg 1t po qhs
3. ASA 300mg 1/4t po qd

10. OH#00230, F (Village III)
Diagnosis:

1. HTN
2. Euthyroid goiter

Treatment:

1. Atenolol 50mg 1/2t po bid (#100)
2. Captopril 25mg 1/2t po bid (buy)

11. KK#00231, 45F (Village I)
Diagnosis:

1. DMII

Treatment:

1. Chlorpropramide 250mg 1t po bid
2. Metformin 500mg 1t po qhs
3. Captopril 25mg 1/4t po qd
4. ASA 300mg 1/4t po qd

12. SP#00238, 34F (Village I)
Diagnosis:

1. Hyperthyroidism
2. 7 months Pregnancy

Treatment:

1. Antenatal care at health center
2. Draw blood for Free T4 at SHCH

Lab result on February 28, 2008

Free T4=55.72 [9.14 – 23.81]

SHCH Recommendation: Keep the same plan and Follow up next month

13. SE#00247, 68M (O plong Village)
Diagnosis:

1. DMII
2. HTN
3. Chronic wound on left lower leg

Treatment:

1. Glibenclamide 1t po bid (#200)
2. Captopril 25mg 1/4t po bid (#50)
3. ASA 300mg 1/4t po qd (#25)
4. Draw blood for Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on February 28, 2008

Na	=141	[135 - 145]
K	=3.5	[3.5 - 5.0]
Cl	=99	[95 - 110]
Creat	=91	[53 - 97]
Gluc	=14.2	[4.2 - 6.4]
HbA1C	=9.5	[4 – 6]

SHCH Recommendation: Continue medication as plan, follow up next month and check Gluc, HbA1C in three months

14. SS#00258, 61F (Village III)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 250mg 1t po qd

15. 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
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 28, 2008

Gluc	=3.8	[4.2 - 6.4]
HbA1C	=6.0	[4 – 6]

SHCH Recommendation: Continue medication as plan, follow up next month and check Gluc, HbA1C in three months

16. CV#00262, 37M (Village VI)
Diagnosis:

1. DMII
2. Allergic Rhinitis
3. LLQ lipoma

Treatment:

1. Metformin 500mg 1t qhs for (#100)
2. Glibenclamide 5mg 1t po qAM (buy)
3. Captopril 25mg 1/4t po qd (buy)
4. ASA 500mg 1/4t po chew qd (#25)
5. Diabetic education, foot care and do regular exercise

17. HY#00264, 22M (Village I)
Diagnosis:

1. PUD

Treatment:

1. Omeprazole 20mg 1t po qhs
2. GERD prevention education

18. 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

The next Rattanakiri TM Clinic will be Held on April 2008