Telemedicine Clinic
Rattanakiri
Referral Hospital
January 2006

Report and photos compiled by Rithy Chau, SHCH Telemedicine

On Monday, January 30, 2006, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. The patients were examined and the data were transcribed along with digital pictures of the patient, then transmitted (except for some follow-up patients who came for medication refills and/or further instruction on referring to PP) and received replies from their TM partners in Boston and Phnom Penh.

The following day, Tuesday, January 31, 2006, the TM clinic opened again to receive the same 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: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Thursday, January 26, 2006 9:59 AM
To: Rithy Chau; Cornelia Haener; Ruth Tootill; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: January TM clinic at Rattanakiri

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Monday, January 30, 2006 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, Tuesday, January 31, 2006.The patents will be asked to return to the hospital that afternoon on Tuesday 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 [mailto:kirihospital@yahoo.com]
Sent: Monday, January 30, 2006 4:02 PM
To: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clinic Patient OT#00155

Dear All,
There are 4 new cases of this month during TM clinic at Rattanakiri Referral Hospital .Here is the first cases patient OT#00155 and her photos.
Best regards
Channarith

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

Patient: OT#00155, 45F, BoKeo

Chief Complaint: insomnia off and on x 1 month and cold extremities off and on

HPI: She has treated with Metformine 500 mg 3 tabs po qd before foods , Glibenglamide (5mg) 1.5 tabs po Bid , ASA 300 mg ¼ tab po qd , Disipramine 100mg ½ tab po qd, Lisinopril5mg 1 tab po qd.
Her Complaints of insomnia off and on , cold extremities off and on ,occasionally nausea , difficult breathing on exercise with blurred vision.

PMH/SH: unremarkable

Social Hx: none

Allergies: none

Family Hx: none

ROS:

PE:
Vital Signs: **BPR:100/70, L:90/70** **P:65** **R23** **T36.8** **Wt** 50kg

General: oriented and alerted

HEENT: unremarkable

Chest: Lungs: clear both sides
Heart:no murmur , rhythms regular .

Abdomen: soft , no mass , active BS ,

Musculoskeletal: unremarkable

Neuro: sensory and motor are intact

GU:

Rectal:

Previous Lab/Studies:

Lab/Studies Requests: Glucose fasting :253mg/dl,suger urine:4 +, specific gravity :1.015, ketone:normal , trace: normal, proteine: normal, creat:1.0mg/dl, wbc:8500mg/mm3, Ht: 40%, Hb:130g/dl, GR:4000000/MM3

Assessment: 1.DMII
2.PNP

Plan: 1.Metformine 500 mg 3 tab po qd
2.Glibenglamide (5mg) 1.5 mg qd bid
3.ASA 300 mg ¼ tab po qd
4.Disipramine 100 mg 1/ 2 tab po qd
5.Lisinopril 5 mg 1 tab po qd
6.chlorpheminamine 4 mg 1 tb po qd

Comments/Notes: please , give a good idea.

Examined by: Dr Kok San **Date: 30/01/06**

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

From: Rithy Chau [mailto:chaurithy@yahoo.com]
Sent: Tuesday, January 31, 2006 10:37 AM
To: Kiri Hospital
Cc: Bernie Krisher; So Thero Noun; Fil - Jr. Tabayoyong; Gary Jacques; HealthNet Rattanakiri; Ed & Laurie Bachrach; Rithy Chau
Subject: Re: Fwd: Rattanakiri Referral Hospital TM clinic Patient OT#00155

Dear Dr. San/Channarith,

Thank you fro the cases for January 2006.

For case OT#00155, 45F, Channarith clarified for me on the phone that this patient was referred to your TM clinic from SHCH since she has requested with her physician at SHCH to help deal with the high travel cost for for follow-up.

According to your case presentation, her fasting glucose is still elevated with spilling into her urine, but no protein nor ketone. I believed the sx she complained remained similar in the past. I suggest that you raise the dose of her Metformin to 500mg 2tab po bid. Ask her to take both the Metformin and Glibenclamide 30 minutes before morning meal and 30 min. before evening meal. It seemed like you did not do a thorough neuro history and exam for her to report in detail of her PNP condition, can you please do this and report this so that I can give recommendation for changing her medication for her PNP also. Finally, please check her fasting BS every 2 weeks and ask her to return for f/u during next month TM.

I hope this helpful.

Thanks,
Rithy

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Tuesday, January 31, 2006 7:46 PM
To: kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Rattanakiri Referral Hospital TM clinic Patient OT#00155

-----Original Message-----
From: Healey, Michael J.,M.D.
Sent: Monday, January 30, 2006 4:11 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient OT#00155

1.Metformine 500 mg 3 tab po qd--**is this being taken as one dose? If so I would separate the doses either bid or tid, and plan to increase to a total of up to 2550 mg a day for better glycemic control.**
2.Glibenglamide (5mg) 1.5 mg qd bid --**to clarify, is this being taken 7.5 mg bid? Otherwise it could probably be increased to a total of 15 mg (this sulfonylurea is not available in the US but that was the prescribing info. I found).**
3.ASA 300 mg ¼ tab po qd
4.Disipramine 100 mg 1/ 2 tab po qd
5.Lisinopril 5 mg 1 tab po qd
6.chlorpheminamine 4 mg 1 tb po qd

- In regards to her cold extremities, I don't see an exam of the extremities? I would make sure that she does not have arterial insufficiency, especially given the Diabetes, starting with a good exam of the peripheral pulses. I would also think about Raynaud's phenomenon as a cause for cold extremities. If the cold extremities are due to Raynaud's phenomenon, you should consider whether she has evidence of a rheumatologic problem associated with Raynaud's. I would also consider anemia, but she is not anemic from the labs you list. I would also consider hypothyroidism and obtain a TSH if available
- In terms of Diabetes, do we have a glycosylated hemoglobin? If not I would obtain one if available.
- For the sleep--I see she is on desipramine. Is she depressed, and is that the reason for the desipramine? If so, perhaps the depression is not completely treated and a higher dose would be indicated.

MJH

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Monday, January 30, 2006 5:06 PM
To: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clinic Patient MY#00156

Dear All,

Here is the last case of this month TM clinic, patient MY#00156 and her photos.

Best regards,

Channarith

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

Patient: MY#00156, 56F, Village I

Chief Complaint: Slightly dull headache x more months x tear flowing with itching of R EYE .

HPI: She has had DMII x 6 y . She has treated with chlorpropramide 250mg 1.5 mg tab po qd before foods , She complaints of slightly dull headache x more months and tear flowing with itching right eye and a little bid numbness of left hand associated with pain of muscle of left calf x long time but she could sustain the muscle pain , no weigh loss , no coma , no dizziness .

PMH/SH: unremarkable

Social Hx: no smoking and alcohol

Allergies: none

Family Hx: none

ROS:

PE:
Vital Signs: **BP R:100/60, L:100/60** **P70** **R20** **T35.6** **Wt** 67KG

General: LOOK STABLE

HEENT: slightly headache on behind of her head , tear flowing of R eye with itching .

Chest: LUNGS:clear both sides
heart: no murmur , rhythm regular.

Abdomen: soft , no mass, active BS,

Musculoskeletal: muscle pain of left calf which did not radiate to anywhere .

Neuro: sensory and motor are intact exception the slightly numbness of left hand ,

GU:

Rectal:

Previous Lab/Studies: glucose fasting :63.0 mg/dl(28.6.04), glucose fasting :125.1mg.dl(31/5/05), glucose fasting :130.2mg/dl(10/05/05)

Lab/Studies Requests: Proteine :normal, sugar urine :4+, glucose fasting with breakfast:374mg/dl

Assessment: 1.DMII
2. Itching of eye from DMII?

Plan: 1.Metformine 500mg 1 tab po bid

2. Gentamycine of drop 0.3% 1 drop bid
3 .ASA 81 mg 1 tab qd (for pain)
4.chlorpheniramine 4 mg 1 tab po qd

Comments/Notes: please , give a good idea

Examined by: Dr kok san **Date: 30/01/06**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Tuesday, January 31, 2006 2:05 AM
To: kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Rattanakiri Referral Hospital TM clinic Patient MY#00156

-----Original Message-----
From: Crocker, Jonathan T., M.D.
Sent: Monday, January 30, 2006 12:33 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient MY#00156

Dr Koh San,

It is hard to tell whether her headache is singnificant or not. It would be great to have a thoroughtneurologic exam documented (balance, vision, cranial nerves, Romberg, deep tendon reflexes). This should not take you more than a few minutes. Also, I would recommend you look in eyes to examine the retina with an ophthalmoscope if you have one available. Because she has had ongoing headaches for several months and is not responsive to analgesics, and , because she has hand numbness, she should get a CT of the head to rule out mass lesion in her cerebral cortex causing the headache and numbness.

She should be on daily ASA every day for the rest of her life (this is for stroke and CAD prevention in any patient with diabetes).

I would recommned a larger analgesic dose for her headache, either acetamenophen 650mg QID, or Ibuprofen 600-800mg PO TID with food.

It sounds like her diabetes is not under very good control right now. Make sure she is taking her diabetes medication daily. Make sure she does not have an infection.

I cannot comment on your choice of antibiotic for her eye since you did not comment on the appearance of her sclerae, conjunctivae or other aspects of the eye. I'm not sure the chlorpheniramine will help too much since it is used usually for allergic rhinitis which will always affect both eyes, not just one.

Thank you for allowing me to participate,

Dr. Jonathan Crocker

From: Rithy Chau [mailto:chaurithy@yahoo.com]
Sent: Tuesday, January 31, 2006 11:55 AM
To: Kiri Hospital
Cc: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Cornelia Haener; Ruth Tootill; Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Re: Fwd: Rattanakiri Referral Hospital TM clinic Patient MY#00156

Dear Dr. San/Channarith,

For MY#00156, 56F, it seemed like this patient may not be taking her DM medication regularly or follow-up with physician consistantly since her blood glucose control is terrible. Please ask her about this problem because these DM patients need to be strictly adherent to medication prescribed and seen by physicians regularly. It may be a good idea to discuss this case with her former physician (if possible). Is she exercising regularly? How about her diet?

You noted "glucose fasting with breakfast", what did you mean by this? Fasting means without food intake, so if she has had breakfast, then it is not fasting. Did you do any lab tests besides fingerstick and UA?

For treatment, if her fasting BS is truly elevated, then increase the chlorpropamide 250mg to 2 tab po qd and recheck her fasting BS every week and if still elevated, can ask her to increase the dosage by 50mg per week reaching max dose of 750mg qd. Make sure that you stress DM education (diet and exercise) and foot care. ASA 81mg is a good dosage for CVD prevention for DM patient but not good enough for muscle pain. You may add para 500mg 1-2 tab po qid prn pain for her muscle problem. As for the eye, it may be from allergy (or tightness of eyemuscle connecting to tear sac which also benign from her complaint) and since it did not seem to be bacterially infected, I would not give Gent eyedrop, but may be using antihistamine like chlorpheniramine prn. Ask her to come for f/u next month.

Thanks,
Rithy

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Monday, January 30, 2006 5:00 PM
To: Rithy Chau; Cornelia Haener; Ruth Tootill; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clinic Patient TV#00157

Dear All,

Here is the patient TV#00157 and her photos.

Best regards,

Channarith

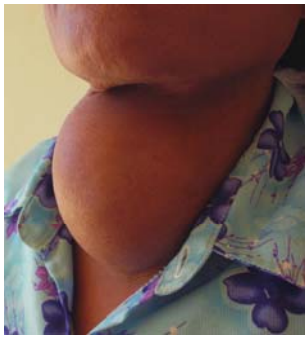
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: TV#00157, 53 F,

Chief Complaint: a big mass developing on neck x 6 y size : 20 x 15 em

HPI: a big mass on her neck , which progressively developing from day to day , and associated with palpitation off and on x 3 y , and tremor of extremities off and on x 3 y and weigh loss x 9 kg , occasionally dizziness , no exophthalmia .

PMH/SH: uremarkable



Social Hx: no alcohol and smoking

Allergies: none

Family Hx: none

ROS:

PE:
Vital Signs: **BP** **R:100/60, L:100/60** **P 70** **R 20** **T37.6** **Wt** 51kg

General: look stable

HEENT: a big mass on neck x 20 x 15 em, mobile , no soft and no solid , no bruit , no pain .

Chest: Lungs:clear both sides
Heart: no murmur, tachycardia, rhythm regular

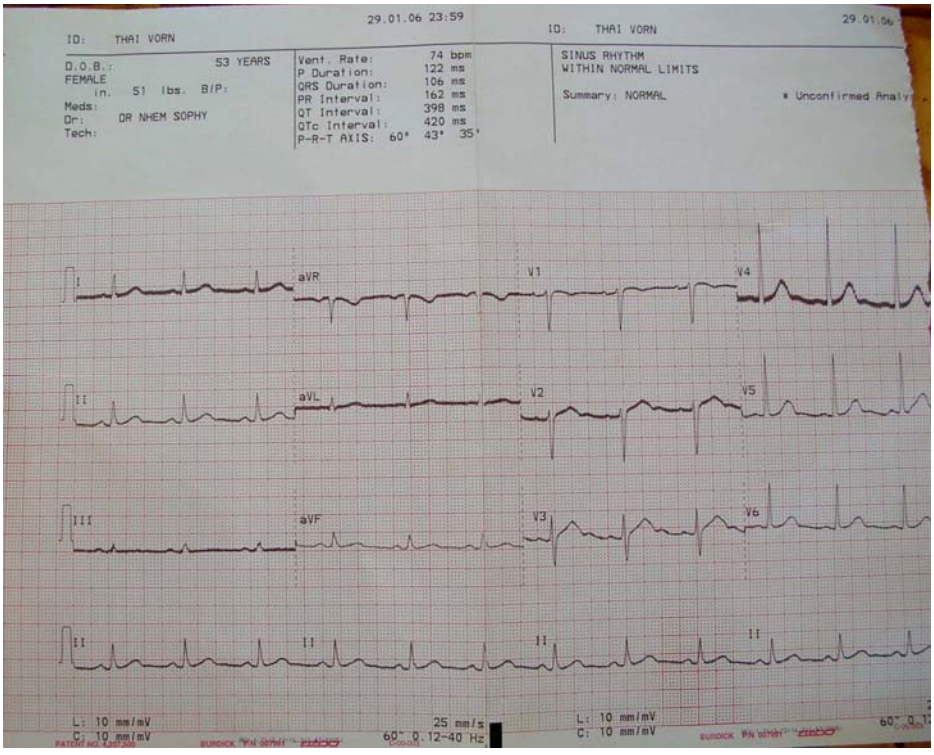
Abdomen: soft , no mass , active BS

Musculoskeletal: unremarkable

Neuro: sensory and motor are intact

GU:

Rectal:



Previous Lab/Studies:

Lab/Studies Requests: EKG, ultrasound of neck .

Assessment: 1. Euthyroidism goiter ?

Plan: check T3, T4 and TSH at SHCH

Comments/Notes: PLease , give a good idea

Examined by:Dr kok san **Date: 30/1/06**

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

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Tuesday, January 31, 2006 1:44 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient TV#00157

51 y/o female with large visible thyroid nodule (?) rapidly growing, but there for 3 years (do I understand correctly?). On photoit seems typical goitrous nodule, and symptoms suggest hyperthyroidism, but non-specific.
Differential diagnosis includes functioning adenoma (unlikely), non-functioning adenoma, thyroid cancer. Recommend TFTs and thyroid US. Biopsy should be done for more information, but nodule should be removed because of its size. The reason for preoperatory work-up is as follows:
-TFTs: if hyperthyroidism exists, it needs to be corrected priro to surgery.
-Ultrasound: clarifies whether other nodules are present and therefore guides the extent of surgery.
-Biopsy: if cancer is detected total thyroidectomy is indicated.

If surgery is declined, then a satisfactory and fully benign biopsy, with multiple needle passes is necessary in such a large nodule.

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital-Harvard Medical School
Wang ACC 730S
55 Fruit St
Boston MA, 02114
FAX 617-726-5905
TEL 617-726-7573

From: Rithy Chau [mailto:chaurithy@yahoo.com]
Sent: Tuesday, January 31, 2006 11:23 AM
To: Kiri Hospital
Cc: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Cornelia Haener; Ruth Tootill; Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Re: Fwd: Rattanakiri Referral Hospital TM clinic Patient TV#00157

Dear Dr. San/Channarith,

For Patient TV#00157, 53F, I agree with your plan from your presentation, but again ask her to come back next month for TFT blood work to be sent with me to SHCH.

Dr. San, you mentioned tachycardia in your exam but the VS stated that her HR=70 and her EKG showed HR=74--so what do you mean by this? Is her palpitation sx severe or not? It seemed like with this HR and no report of tremor on exam, her sx may be benign needing no medication at the moment. For dx, I do not think we can call euthyroid yet until lab test comes back to confirm this. So maybe simple goiter instead. You mentioned neck US, but I did not see any image on this. What was the conclusion from your side concerning this US?

If she seemed cachetic to you, maybe giving her some MTV and asking her to drink sifficient fluid 2-3L a day may help her with the weight loss and occasional dizziness. Was there any other clue about the 9kg wt loss and how long was the period for this much weight loss because if it was within a few weeks or days, then it could be significant relating to other illnesses. Please try to be more detail on all your H&P.0

I hope this is helpful.

Thanks,
Rithy

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Monday, January 30, 2006 4:12 PM
To: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Cornelia Haener; Ruth Tootill
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clinic Patient KM#00158

Dear All,

Here is the patient KM#00158 and her photos .

Best regards

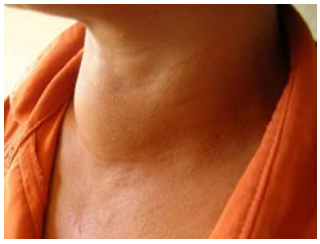
Channarith

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

Patient: KM # 00158, from Sre Angkrong Village, KM

Chief Complaint: Anterior neck mass, headache, dizziness, blurred vision, chest tightness and difficult to swallow on and off about 3 years.

HPI: 51, F presented with anterior neck mass, headache, dizziness, blurred vision, chest tightness and difficult to swallow about 2 weeks. 3 years ago the mass is small but now it is big size like orange.
No fever, no SOB, no fever, no neck pain, no chest pain, no V/N.



PMH/SH: Anterior neck mass

Social Hx: Married with 6 children, no drink, no smoke

Allergies: none

Family Hx: unremarkable

ROS: loss of appetite, poor sleeping, loss weight(before 55 kg, now 53kg), sometime palpitation and chest tightness, no fever, no cough, no night sweat.

PE:
Vital Signs: BP120/80mmg P70 R18 T36.5 Wt 53

General: look stable

HEENT: Nodular mass size 4X10 cm at anterior neck mass, smooth surface, fix but mobile when swallow, no bruit, no cervical lympadenopathy.

Chest: Heart: RRR, no murmur
Lung: clear both sides

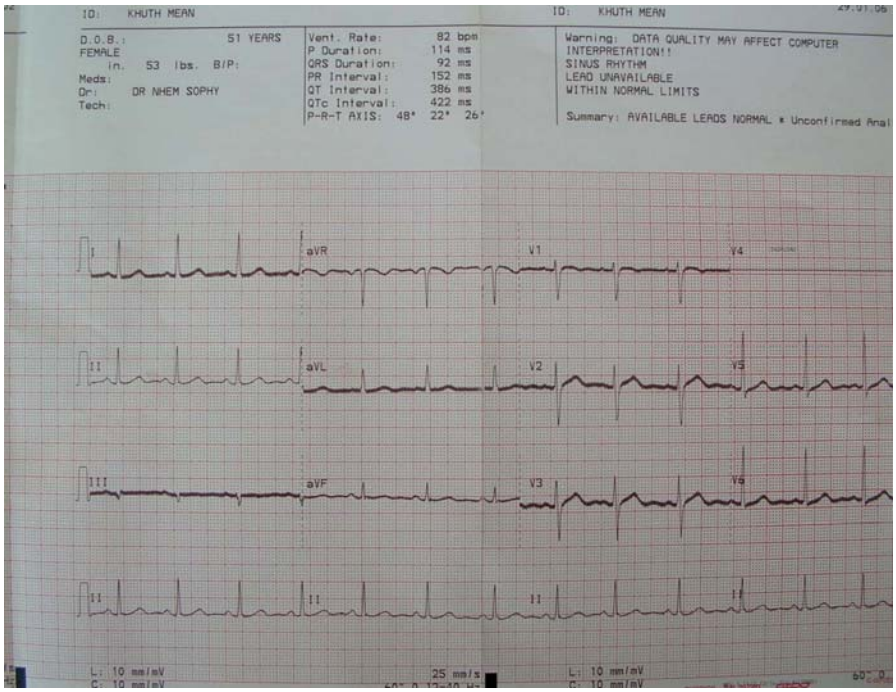
Abdomen: soft, flat, + BS all the quadrants, no tenderness, no HSM

Musculoskeletal: unremaekable

Neuro: Alert

GU: not done

Rectal: not done



Previous Lab/Studies:

Lab/Studies Requests: EKG

Assessment: Nodular Goiter?

Plan: T3, T4 and TSH test

Comments/Notes:

Examined by: Dr. Sam Baramey **Date: 30/01/2006**

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

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Tuesday, January 31, 2006 12:07 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient KM#00158

51 y/o woman with growing visible goiter and symptoms suggestive but no specific for hyperthyroidism. Differential diagnosis at this point is broad and includes Graves' disease, multinodular toxic and non toxic goiter, thyroid cancer.

I agree with TFTs initially.

-If TSH is low, thyroid scan with radioactive iodine will be indicated to establish diagnosis, cold nodules should be aspirated for citology if found.

If hyperthyroidism confirmed, anti-thyroid drugs (methimazole) could be recommended, or surgery, or radioactive iodine.

Surgery better for multinodular goiter especially if there are cold nodules, methimazole or radioactive iodine good options for Graves' disease.

-If TSH is not low, thyroid US should be performed and if nodules are seen they aspirated for citology. If thyroid nodules are larger than 4 cm, thyroidectomy would be wise anyway, but need experienced thyroid surgeon.

No need for thyroid scan if TSH is normal (with ultrasensitve TSH).
Please let me know the results.

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital-Harvard Medical School
Wang ACC 730S
55 Fruit St
Boston MA, 02114
FAX 617-726-5905
TEL 617-726-7573

From: Rithy Chau [mailto:chaurithy@yahoo.com]
Sent: Tuesday, January 31, 2006 11:01 AM

To: Kiri Hospital
Cc: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Cornelia Haener; Ruth Tootill; Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Re: Fwd: Rattanakiri Referral Hospital TM clinic Patient KM#00158

Dear Dr. Baramey/Channarith,

For the patient, KM#00158, 51F, her presentation seemed to be that of simple goiter and I agree for drawing blood to check her TFT, but she can return next month to do this (since I will be there to bring it back to SHCH). Can you give me a more detail hx on her difficulty to swallow--it is with both solid and liquid food, with only solid, but not liquid, or is it because of heartburn problem which usually comes with central chest tightness, etc.? For her other sx such as HA, dizziness, blurred vision, chest tightness, can you give me more detail on the hx of each complaint (use the top 10 complaints template I made and given to you already)--is it related to cardiac, pulmonic, musculoskeletal, GI, or psychological? I suspected it is more related to GERD problem, but I cannot conclude this from your presentation.

No medication needed for this patient at the moment, except maybe paracetamol for HA and ask her to drink at least 2-3L of water each day, exercise regularly and eat a well-balance diet.

Thanks,
Rithy

Tuesday, January 31, 2006

Follow-up Report for Rattanakiri TM Clinic

There were 4 new and 6 f/u patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of all new cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, 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. Medications and lab tests not available at RRH are provided by SHCH to TM patients at no cost]

Treatment Plan for Rattanakiri TM Clinic January 2006

New cases

1. OT#00155, 45F, Village I
   Dx:
   1. DM II
   2. PNP

   Tx:
   1. Metformin 500mg 2 tab po bid
   2. Glibenclamide 5mg 1½ tab po bid
   3. Check her fasting BS every 2 weeks
   4. ASA 300mg ¼ tab po qd
   5. Disipramine 100mg ½ tab po qhs
   6. Lisinopril 5mg 1 tab po qd
   7. DM II Education and foot care

2. MY#00156, 56F, Village I
   Dx:
   1. DM II

   Tx:
   2. Chlorpropamide 250mg 1½ tab po qd
   3. ASA 81mg 1 tab chew po qd
   4. Para 500mg 1 tab po qid prn pain
   5. DM education and foot care

3. TV#00157, 53F, Phnum Kok Village
   Dx:
   1. Simple goiter?

Tx:

1. Check T4 and TSH at SHCH next month
2. Drink 2-3L water a day

4. KM#00158, 51F, Sre Ankrong Village

Dx:

1. Simple goiter?

Tx:

1. Check her TFT at SHCH next month
2. Drink 2-3L water a day

Follow-up Patients:

1. MS#00144, 52F, Thmey village

Dx:

1. DM II
2. Dyspepsia

Tx:

1. Glibenclamide 5mg 1tab po qd x 100d
2. Lisinopril 5mg ¼ tab po qd x 100d
3. MgAl(OH)3 2 tab chew po bid
4. DM education and foot care

2. OS#00143, 48F, Thmey Village

Dx:

1. Cardiomegaly(CHF, VHD?)

Tx:

1. Furosemide 40mg ½ tab po qd (20 tab)

3. PO#00148, 67F, village III

Dx:

1. DM II
2. HTN
3. PNP
4. GERD

Tx:

1. Recheck fasting BS=14O mg/dL
2. No change in tx

4. PN#00052, 53F, Ban Fang Village

Dx:

1. Hyperthyroidism

Tx:

1. Propranolol 40mg ½ tab po bid
2. Check her TFT at SHCH next month

5. CL#00122, 33F, Village III

Dx:

1. Subclinical hyperthyroidism

Tx:

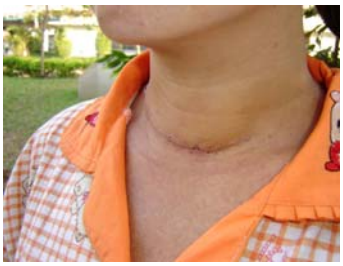
1. Methimazol 10 mg ½ tab po tid x 100 d

6. NS#0006,18F, Village I.
   Dx:
   1. Subclinical Hyperthyoidism

   Tx:
   1. Methimazol 10mg ½ tab po tab qd x 100d

From: Cornelia haener [mailto:Cornelia_Haener@online.com.kh]
Sent: Wednesday, January 25, 2006 1:03 PM
To: 'Rithy Chau'
Subject: RE: Follow-up Report for Rattanakiri Patient LD#00134

Dear Rithy,
The histology revealed a benign nodular goiter.
Cornelia



From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, January 25, 2006 10:30 AM
To: 'Kiri Hospital'
Cc: 'Bernard Krisher'; gjacques@online.com.kh; thero@cambodiadaily.com; docfil@yahoo.com; chaurithy@yahoo.com; 'Cornelia Haener'; lauriebachrach@yahoo.com
Subject: Follow-up Report for Rattanakiri Patient LH#00134

Dear Channarith/Dr. San,

Patient from Rattanakiri TM project, LD#00134, 37F, diagnosed with nodular goiter with regression and euthyroid, was admitted to SHCH surgical ward on 15 January 06 and underwent a right thyroid isthmolobectomy the following day uneventfully. She was discharged on 18 January 06 and returned to SHCH for suture removal on 23 January 06 without any complication. The thyroid tissue was sent to SHCH telepathology lab and result will be given to me in about a month once completed. She came with her husband today to see me and I took some photos of her and the neck for record. JRfC staff will arrange for both to leave this evening and I asked them to drop by and see you before leaving for home in Vernsai. I will inform of the result of the histology report of the tissue removed once I receive it myself.

Thank you for your cooperation and good work to care for this patient.

Best Regards,
Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE

The next Rattanakiri TM Clinic will be held on February 21-24, 2006