Telemedicine Clinic
Rattanakiri
Referral Hospital
July 2010

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

On Tuesday July 20 and Wednesday July 21, 2010, 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 July 22, 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: Fri, Jul 16, 2010 at 5:09 PM
Subject: July TM clinic at Rattanakiri Referral Hospital
To: Chau Rithy <chaurithy@gmail.com>, Kruy Lim <kruylim@yahoo.com>, Cornelia Haener <corneliahaener@sihosp.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Brian Hammond <bhammond@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>, Noun SoThero <thero@cambodiadaily.com>

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, July 21, 2010 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 afternoon.

Please try to respond before noontime the following day, Thursday ,July 22, 2010.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: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jul 21, 2010 at 4:00 PM
Subject: Rattanakiri Telemedicine Clinic July 2010, Case#1, SS#RK00339, 68F
To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Kruy Lim <kruylim@yahoo.com>, Rithy Chau <rithychau@sihosp.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

There are six new cases for Rattanakiri Telemedicine Clinic in July 2010. This is Case number 1, SS#RK00339, 68F and photos.

Best regards,
Polo

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

Patient: SS#RK00339, 68F (Dey Lo Village, Lumphat)

Chief Complaint: Dizziness and vomiting x 1yr

HPI: 68F presented with symptoms of sudden falling down without aura symptoms, loss of consciousness, a minute later presented with dizziness and severe vomiting with urine and stool incontinence, BP checked 160/?. She took vitamin B6 and vintamin C for treatment. She has had one to two times of attack per month. Because of worrying about the attack with elevated BP, Her child bought her Amlodipine 5mg taking it 1t po qd for two months and since taking this medicine, she has not presented with the attack any more.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No tobacco chewing/smoking, casual alcohol drinking

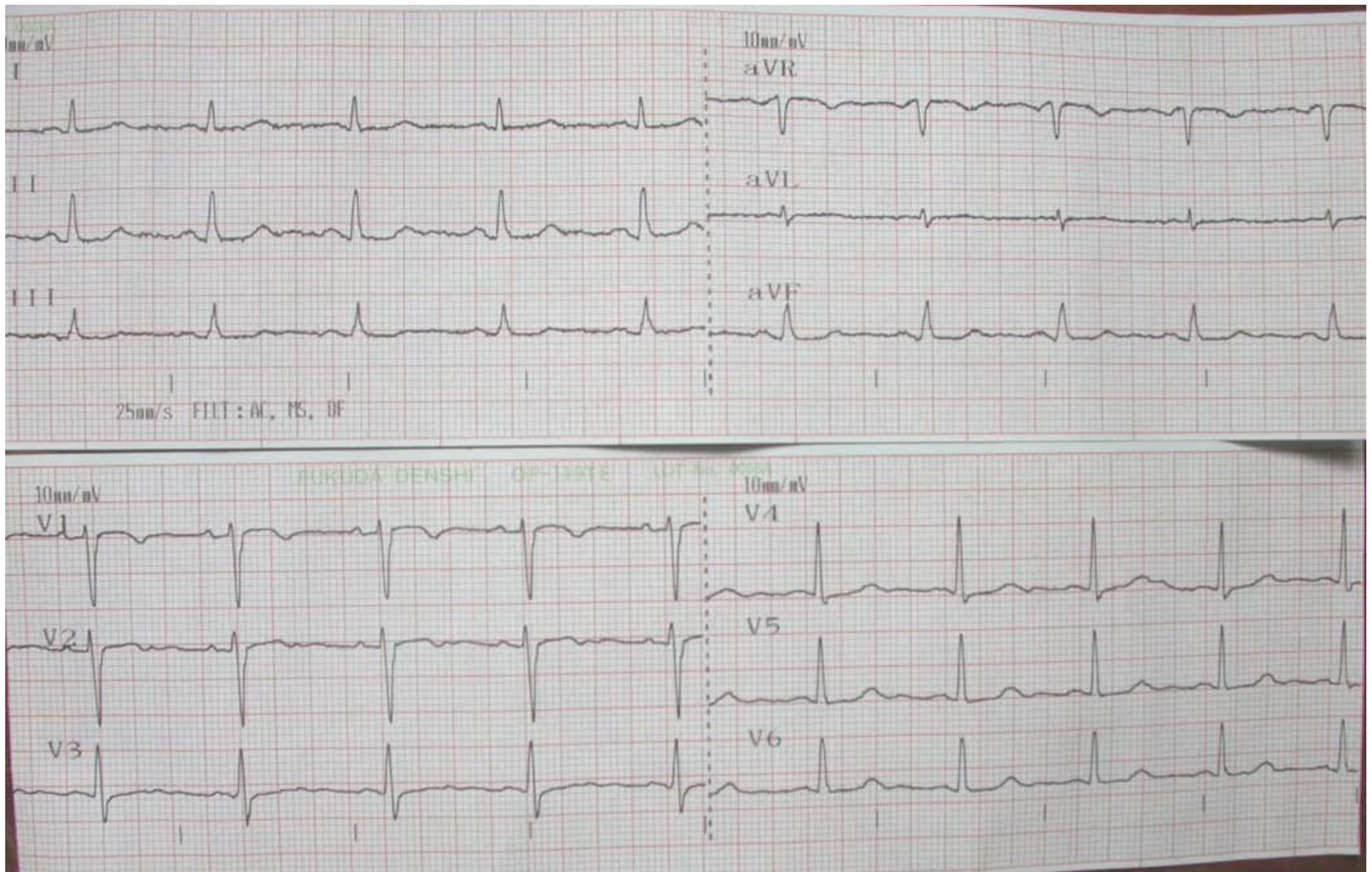
Medication:

1. Amlodipine 5mg 1t po qd

Allergies: NKDA

ROS: 20yrs post menopause

PE:
Vital Signs: BP: 114/65 P: 68 R: 18 T: 37 Wt: 44kg O_2sat: 97%



General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no thyroid enlargement, no JVD; normal ear canal mucosa and intact eardrum

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

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

Extremities/Skin: No leg edema, (+) dorsalis pedis and posterior tibal pulse

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait
CN I to XII: intact
Finger-nose, proprioception, Trendelenburg test normal

Lab/Study:
RBS: 100mg/dl
U/A normal

Assessment:
1. Idiopathic seizure?
2. Autonomic Nervous System disorder??
3. Electrolyte disorder??

Plan:

1. Stop Amlodipine
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ca2+, Mg2+ and TSH at SHCH

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

Examined by: Nurse Sovann Peng **Date: July 21, 2010**

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

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From: Danny Sands
Sent: Thursday, July 22, 2010 10:02 AM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Telemedicine Clinic July 2010, Case#1, SS#RK00339, 68F

Because this woman lost consciousness twice and it was accompanied by bowel and bladder incontinence, it is likely she had a seizure. With no prior history, idiopathic epilepsy would be unusual at this age; this could reflect a severe electrolyte disorder, severe hypoglycemia, thyroid disease, or cerebral lesion such as a tumor. I agree that mild hypertension should not cause this.

I agree that she needs a CBC, which should include differential, as well as the electrolytes and other tests you proposed. She should also have a funduscopic examination and a CT scan of the head if possible.

- Danny Daniel Z. Sands, MD, MPH Beth Israel Deaconess Medical Center Harvard Medical School 617-667-9600

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jul 21, 2010 at 4:05 PM
Subject: Rattanakiri Telemedicine Clinic July 2010, Case#2, SS#RK00340, 47M
To: Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 2, SS#RK00340, 47M and photo.

Best regards,
Polo

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

Patient: **SS#RK00340, 47M (Village I, Labansirk commune)**

Chief Complaint: Polyuria x 2 yrs

HPI: 47M, local police man, presented with symptoms of polyuria, polydypsia, polyphagia, fatigue, diaphoresis and blurred vision, he went to local private clinic, blood sugar checked with result 415mg/dl and treated Metformin 500mg 1t po bid. He has checked up blood sugar every two to three months with the result from 200mg/dl to 350mg/dl and has taken the same dose. In this one month, he noticed weight loss about 10kg with fatigue, polydypsia, polyruia. He denied of fever, cough, SOB, GI problem, oliguria, dysuria, numbness/tingling, edema.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Smoking 10cig/d, casually alcohol drinking

Medication:

1. Metformin 500mg 1t po bid

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 116/98 P: 102 R: 20 T: 37 Wt: 68kg

General: Look stable

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

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

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

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

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

Lab/Study:
Done on July 20, 2010
FBS: 370mg/dl
U/A protein 2+, gluco 4+, no ketone

Done on July 21, 2010
FBS: 371mg/dl

Assessment:

1. DMII

Plan:

1. Metformine 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

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

Examined by: Nurse Sovann Peng **Date: July 21, 2010**

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

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From: Tan, Heng Soon,M.D.
Sent: Thursday, July 22, 2010 10:02 AM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Telemedicine Clinic July 2010, Case#2, SS#RK00340, 47M

You are correct in adding glibenclamide for his diabetes. If he does not normalize blood sugars in a month, I would increase to max dose 10 mg bid. The metformin can also be increased to 1g bid as of today. I wonder about his high heart rate. Is he dehydrated? I woiuld check TSH as well to make sure he is not hyperthyroid.

Heng Soon Tan, MD
From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jul 21, 2010 at 4:08 PM
Subject: Rattanakiri Telemedicine Clinic July 2010, Case#3, HY#RK00341, 41M
To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 3, HY#RK00341, 41M and photo.

Best regards,
Polo

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

Patient: **HY#RK00341, 41M (Village VI, Labansirk commune)**

Chief Complaint: Polyuria and polyphagia x 3months

HPI: 41M, farmer, presented with symptoms of symptoms of polydypsia, polyuria, polyphagia, fatigue, he went to consult with local doctor, BS checked with result 214mg/dl, Gluc 3+ in urine and was treated with Glibenclamide 5mg 1t po bid. His symptoms became better with medicine.
On June 19, 2010, when he went to visit his relative in Phnom Penh, he consulted with a doctor there, was diagnosed with DMII, HTN and treated with Metformine 500mg 1t po bid, Glibenclamide 5mg 2t po bid, Atenolol 50mg 1/2t po qd, HCTZ 50mg 1/2t po qd and Amitriptylin 25mg 1/2t po qd.
Now he denied of cough, SOB, ear ringing, palpitation, chest pain, GI problem, hematuria, dysuria, oliguria, numbness/tingling.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Smoking 10cig/d, casually alcohol drinking

Medication:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 2t po bid
3. Atenolol 50mg 1/2t po qd
4. HCTZ 50mg 1/2t po qd
5. Amitriptylin 25mg 1/2t po qhs

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 124/71 P: 106 R: 18 T: 37 Wt: 68kg

General: Look stable

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

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

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

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

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

Lab/Study:

Done on July 19, 2010
WBC =8.900/mm^3
RBC =5.010.000/mm^3
Hb =15.3
Hct =43%
Plt =205.000/mm^3
SGOT =19 [<37]
SGPT =21 [<40]
Creat =108 [70 – 136]
TG =2.44 [0.60 – 1.65]
Tot chol=1.83 [1.40 – 2.70]
HDL =0.29 [0.24 – 0.64]

Done today July 20, 2010
FBS: 102mg/dl
U/A protein 1+, no gluco, no ketone

FBS: 129mg/dl (July 21, 2010)

Assessment:

1. DMII
2. HTN

Plan:

1. Metformine 500mg 1t po bid
2. Glibenclamide 5mg 2t po bid
3. Atenolol 50mg 1/2t po qd
4. HCTZ 50mg 1/2t po qd
5. Amitriptylin 25mg 1/2t po qhs
6. Educate on diabetic diet, foot care and do regular exercise
7. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

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

Examined by: Nurse Sovann Peng **Date: July 21, 2010**

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

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From: Crocker, J.Benjamin,M.D.
Sent: Thursday, July 22, 2010 11:22 AM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Telemedicine Clinic July 2010, Case#3, HY#RK00341, 41M

I agree in general with assessment and plan. It appears that his hyperglycemia is coming under better control and an A1C will help guide further diabetic therapy. Annual fundoscopic exam is recommended. If an ACE-inhibitor or ARB is available he should definitely be on this if at all possible given his diabetes and proteinuria. I would probably substitute this for HCTZ and then monitor his renal function and potassium. I'm a bit surprised that he is borderline tachycardic on his atenolol, though BP appears controlled.

One question/concern: why is he on amitryptilline? This is not a diabetes or BP medication -- but often used in patients with symptomatic neuropathy (painful neuropathy), depression, or chronic headaches. Your history does not point to why he was placed on this, or why he should continue with this. I would recommend careful review of this issue.

Best,
J. Benjamin Crocker, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jul 21, 2010 at 4:11 PM
Subject: Rattanakiri TM Clinic July 2010, Case#4, MC#RK00342, 50F
To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 4, MC#RK00342, 50F and photos.

Best regards,
Polo

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

Patient: **MC#RK00342, 50F (Village III, Labansirk commune)**

Chief Complaint: Lower back pain x 6 months

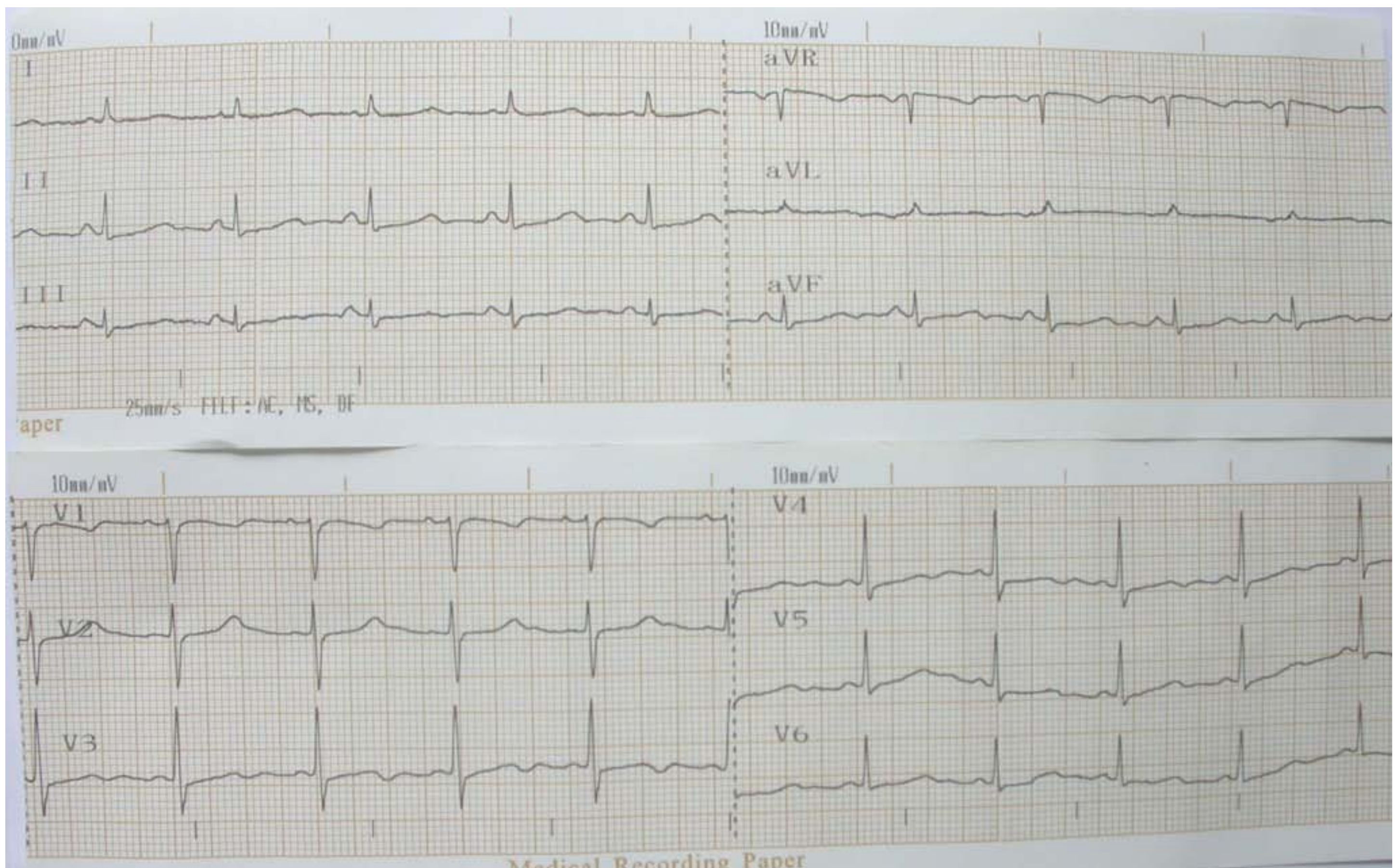
HPI: 50F, housewife, presented with symptoms of lower back pain, pressure like sensation, and suprapubic pain, dysuria, urgency and frequency, fever, fatigue, HA, and dizziness, several days later with generalized edema, she didn't seek medical consultation but only bought medicine from local pharmacy (Amoxicillin and other two medicine) for three days then the edema has done but she still presented with lower back and suprapubic pain, dysuria, urgency and frequency. She denied of hematuria, oliguria.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No tobacco chewing/smoking, no alcohol drinking, 3 children

Medication: None



Allergies: NKDA

ROS: Regular menstrual period, LMP on July 9, 2010

PE:
Vital Signs: BP: 100/70 P: 84 R: 18 T: 37 Wt: 51kg

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, S1 galoop, no murmur

Abdomen: Soft, no distension, (+) BS, no HSM, a few complete healed burning scar, (+) CVA tenderness, suprapubic tender with deep palpation

Extremities/Skin: No leg edema, (+) dorsalis pedis and posterior tibal pulse

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

Lab/Study:
RBS: 118mg/dl
U/A protein trace, no gluco, no ketone

CXR not done due to x-ray machine not working

Assessment:

1. UTI
2. Kidney stone?
3. MVP?

Plan:

1. Ciprofloxacin 500mg 1t po bid x 7d
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

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

Examined by: Nurse Sovann Peng **Date: July 21, 2010**

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

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From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Fri, Jul 23, 2010 at 2:05 AM
Subject: FW: Rattanakiri TM Clinic July 2010, Case#4, MC#RK00342, 50F
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>
Cc: Rithy Chau <rithychau@sihosp.org>

Sounds most like a urinary tract infection
However the edema is very unusual and makes me wonder if it could have been a post-infectious glomerulonephritis that has resolved
Leslie ST Fang, MD PhD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jul 21, 2010 at 4:14 PM
Subject: Rattanakiri TM Clinic July 2010, Case#5, BT#RK00343, 24F
To: Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 5, BT#RK00343, 24F and photos.

Best regards,
Polo

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

Patient: **BT#RK00343, 24F (Fang Village, Veun Sai)**

Chief Complaint: Palpitation x 4y

HPI: 24F, farmer, presented with symptoms of palpitation, sensation of sometime fast or slow beating, dyspnea, dizziness, diaphoresis and cold extremity. The palpitation presented with loud voice and on exertion and better with massage and resting. She didn't seek medical consultation and got traditional medicine for treatment but it didn't help her with the symptoms. She denied of fever, cough, orthopnea, PND, edema, hematuria, dysuria, oliguria.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No tobacco chewing/smoking, no alcohol drinking

Medication: Traditional medicine

Allergies: NKDA

ROS: Menstrual period every two or three months with normal volume, heavy menstruation.

PE:
Vital Signs: BP: 103/74 P: 101 R: 20 T: 37 Wt: 38kg

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; H RR, tachycardia, no murmur

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

Extremities/Skin: No leg edema, no lesion, (+) dorsalis pedis and posterior tibal pulse

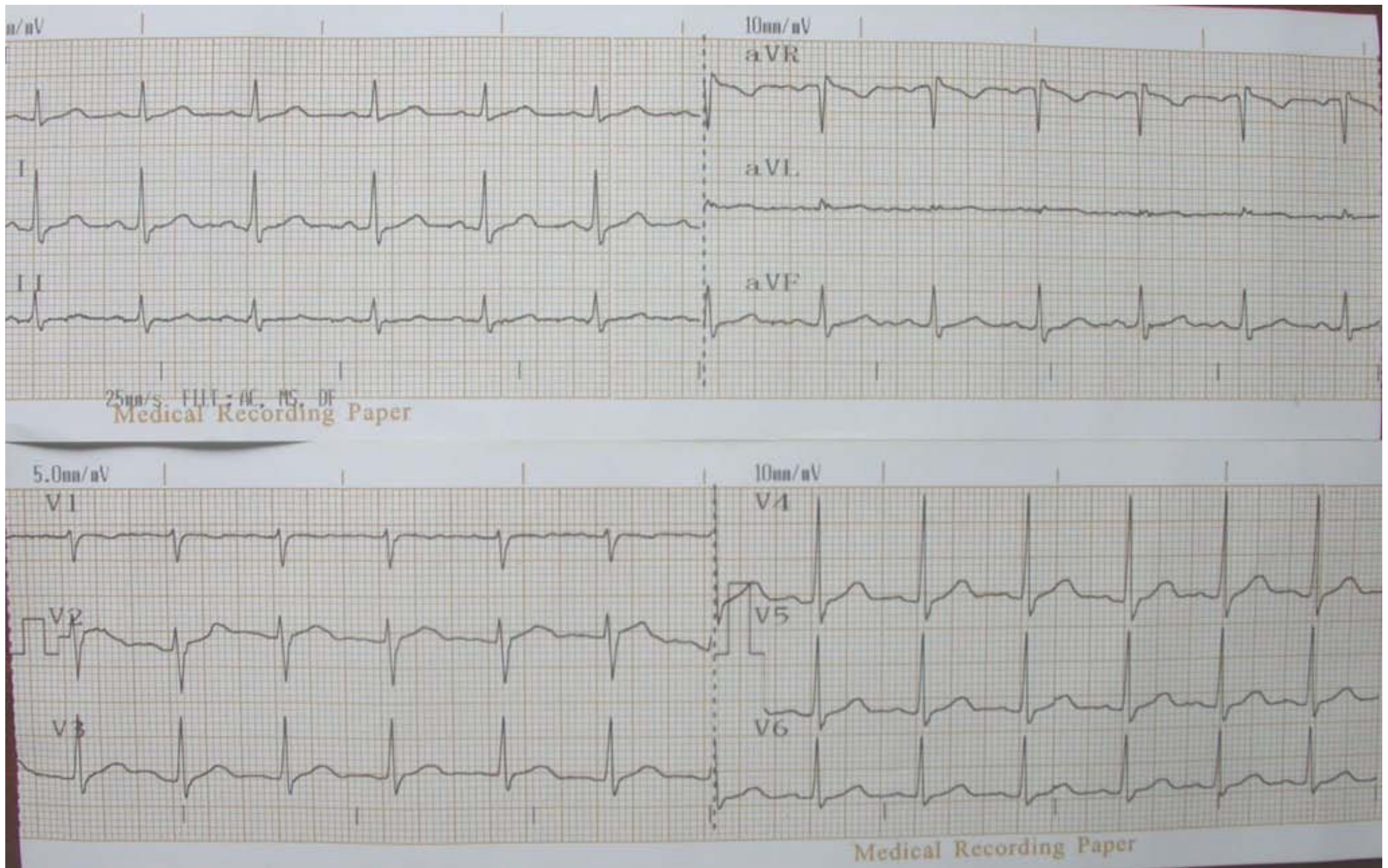
MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

Lab/Study:

RBS: 102mg/dl

EKG attached

CXR not done due to x-ray machine not working



Assessment:

1. CHF?

Plan:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ca2+, Mg2+, TSH at SHCH

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

Examined by: Nurse Sovann Peng **Date: July 21, 2010**

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

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From: **Cusick, Paul S.,M.D.** <PCUSICK@partners.org>
Date: Fri, Jul 23, 2010 at 6:02 AM
Subject: RE: Rattanakiri TM Clinic July 2010, Case#5, BT#RK00343, 24F
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, kirihospital@gmail.com
Cc: rithychau@sihosp.org

Thank you for the opportunity to consult.

She is a young woman who has symptoms of dizziness and palpitations and shortness of breath.
These are intermittent and brought on by shouting and with exertion and relieved with rest.

Her clinical exam and EKG are normal.

The possibilities are numerous.

She could have an arrhythmia (abnormal heart rhythm) that causes her to feel dizzy without losing consciousness. This could be any rhythm disturbance but we would need to capture this on the EKG while she is symptomatic in order to document the rhythm

She could have valvular heart disease, but I might expect that you might hear a murmur on exam.

I doubt that this is ischemic heart disease (unless she has a congenital abnormality of her coronary arteries)

It is unlikely to be congestive heart failure in the absence of edema, orthopnea or physical exam findings.

It is appropriate to check her lab tests.

Her EKG shows normal sinus rhythm with normal respiratory variation with a rate of 95 to 100. There is no suggestion of an arrhythmia.

She could be volume depleted/anemic from her heavy periods and susceptible to increased heart rate with exertion or shouting.

Currently, there is no clear treatment except that she needs to stay hydrated with 2 liters of fluid daily and follow up after the lab tests are done. If she feels dizzy, she should lay down on the ground until this ends.

It would be useful to check a set of orthostatic vital signs at her followup visit.

Thank you and best of luck.

Paul Cusick , MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jul 21, 2010 at 4:18 PM
Subject: Rattanakiri TM Clinic July 2010, Case#6, TK#RK00344, 59F
To: "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is the last case for Rattanakiri Telemedicine Clinic July 2010, case number 6, TK#RK00344, 59F 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

Patient: **TK#RK00344, 59F (Thmey Village, Ban Lung)**

Chief Complaint: Tingling x 1month

HPI: 59F presented with three months symptoms of polyuria, polyphagia, polydypsia, fatigue, weight loss, she went to consult in private clinic with gluco 4+ in urine, blood sugar 233mg/dl and treated with Glibenclamide 5mg 1t po bid. After treatment with medicine, she became better but in this month, she presented with tingling on both feet. She denied of cough, fever, palpitation, chest pain, GI problem, hematuria, dysuria, oliguria.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No tobacco chewing/smoking, no alcohol drinking

Medication: Glibenclamide 5mg 1t po bid

Allergies: NKDA

ROS: 12y post menopause

PE:
Vital Signs: BP: 111/74 P: 96 R: 18 T: 37 Wt: 39kg

General: Look stable

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

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

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

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

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

Lab/Study:
RBS: 160mg/dl
U/A protein 2+, no gluco, no ketone

Assessment:
1. DMII

Plan:
1. Glibenclamide 5mg 1t po bid
2. Educate on diabetic diet, do regular exercise and foot care
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

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

Examined by: Nurse Sovann Peng **Date: July 21, 2010**

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

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From: Crocker, J.Benjamin,M.D.

Sent: Thursday, July 22, 2010 11:29 AM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM Clinic July 2010, Case#6, TK#RK00344, 59F

This patient most likely has diabetic peripheral neuropathy. Therefore glycemic control is of utmost importance. I would check A1C, along with renal and liver function tests, and then consider the addition of metformin. She has nephropathy (proteinuria) from diabetes, and should also be on an ACE-inhibitor or ARB blood pressure agent (even if BP is normal) if she can tolerate it, to help protect her kidneys. You'll need to monitor potassium and renal function is this is started. If she hasn't had one, she should undergo fundoscopic ophthalmologic examination now, and at least annually. She is 59 years of age, and given her diabetes, which is a CAD-equivalent risk factor, would probably benefit from ASA therapy (325mg daily).

best,
J. Benjamin Crocker, MD

Thursday, July 22, 2010

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, other 16 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 July 2010

1. SS#RK00339, 68F (Dey LoVillage, Lumphat)
Diagnosis:

1. Idiopathic seizure?
2. Autonomic Nervous System disorder??
3. Electrolyte disorder??

Treatment:

1. Stop Amlodipine
2. Draw blood for CBC and TSH at SHCH

Lab result on July 23, 2010

WBC	=5.3	[4 - 11x10^9/L]
RBC	=4.2	[3.9 - 5.5x10^{12}/L]
Hb	=12.3	[12.0 - 15.0g/dL]
Ht	=38	[35 - 47%]
MCV	=90	[80 - 100fl]
MCH	=29	[25 - 35pg]
MHCH	=33	[30 - 37%]
Plt	=141	[150 - 450x10^9/L]
Lym	=2.0	[1.0 - 4.0x10^9/L]
TSH	=0.79	[0.27 – 4.20]
RPR	: Non-reactive	

2. SS#RK00340, 47M (Village I, Labansirk commune)
Diagnosis:

1. DMII

Treatment:

1. Metformine 500mg 1t po bid (buy)
2. Glibenclamide 5mg 1t po bid (#200)
3. Educate on diabetic diet, do regular exercise and foot care, smoking cessation

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

Treatment:
1. Metformine 500mg 1t po bid (#200)
2. Glibenclamide 5mg 2t po bid (#400)
3. Atenolol 50mg 1/2t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptylin 25mg 1/4t po qhs (buy)
6. Educate on diabetic diet, foot care and do regular exercise
7. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on July 23, 2010

Na	=140	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=104	[95 - 110]
BUN	=3.4	[0.8 - 3.9]
Creat	=123	[53 - 97]
Gluc	=7.9	[4.2 - 6.4]
HbA1C	=7.5	[4 – 6]

4. MC#RK00342, 50F (Village III, Labansirk commune)
Diagnosis:
1. Kidney microstone?
2. MVP?

Treatment:
1. Increased fluid drinking and do exercise
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on July 23, 2010

WBC	=4.0	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=12.7	[12.0 - 15.0g/dL]	Cl	=106	[95 – 110]
Ht	=40	[35 - 47%]	BUN	=2.8	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=82	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=5.8	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=374	[150 - 450x10^9/L]			
Lym	=2.0	[1.0 - 4.0x10^9/L]			

5. BT#RK00343, 24F (Fang Village, Veun Sai)
Diagnosis:
1. Anxiety
2. Panic attack

Treatment:
1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH

Lab result on July 23, 2010

WBC	=6.4	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=12.7	[12.0 - 15.0g/dL]	Cl	=104	[95 – 110]
Ht	=39	[35 - 47%]	BUN	=0.8	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=77	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=5.3	[4.2 - 6.4]

MHCH	=33	[30 - 37%]	TSH	=0.89	[0.27 – 4.20]
Plt	=242	[150 - 450x10^9/L]			
Lym	=3.3	[1.0 - 4.0x10^9/L]			

6. TK#RK00344, 59F (Thmey Village, Ban Lung)

Diagnosis:

1. DMII
2. Proteinuria

Treatment:

1. Glibenclamide 5mg 1t po bid (#200)
2. Educate on diabetic diet, do regular exercise and foot care
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on July 23, 2010

WBC	=7.4	[4 - 11x10^9/L]	Na	=133	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=10.4	[12.0 - 15.0g/dL]	Cl	=98	[95 – 110]
Ht	=33	[35 - 47%]	BUN	=1.2	[0.8 - 3.9]
MCV	=70	[80 - 100fl]	Creat	=96	[44 - 80]
MCH	=22	[25 - 35pg]	Gluc	=11.5	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	HbA1C	=8.3	[4.0 – 6.0]
Plt	=301	[150 - 450x10^9/L]			
Lym	=3.6	[1.0 - 4.0x10^9/L]			

Patients who come for follow up and refill medicine

1. NS#RK00006, 22F (Village I)

Diagnosis:

1. Thyroidectomy

Treatment:

1. L-thyroxin 100mg 3/4t po qd (#100)
2. Calcium/Vit D 1000mg/600UI 1t po q6 (buy)
3. Draw blood for Lyte, Ca2+ at SHCH

Lab result on July 23, 2010

Na	=140	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=105	[95 - 110]
Ca2+	=0.7	[1.12 – 1.32]

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

Diagnosis:

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

Treatment:

1. Atenolol 100mg 1/2t po bid (#100)
2. Chlorpropramide 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)
6. Draw blood for Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

Lab result on July 23, 2010

Na	=135	[135 - 145]

K =3.2 [3.5 - 5.0]
Cl =98 [95 - 110]
BUN =1.7 [0.8 - 3.9]
Creat =90 [44 - 80]
Gluc =11.4 [4.2 - 6.4]
HbA1C =7.6 [4.0 – 6.0]

3. KY#RK00069, 61F (Village III)
Diagnosis:
1. DMII with PNP

Treatment:
1. Glibenclamide 5mg 1t po bid (#200)
2. Metformin 500mg 1t po bid (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 300mg 1/4t po qd (#25)
5. Amitriptylin 25mg 1/2t po qhs (#50)

4. OT#RK00155, 45F (Bor Keo)
Diagnosis:
1. HTN
2. DMII

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

5. OH#RK00230, 59F (Village III)
Diagnosis:
1. Euthyroid
2. HTN

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

6. KK#RK00231, 45F (Village I)
Diagnosis:
1. DMII

Treatment:
1. Chlorpropramide 250mg 1t po bid (buy)
2. Metformin 500mg 1t po bid (#200)
3. Captopril 25mg 1/4t po qd (buy)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on July 23, 2010

Gluc =10.6 [4.2 - 6.4]
HbA1C =12.4 [4 - 6]

7. SP#RK00238, 36F (Village I)
Diagnosis:
1. Hyperthyroidism

Treatment:
1. Draw blood for TSH and Free T4 at SHCH

Lab result on July 23, 2010

TSH	=0.005	[0.27 – 4.20]
Free T4	=>100	[12.0 – 22.0]

8. SV#RK00256, 43M (Village I)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 2t po bid (#400)

9. KC#RK00260, 44F (Village V)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 1t po qhs (#100tab)

10. TV#RK00267, 55F (Village II)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 2t po bid (#400)
2. Glibenclamdie 5mg 1t po qd (buy)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 300mg 1/4t po qd (#25)

11. VC#RK00268, 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 (buy)
4. ASA 300mg 1/4t po qd (#25)

12. SS#RK00305, 58F (IV Village)
Diagnosis:
1. DMII

Treatment:
1. Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on July 23, 2010

WBC	=7.8	[4 - 11x10^{9}/L]	Na	=140	[135 - 145]
RBC	=6.5	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=11.5	[12.0 - 15.0g/dL]	Cl	=107	[95 – 110]
Ht	=37	[35 - 47%]	BUN	=1.9	[0.8 - 3.9]
MCV	=56	[80 - 100fl]	Creat	=79	[44 - 80]
MCH	=18	[25 - 35pg]	Gluc	=9.5	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	HbA1C	=7.3	[4.0 – 6.0]
Plt	=231	[150 - 450x10^{9}/L]			
Lym	=2.3	[1.0 - 4.0x10^{9}/L]			

13. NV#RK00306, 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)

14. SH#RK00311, 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)

15. CT#RK00318, 31F (Village I)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 1t po bid (#200)
2. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on July 23, 2010

Na	=140	[135 - 145]
K	=4.3	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=0.9	[0.8 - 3.9]
Creat	=76	[44 - 80]
Gluc	=9.2	[4.2 - 6.4]
HbA1C	=7.7	[4 - 6]

16. TS#RK00320, 51M (Village V)
Diagnosis:
1. DMII

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

The next Rattanakiri TM Clinic will be held in September 2010