Telemedicine Clinic
Rattanakiri
Referral Hospital
July 2011

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

On Tuesday July 5 and Wednesday July 6, 2011, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 3 new and 1 follow up 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 7, 2011, 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: Mon, Jun 27, 2011 at 3:46 PM
Subject: July TM clinic at Rattanakiri Referral Hospital
To: Chau Rithy <chaurithy@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Kruy Lim <kruylim@yahoo.com>, Cornelia Haener <corneliahaener@sihosp.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 6, 2011 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, July 7, 2011.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 6, 2011 at 10:02 AM
Subject: Rattanakiri TM clinic July 2011, Case#1, KL#RK00360, 65F
To: "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Radiology Boston <radiologyexchange@gmail.com>, Kruy Lim <kruylim@yahoo.com>
Cc: Bernie Krisher <bernie@media.mit.edu>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

There are three new cases and one follow up case for Rattanakiri TM Clinic July 2011. This is case number 1, KL#RK00360, 65F and photos.

Best regards,
Polo/Sovann

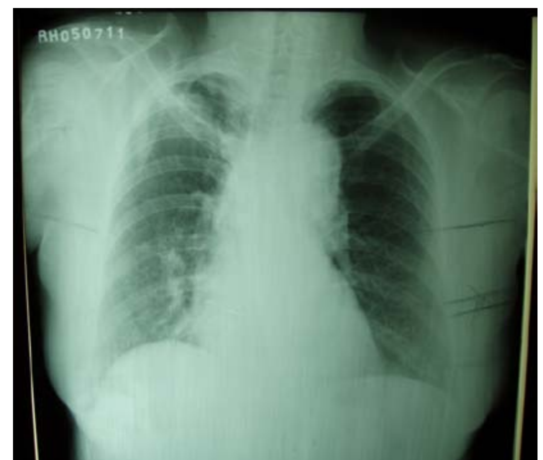
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: **KL#RK00360, 65F (Kroch Village)**

Chief Complaint: SOB x 2 months

HPI: 65F, presented with symptoms of SOB on exertion (daily activity), low grade fever, night sweating, and weight loss about 3kg/2months, poor appetite. She bought medicine from local pharmacy for several days but her symptoms not better. She denied of HA, Dizziness, chest pain, hemoptysis, nausea, vomiting, abd pain, stool with bloood, hematuria, oliguria, edema.

PMH/SH: Unremarkable



Family Hx: None

Social Hx: 6 children, chewing tobacco, no cig smoking, no alcohol drinking

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 125/79 P: 73 R: 22 T: 37°C Wt: 50kg O2sat:98%

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

Chest: Decreased breathing sound 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 lesion, palpable dorsalis pedis and posterior tibial pulse

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

Lab/Study:
RBS: 146mg/dl   U/A: normal

CXR: trachea deviated to the right side, possible nodular lesion on right apex, ??lesion along the descending aorta

Assessment:
1. PTB??

Plan:
1. Do AFB smear in local referal hospital
2. MTV 1t po qd

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

Examined by: Nurse Sovann Peng   **Date: July 6, 2011**

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: Wednesday, July 06, 2011 4:27 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM clinic July 2011, Case#1, KL#RK00360, 65F

Thank you for the consultation. I agree with your assessment and plan. Based on the CXR I would be suspicous for pulmonary TB especially in light of night sweats, fever, and weight loss. You did not mention whether she has active cough, which would be very important to know about (as she may be contageous). I would also consider cardiac disease (coronary artery disease) in the differential diagnosis, given her age. She should have an electrocardiogram.

best,

Dr. Ben Crocker

From: **Garry Choy** <garryc@gmail.com>
Date: Wed, Jul 6, 2011 at 10:15 AM
Subject: Re: Rattanakiri TM clinic July 2011, Case#1, KL#RK00360, 65F
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>
Cc: "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Radiology Boston <radiologyexchange@gmail.com>, Kruy Lim <kruylim@yahoo.com>, Bernie Krisher <bernie@media.mit.edu>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,
From the radiology perspective for Case #1 (KL#RK00360), the CXR demonstrates opacity in the RUL and R lower lung zone c/w signs of TB. RUL opacity may be chronic but superimposed acute consolidation definitely possible in this clinical context. No effusions. Prominent mediastinum with underlying adenopathy possible.
best regards,

Garry
iRadX.org - International Radiology Exchange
MGH Radiology

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jul 6, 2011 at 10:04 AM
Subject: Rattanakiri TM Clinic July 2011, Case#2, PB#RK00361, 37M
To: Kruy Lim <kruylim@yahoo.com>, Rithy Chau <rithychau@sihosp.org>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>
Cc: Bernie Krisher <bernie@media.mit.edu>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 2, PB#RK00361, 37M and photo.

Best regards,
Polo/Sovann

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

Patient: **PB#RK00361, 37M (Deylo Village)**

Chief Complaint: Convulsion x 27y

HPI: 37M, farmer, presented with history of 27y seizure. When he was 14y old, he was hit by his brother onto his head, which cause him unconscious. About 1y later, he presented with tonic clonic seizure without aura, with unconsciousness, he became awake in about 5min, no urine/stool incontinence. He does not remember the seizure event during each attack. The frequency of attack increased so he got treatment from local hospital with

Phenobarbital 100mg 1t po qd then his seizure decreased in frequency but he still has the seizure attack. In May 2011, he has three attacks of seizure.

PMH/SH: Unremarkable

Family Hx: No history of Epilepsy in family member

Social Hx: Single, smoking 1pack of cig/d, no alcohol drinking

Medication:
1. Phenobarbital 100mg 1t po qd

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 108/72 P: 69 R: 20 T: 37°C Wt: 54kg O2sat:98%

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

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

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

Extremities/Skin: No leg edema, no lesion, palpable dorsalis pedis and posterior tibial pulse

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

Lab/Study: None

Assessment:
1. Epilepsy

Plan:
1. Phenobarbital 100mg 1t po bid
2. Take measure to prevent injury during seizure

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

Examined by: Nurse Sovann Peng **Date: July 6, 2011**

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

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jul 6, 2011 at 10:06 AM
Subject: Rattanakiri TM Clinic July 2011, CK#RK00362, 39M
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 <bernie@media.mit.edu>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 3, CK#RK00362, 39M and photo.

Best regards,
Sovann

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

Patient: CK#RK00362, 39M (Beysrok Village)

Chief Complaint: Polyuria, polyphagia x 1mon

HPI: 39M, farmer, with previous history of 4y DMII and got treatment with Meftormin 1000mg qd and Glimepiride 2mg qd. In May 2011, he was not afford to buy medicine so he missed it which cause him with symptom of polyuria, polyphagia, polydypsia, and fatigue. On June 25, 2011, he went to consult with local hospital and AFB smear done with positive result so he was treated with TB drugs and BS: 348mg/dl. He was advised to consult with Telemedicine about his DMII. He denied of fever, palpitation, chest pain, numbness or tingling on extremities, foot wound, edema.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Smoking 1pack of cig/d, casual alcohol drinking

Medication: None (in the past two months, he took Metformin 1000mg and Glimepiride 2mg

Allergies: NKDA

ROS:

PE:
Vital Signs: BP: 124/87 P: 118 R: 20 T: 37°C Wt: 55kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

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

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

Extremities/Skin: No leg edema, no lesion, palpable dorsalis pedis and posterior tibial pulse, no foot wound

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

Lab/Study:

Creat: 2.0 (0.6 – 1.1)
Glucose: 348mg/dl

Finger stick blood sugar: 585mg/dl U/A: protein trace, gluco 3+

Assessment:

1. DMII
2. PTB

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Got TB treatment from local hospital
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for Creat, gluc and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng **Date: July 6, 2011**

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

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From: Fang, Leslie S.,M.D.
Sent: Wednesday, July 06, 2011 4:35 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM Clinic July 2011, CK#RK00362, 39M

Metformin should not be used in the setting of renal dysfunction because of drug accumulation and the higher likelihood of lactic acidosis. However, if his creatinine comes down to normal range with hydration, it can be resumed. agree with the remainder of the plan

Leslie Fang, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jul 6, 2011 at 10:12 AM
Subject: Rattanakiri TM Clinic July 2011, Case#4, MC#RK00342, 52F
To: Radiology Boston <radiologyexchange@gmail.com>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>
Cc: Bernie Krisher <bernie@media.mit.edu>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is the last case for Rattanakiri TM Clinic July 2011, Case number 4, MC#RK00342, 52F. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly.

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

Best regards,
Polo/Sovann

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

Patient: MC#RK00342, 52F (Village III, Labansirk commune)

Subject: 52F was seen in July 2010 and diagnosed with UTI and treated with Ciprofloxacin. In these few months, she presented with joint pain, swelling, stiffness, which affected on joints as right elbow, left knee, right DIP, right PIP, and right wrist. She went to consult in private clinic and blood test show mild elevated uric acid and treated with Allopurinol 100mg qd and Ibuprofen 400mg bid, which help her with less pain, and she can move her extremities. She also noticed the symptoms of mild swelling of face, and extremity, dizziness, palpitation and blurred vision, epigastric burning pain during hungry, burping with sour taste, radiated to the back. She denied of vomiting, black/bloody stool.

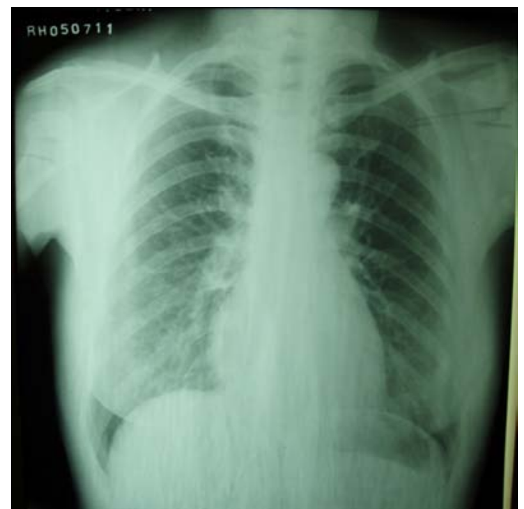
Medication:
1. Allopurinol 100mg 1t po qd
2. Ibuprofen 400mg 1t po bid

Allergies: NKDA

Object:
Vital Signs: BP: 101/72 P: 77 R: 20 T: 37°C Wt: 54Kg

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 distension, (+) BS, no HSM, no surgical scar

Extremities/Skin: Mild tender on elbow and knee joint, no swelling, no redness, no warmth, no stiffness

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

Lab/Study:

U/A protein, leukocyte 1+

CXR attached

Assessment:

1. Osteoarthritis
2. Dyspepsia

Plan:

1. Paracetamol 500mg 1-2t po qid prn
2. Pain relief with warmth compression
3. Famotidine 20mg 1t po qhs for one months

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

Examined by: Nurse Sovann Peng **Date: July 6, 2011**

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

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From: **Garry Choy** <garryc@gmail.com>
Date: Wed, Jul 6, 2011 at 10:20 AM
Subject: Re: Rattanakiri TM Clinic July 2011, Case#4, MC#RK00342, 52F
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>
Cc: Radiology Boston <radiologyexchange@gmail.com>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, Bernie Krisher <bernie@media.mit.edu>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,
The radiograph for MC#RK00342 demonstrates no focal lung consolidations, no effusions, and no adenopathy.

Best regards
Garry
iRadX.org

From: "Fang, Leslie S.,M.D." <LFANG@PARTNERS.ORG>

Date: July 6, 2011 6:04:23 PM EDT

To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>

Subject: RE: Rattanakiri TM Clinic July 2011, Case#4, MC#RK00342, 52F

Agree completely with plans

Leslie Fang, MD

Thursday, July 7, 2011

Follow-up Report for Rattanakiri TM Clinic

There were 3 new patient and 1 follow up patient seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 4 cases was transmitted and received replies from both Phnom Penh and Boston, and 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 2011

1. KL#RK00360, 65F (Kroch Village)
Diagnosis:
1. PTB??

Treatment:
1. Do AFB smear in local referal hospital
2. MTV 1t po qd (#60)

2. PB#RK00361, 37M (Deylo Village)
Diagnosis:
1. Epilepsy

Treatment:
1. Phenytoin 100mg 1/4t po bid (buy)
2. Take measure to prevent injury during seizure

3. CK#RK00362, 39M (Beysrok Village)
Diagnosis:
1. DMII
2. PTB

Treatment:

1. Metformin 500mg 1t po bid (#200)
2. Glibenclamide 5mg 1t po bid (#200)
3. Got TB treatment from local hospital
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for Creat, gluc and HbA1C at SHCH

Lab result on July 8, 2011

Creat	=97	[53 - 97]
Gluc	=16.5	[4.2 - 6.4]
HbA1C	=12.17	[4 - 6]

4. MC#RK00342, 52F (Village III, Labansirk commune)
Diagnosis:
1. Osteoarthritis
2. Dyspepsia

Treatment:
1. Paracetamol 500mg 1-2t po qid prn
2. Pain relief with warmth compression
3. Famotidine 20mg 1t po qhs for one month (#30)

Patients who came for follow up and refill medicine

1. NH#RK00010, 55F (Village III)
Diagnosis:
1. HTN
2. DMII
3. VHD (AI/MR)

Treatment:
1. Atenolol 50mg 1t po bid (#200)
2. Chlorpropramide 250mg 1t po bid (buy)
3. HCTZ 50mg 1t po qd (#100)
4. Captopril 25mg 1t po bid (buy)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on July 8, 2011

Gluc	=9.8	[4.2 - 6.4]
HbA1C	=7.53	[4 – 6]

2. 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)

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

Treatment:
1. Metformin 500mg 2t po bid (#400)
2. Captopril 25mg 1/2t po bid (#buy)

3. Atenolol 50mg 1/2t po bid (buy)
4. ASA 300mg ¼t po qd (#25)
5. Amitriptylin 25mg 1/2t po qhs (#50)
6. Insulin NPH 23UI qAM and 5UI qPM

4. CO#RK00188, 42F (Village I)
Diagnosis:
1. Hyperthyroidism
2. Dyspepsia

Treatment:
1. Draw blood for free T4 at SHCH
2. Propranolol 40mg 1/4t po bid (#20)
3. Famotidine 20mg 1t po qhs (buy)

Lab result on July 8, 2011

Free T4=15.64 [12.0 – 22.0]

5. 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)

6. SV#RK00256, 43M (Village I)
Diagnosis:
1. DMII
2. HTN
3. Hypertriglyceridemia

Treatment:
1. Glibenclamide 5mg 1t po bid (100)
2. Metformin 500mg 2t po bid (#200)
3. Captopril 25mg 1/4t po bid (buy)
4. Fenofibrate 100mg 1t po qd (buy)

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

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

8. VC#RK00268, 66M (Bey Srok Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Metformin 500mg 2t po qAM and 3t qPM (250)
2. Glibenclamide 5mg 2t po bid (#200)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 300mg 1/4t po qd (#25)

9. SS#RK00299, 46F (Thmey Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2tab bid (#200)
2. Captopril 25mg 1/4 tab bid (buy)

10. NV#RK00306, 25M (Thmey Village)
Diagnosis:

1. DM

Treatment:

1. Glibenclamide 5mg 2t po bid (#400)
2. Captopril 25mg 1/4t po qd (buy)
3. ASA 300mg 1/4t po qd (buy)

11. 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)

12. CT#RK00318, 31F (Village I)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid (#200)

13. TS#RK00320, 51M (Village V)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid (#200)

14. NL#RK00328, 38F (Tus Village, Ta Ang)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1tab bid one month (#200)

15. 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 (#200)
3. Atenolol 50mg 1/2t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptylin 25mg 1/4t po qhs (buy)

16. NS#RK00356, 60F (Village I, Kachagn)
Diagnosis:

1. DMII with PNP
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#200)
2. Metformin 500mg 1t po bid (#200)
3. Captopril 25mg 2t po bid (buy)
4. HCTZ 50mg 1/2t po qd (#50)
5. ASA 81mg 1t po qd (buy)
6. Fenofibrate 100mg 1t po qhs (buy)
7. Amitriptylin 25mg 1/2t po qhs (buy)

The next Rattanakiri TM Clinic will be held in September 2011