

Robib and Telemedicine



DANA-FARBER/PARTNERS
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HARVARD
MEDICAL SCHOOL

Telemedicine Clinic in Robib, Cambodia September 12, 2001

Report submitted by David Robertson

Date: Wed, 12 Sep 2001 06:51:00 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Cambodia Telemedicine Clinic - 12 September - text #1

To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
ggumley@bigpond.com.kh

Cc: dmr@media.mit.edu, bernie@media.mit.edu, sihosp@bigpond.com.kh,
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please reply to <dmr@media.mit.edu>

Dear Dr. Kvedar and Kathleen/Telepartners,

Dear Dr. Gumley,

Attached is the text of Nurse Montha's examinations at today's Robib Telemedicine Clinic.

JPG attachments will follow in several more e-mail messages.

Thanks for your help.

Best regards,

David

PS Dr. Kvedar and Kathleen, I will try to log on to the Telepartners site with some of the cases after I send everything first by e-mail, time and generator permitting. If I do not get cases entered via the website tonight, I could try inputting some of the data again from Phnom Penh at the end of this week.

Telemedicine Clinic in Robib, Cambodia – 12 Sept. 2001

Please reply to David Robertson <dmr@media.mit.edu>

We are looking for advice on the following patients. Most helpful if e-mail advice could be received in Cambodia by 7:00AM, September 13 (8:00pm, September 12, in Boston.) I will download e-mail at that time. Nurse Montha will discuss your recommendations with the patients in a follow-up clinic during the morning of September 13.

We plan to depart Robib at 12:00pm on September 13 and could transport patients to Kampong Thom Hospital or hospitals in Phnom Penh if a physician recommends by e-mail

that we do so. With a long holiday weekend in Cambodia approaching, any transport out of the village might be best done on the 13th and outpatient hospital exams on the 14th.

Advice that arrives after we depart Robib village is still welcome. The less urgent cases will return to the next Robib Telemedicine Clinic for follow up (dates are October 11 & 12.)

Patient # 1: PHENG ROEUNG, female, 56 years old



Note: Patient at three previous Telemedicine clinics.

Chief complaint: Still has shortness of breath (at rest and on exertion,) palpitations and dizziness.

BP: 160/70

Pulse: 150

Resp.: 30

Temp. : 37

Past history: Patient was seen at SHCH on 17 August 2001. The doctor at Sihanouk Hospital thought that she had dyspepsia and vertigo and put her on Tums and Promethazine. The doctor said if she is not better, patient could return to the hospital.

Lungs: clear both sides

Heart: regular rhythm, no murmur, and positive trill, tachycardia HR 150.

Abdomen: soft, flat, not tender, and no mass.

Bowel sound: positive

Skin: warm to touch, no dehydration signs, no rash.

Neck: has small mass, size 2 x 2 cm.

Assessment: Toxic goiter? Mild hypertension.

Recommend: Should we refer her again to SHCH for blood work, EKG, and chest x-ray?

NOTE from David: This patient has been seen at 4 clinics now. Initially she was hospitalized at Kampong Thom and most recently was seen at SHCH last month. What is the next step in her treatment? Patient does not look like she is getting better. I noticed that her throat area was palpating strongly during her exam.

If she is being referred back to SHCH, may she have an appointment this Friday morning, 14 September? Asking for that date because of the upcoming long holiday period and this patient could have free transport to Phnom Penh when we return tomorrow evening.

Patient # 2: PHIM SICCHIN, female, 35 years old



Note: Previous Telemedicine patient

Chief complaint: Still pale, shortness of breath all the time, weakness, palpitations.

BP: 100/60

Pulse: 100

Resp.: 40

Temp. : 37.5

Past history (notes from August clinic): We have seen this previous Telemedicine patient at two other clinics. The assessment then was valvular heart disease, anemia, and hepatitis. Two months ago she was admitted to Kampong Thom Hospital for 10 days. They gave her a blood transfusion of two units for her anemia and gave her some medication like ASA and vitamin.

Past history (notes from today's clinic): In July, I did a reassessment and suggested to Dr. Jennifer that we refer the patient to our hospital but Dr. Hines did not agree to my idea. She suggested putting her on Furosemie 20mg q 12 and Albendazole. We gave the meds but her situation is still not better, paleness has increased.

Urinalysis: negative

Lungs: clear both sides

Heart: regular rhythm, positive mild murmur

Abdomen: positive splenomegalie about 4 cm and pain on left upper quadrant. Not tender.

Bowel sound: positive

Skin: pale, warm to touch, no rash, no edema

Assessment: Anemia secondary from Malaria. Valvular Heart Disease? Parasitis? Aplastic Anemia?

Recommend: May we refer her to our hospital in Phnom Penh for tests?

Patient # 3: PANG LY, male, 37 years old



Chief complaint: Edema all over the body on and off for one year, persistent edema for the last seven days. Upper epigastric pain on and off for four years. Sometimes cough up with sputum.

BP: 120/80

Pulse: 88

Resp.: 20

Temp. : 36.5



Past history: Unremarkable. (+ smoking, + alcohol, but stopped two years ago)

Lungs: left lower quadrant has Rhoncit, right side clear

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, no mass

Bowel sound: positive

Skin: warm to touch, no rash, no edema, no dehydration signs, not pale

Legs and arms: + pitting edema

Face: mild edema

Urinalysis: negative

Assessment: Nephrotic Syndrome? Chronic Renal Failure? Left side bronchitis. Dyspepsia.

Recommend: Chest x-ray, EKG, some blood work, urine microscopic.

Should we refer him to Kampong Thom Hospital?

Patient # 4: CHOURB CHOK, male, 31 years old



Chief complaint: Weakness, can't walk. All fingers, toes, and joints painful for one year.

BP: 130/70
Pulse: 120
Resp.: 20
Temp. : 36.5

Past history: Unremarkable. Previously smoked for six years but stopped two years ago.

Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, no mass, and no pain
Bowel sound: positive
Skin: not pale, warm to touch, no rash
Joints: toes, fingers, ankles, wrists + pain, not swollen, + contraction
Urinalysis: negative

Assessment: Polyarthritis? Muscle deficiency?

Recommend: Do some blood work, some x-rays of fingers and toes. Should we refer him to Kampong Thom Hospital?



Patient # 5: TOT SOK, female, 45 years old



Chief complaint: Epigastric pain radiating to chest and throat for seven months. Sometimes burps.

BP: 110/70
Pulse: 88
Resp.: 20
Temp. : 36.5

Past history: Unremarkable.

Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender, mild epigastric pain after meal
Bowel sound: positive
Skin: not pale, warm to touch, no rash
Legs and arms: no edema
Joints: no pain, not swollen, not stiff

Assessment: Dyspepsia.

Recommend: Should we treat her in the village? Please give me the name of the medication if you agree.

Patient # 6: KHORN SOKHOM, male, 41 years old



Chief complaint: Abdominal distension and pain for 20 days. Dry cough on and off for four years. Both legs edema for seven days.

BP: 110/60
Pulse: 120
Resp.: 26
Temp. : 36.5

Past history: Unremarkable but drinks alcohol and smokes.

Lungs: Decreasing breath sound on both lower sides. Top both sides clear.

Heart: regular rhythm, murmur (mild) at apex

Abdomen: positive tender, has a few burn wounds, soft, positive hepatosplenomegalie, mild pain

Bowel sound: positive

Skin: not pale, warm to touch, a few small burn wounds on abdomen



Legs: both sides positive pitting edema.

Genitals: Right scrotum swollen but no pain

Urinalysis: Bilirubine +, urobilinogen large

Assessment: Ascitis? Cirrhosis? Hepatitis? Both pleural effusion secondary to pulmonary TB. Valvular Heart Disease? Right hernia.

Recommend: Suggest heart and abdominal ultrasound, some blood tests, chest x-ray, exam for AFB, urine microscope. Should we refer him to Kampong Thom Hospital?



Patient # 7: CHHIM HOY, female, 31 years old

Chief complaint: Palpitations, poor appetite, epigastric pain for one month.

BP: 110/70
Pulse: 100
Resp.: 20
Temp. : 36.5

Past history: Unremarkable.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: Soft, flat and not tender. Epigastric pain after meal.



Bowel sound: positive
Skin: skinny, not pale, warm to touch, no rash
Urinalysis: negative

Assessment: Malnutrition. Dyspepsia.

Recommend: Should we treat in the locale? Please give me the name of the medication if you agree.

Patient # 8: ROS IM, female, 45 years old



Chief complaint: Shortness of breath when lying down, chest tightness and palpitations for three months. Mass on anterior neck, size about 6 x 4 cm, for four years. Epigastric pain for four months. Coughing on and off for six months

BP: 130/70
Pulse: 120
Resp.: 26
Temp. : 36.5

Past history: 1976 had malaria, lost weight and sweat at night.

Lungs: right upper crackle, left side clear

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, no mass, epigastric pain after meal

Bowel sound: positive

Skin: not pale, warm to touch, no rash

Legs and arms: no edema

Joints: normal

Neck: has a mass, size 6 x 4 cm, mobile.



Assessment: Pulmonary TB? Toxic Goiter? Dyspepsia.

Recommend: Chest x-ray, some blood work (TSH, T4,) neck ultrasound. Should we refer her to SHCH? (Kampong Thom Hospital cannot treat or perform surgery for goiters.)

Patient # 9: TEAM SOKONG, female, 33 years old



Chief complaint: Mass on the anterior neck for three years. Tremor, neck tender, headache on and off for three years.

BP: 100/60
Pulse: 100
Resp.: 20
Temp. : 36.5

Past history: Unremarkable.

Lungs: clear both sides

Heart: regular rhythm, no murmur, and no trill

Abdomen: soft, flat, no mass, and not tender

Bowel sound: positive

Skin: not pale, warm to touch, no rash

Neck: has a mass, size 3 x 4 cm.

Legs: normal

Tremor: on head and arm.

Assessment: Toxic goiter?

Recommend: Do some blood work like TSH and T4 in SHCH.
Should we refer her to our hospital or not?

Patient # 10: CHAM OUT, male, 70 years old



Chief complaint: Mild fever, headache, and weakness the last five days.

BP: 110/60

Pulse: 76

Resp.: 20

Temp. : 37

Past history: Unremarkable.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: Mild pain on left upper abdomen. Soft, flat, no mass.

Bowel sound: positive

Skin: Pale, warm to touch, no rash, mild signs of dehydration

Assessment: Malnutrition. Tension headache.

Recommend: Encourage him to drink and eat. Can I give any Paracetamol and multi-vitamins to him here in the village for releasing headache?

Patient # 11: IM DOEUN, female, 48 years old



Chief complaint: Big mass on the epigastric area for three years. Mass became painful in the last four days. Headache and neck tender on and off for two years.

BP: 190/130

Pulse: 72

Resp.: 22

Temp. : 37

Past history: In 1979, she had malaria, but was cured very well with modern medicine.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: has a mass on epigastric area, size about 12 x 10 cm, mass is hard and not mobile. Rest of abdomen is okay.

Bowel sound: positive

Skin: Positive pale, warm to touch, no rash

Assessment: Severe hypertension. Head pancreatic tumor?
Gastric tumor?

Recommend: Abdominal ultrasound, EKG, some blood tests, discuss with surgeon for evaluation about mass. Should we refer her to Kampong Thom Hospital ?

From: "Graham Gumley " <ggumley@bigpond.com.kh>

To: "David Robertson" <dmr@media.mit.edu>

Subject: SHCH reply

Date: Wed, 12 Sep 2001 23:28:43 +0700

Dear David and Montha,

Reply attached.

Good work!

Graham

Telemedicine Clinic in Robib Cambodia 12 Sept -- reply. 2001.doc

Patient # 1: PHENG ROEUNG, female, 56 years old

Note: Patient at three previous Telemedicine clinics.

Chief complaint: Still has shortness of breath (at rest and on exertion,) palpitations and dizziness.

Assessment: Toxic goiter? Mild hypertension.

Recommend: Should we refer her again to SHCH for blood work, EKG, and chest x-ray?

SHCH Recommendation 12-9-01:

Review as above at SHCH Friday

Patient # 2: PHIM SICCHIN, female, 35 years old

Note: Previous Telemedicine patient

Chief complaint: Still pale, shortness of breath all the time, weakness, palpitations.

Assessment: Anemia secondary from Malaria. Valvular Heart Disease? Parasitosis? Aplastic Anemia?

Recommend: May we refer her to our hospital in Phnom Penh for tests?

SHCH Recommendation 12-9-01:

Review as above at SHCH Friday

Patient # 3: PANG LY, male, 37 years old

Chief complaint: Edema all over the body on and off for one year, persistent edema for the last seven days. Upper epigastric pain on and off for four years. Sometimes cough up with sputum.

Assessment: Nephrotic Syndrome? Chronic Renal Failure? Left side bronchitis. Dyspepsia.

Recommend: Chest x-ray, EKG, some blood work, urine microscopic.

Should we refer him to Kampong Thom Hospital?

SHCH Recommendation 12-9-01: Refer to Kampong Thom for evaluation

Patient # 4: CHOURB CHOK, male, 31 years old

Chief complaint: Weakness, can't walk. All fingers, toes, and joints painful for one year.

Assessment: Polyarthritis? Muscle deficiency?

Recommend: Do some blood work, some x-rays of fingers and toes. Should we refer him to Kampong Thom Hospital?

SHCH Recommendation 12-9-01: Refer to Kampong Thom for initial workup. Will need CBC/ESR, alkaline phosphatase, CXR and joint x-rays. Could blood be drawn for Rheumatoid Factor and sent to Pasteur if not possible to do in K Thom? The x-rays and labs could be reviewed in K Thom and sent to SHCH for evaluation prior to next Telemedicine clinic.

Patient # 5: TOT SOK, female, 45 years old

Chief complaint: Epigastric pain radiating to chest and throat for seven months. Sometimes burps.

Past history: Unremarkable.

Assessment: Dyspepsia.

Recommend: Should we treat her in the village? Please give me the name of the medication if you agree.

SHCH Recommendation 12-9-01: Has she tried antacids at all? What was the response?

What antacid were we able to procure locally last clinic? If she has not yet tried antacids we should try this first and review next clinic.....Tums or equivalent would be suitable

Patient # 6: KHORN SOKHOM, male, 41 years old

Chief complaint: Abdominal distension and pain for 20 days. Dry cough on and off for four years. Both legs edema for seven days.

Assessment: Ascitis? Cirrhosis? Hepatitis? Both pleural effusion secondary to pulmonary TB.

Valvular Heart Disease? Right hernia.

Recommend: Suggest heart and abdominal ultrasound, some blood tests, chest x-ray,

exam for AFB, urine microscope. Should we refer him to Kampong Thom Hospital?

SHCH Recommendation 12-9-01: Refer to Kampong Thom for evaluation including ultrasound, liver function tests CXR and sputum for AFBs.

Patient # 7: CHHIM HOY, female, 31 years old

Chief complaint: Palpitations, poor appetite, epigastric pain for one month.

Assessment: Malnutrition. Dyspepsia.

Recommend: Should we treat in the locale? Please give me the name of the medication if you agree.

SHCH Recommendation 12-9-01: Will discuss with Dr. Hines in am and reply further.(GG)

Patient # 8: ROS IM, female, 45 years old

Chief complaint: Shortness of breath when lying down, chest tightness and palpitations for three months. Mass on anterior neck, size about 6 x 4 cm, for four years. Epigastric pain for four months. Coughing on and off for six months

Assessment: Pulmonary TB? Toxic Goiter? Dyspepsia.

Recommend: Chest x-ray, some blood work (TSH, T4,) neck ultrasound. Should we refer her to SHCH? (Kampong Thom Hospital cannot treat or perform surgery for goiters.)

SHCH Recommendation 12-9-01: Refer to SHCH for evaluation

Patient # 9: TEAM SOKONG, female, 33 years old

Chief complaint: Mass on the anterior neck for three years. Tremor, neck tender, headache on and off for three years.

Assessment: Toxic goiter?

Recommend: Do some blood work like TSH and T4 in SHCH. Should we refer her to our hospital or not?

SHCH Recommendation 12-9-01: Refer to SHCH ... however not as urgent so could come to hospital in two weeks after (public holiday)

Patient # 10: CHAM OUT, male, 70 years old

Chief complaint: Mild fever, headache, and weakness the last five days.

Assessment: Malnutrition. Tension headache.

Recommend: Encourage him to drink and eat. Can I give any Paracetamol and multi-vitamins to him here in the village for releasing headache?

SHCH Recommendation 12-9-01: What is his weight? Is he wasted? What is his urinalysis?

Agree with plan for meds and vitamins.

Patient # 11: IM DOEUN, female, 48 years old

Chief complaint: Big mass on the epigastric area for three years. Mass became painful in the last four days. Headache and neck tender on and off for two years.

Assessment: Severe hypertension. Head pancreatic tumor? Gastric tumor?

Recommend: Abdominal ultrasound, EKG, some blood tests, discuss with surgeon for evaluation about mass. Should we refer her to Kampong Thom Hospital ?

SHCH Recommendation 12-9-01: Refer to Kampong Thom for evaluation with Abdominal x-ray and ultrasound plus CBC and CXR.

They may then consider referral to SHCH depending on the results of the tests.
