

# **Robib *Telemedicine* Clinic**

## **Preah Vihear Province**

**A P R I L 2 0 1 2**

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

On Monday, April 2, 2012, SHCH staffs Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), April 3 & 4, 2012, the Robib TM Clinic opened to receive the patients for evaluations. There were 5 new cases and 2 follow up cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, April 4 & 5, 2012.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, and SHCH, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Sovann Peng at SHCH who compiled and sent for website publishing.

**The followings detail e-mails and replies to the medical inquiries communicated between Robib TM Clinic and their TM partners in Phnom Penh and Boston:**

**From:** [Robibtelemed](#)

**To:** [Cornelia Haener](#) ; [Kathy Fiamma](#) ; [Kruy Lim](#) ; [Rithy Chau](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Robib School 1](#) ; [Savooun Chhun](#)

**Sent:** Monday, March 26, 2012 9:28 AM

**Subject:** Schedule for Robib Telemedicine Clinic April 2012

Dear all,

I would like to inform you that Robib TM Clinic for April 2012 will be starting on April 2 - 6, 2012.

The agenda for the trip is as following:

1. On Monday April 2, 2012, driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday April 3, 2012, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as the word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday April 4, 2012, the activity is the same as on Tuesday
4. On Thursday April 5, 2012, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday April 6, 2012, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,  
Sovann

**From:** Robibtelemed [mailto:robibtelemed@gmail.com]

**Sent:** Tuesday, April 03, 2012 4:32 PM

**To:** Rithy Chau; Kruy Lim; Kathy Fiamma; Paul Heinzelmann; Joseph Kvedar

**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach

**Subject:** Robib Telemedicine Clinic April 2012, Ke Bon, 71M

Dear all,

There are two new cases and one follow up case for Robib TM Clinic April 2012. This is case number 1, Ke Bon, 71M and photos.

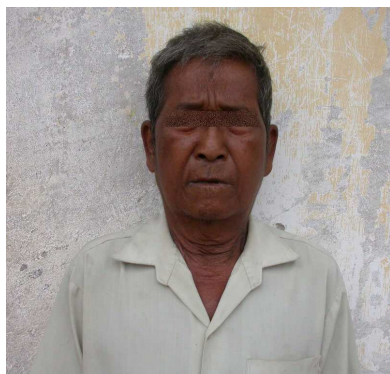
Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Ke Bon, 71M (Thnout Mlou Village)

**Chief Complaint (CC):** Skin rash x 5 years

**History of Present Illness (HPI):** 71M presented with papular skin rash around the anterior neck with itchy, no pustule, no fever, He scratched and the rash presented with exudate and he was told by local health care worker that he has had eczema and treated with steroid

injection every 2 months which cause his face swelling. The lesion got better for a while then recur again. He also took traditional medicine for the treatment. In this month, he applied with cream for eczema (unknown name) and scaly skin peeled out. He denied of chemical contact, skin lesion in other location.



**Past Medical History (PMH):** Unremarkable

**Family History:** Grand daughter with eczema

**SH:** Smoking 10cig/day, Casually alcohol drinking

**Current Medications:** Traditional medicine and cream for skin lesion (unknown name) apply on the rash

**Allergies:** NKDA

**Review of Systems (ROS):** no dyspnea, no orthopnea, no chest pain, no legs edema, normal appetite, normal bowel movement

**PE:**

**Vitals:** BP: 136/88 P: 91 R: 20 T: 37oC

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no lymph node palpable, no JVD; erythema skin rash with scaly skin on anterior neck (see photos), no skin rash in other location

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, 2+ crescendo systolic murmur, loudest at aortic area

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

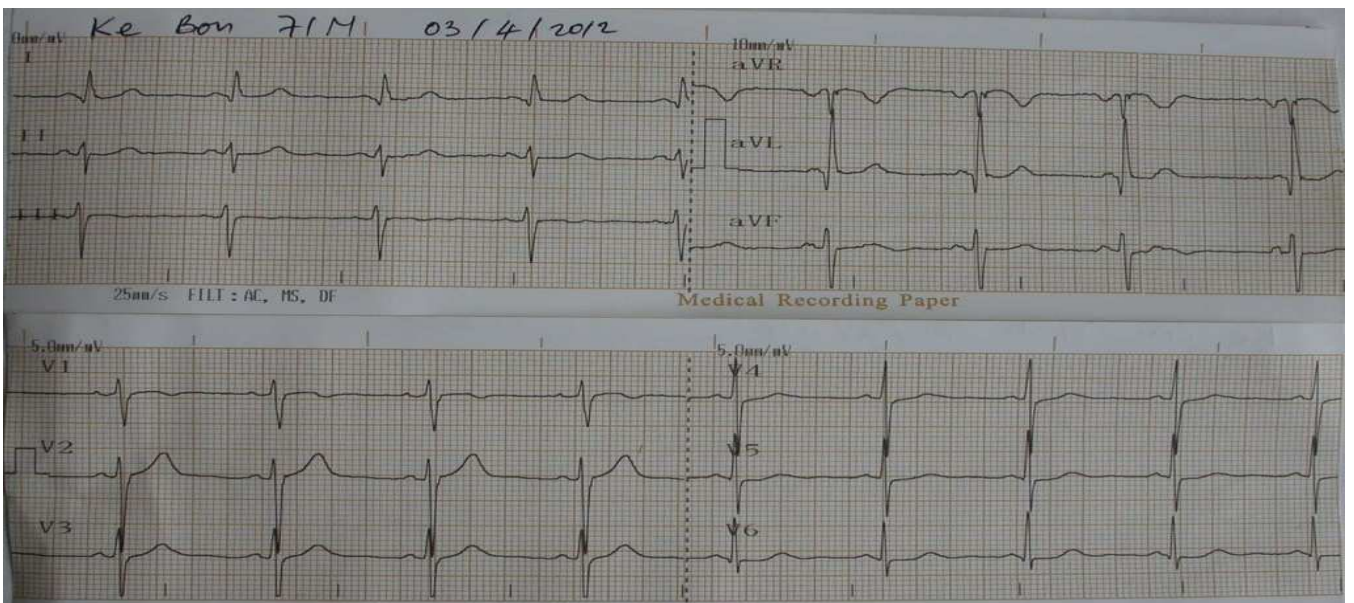
**Extremity:** No legs edema, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/study:**

FBS: 93mg/dl

EKG attached



**Assessment:**

1. Eczema?
2. Dermatitis?
3. Valvulo-heart disease?

**Plan:**

1. Fluocinonide cream apply bid until rash done
2. Cetirizine 10mg 1t po qd for itchy
3. Send to Kg Thom referral hospital for CXR

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: April 3, 2012**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](#)

**To:** '[Robibtelemed](#)'

**Cc:** '[Kruy Lim](#)'

**Sent:** Wednesday, April 04, 2012 9:34 AM

**Subject:** RE: Robib Telemedicine Clinic April 2012, Ke Bon, 71M

Dear Sovann,

Thanks for the cases this week.

Good idea to send him for CXR especially with a heart murmur, but a normal ECG. I think the lesions have a post-blister, bullae-like appearance on his neck and on his knees (?) and this kind of lesions may be from an infection or immune problem or drug reaction sequelae or contact dermatitis. Do these rashes appear intermittently and if so how often did they appear throughout the month or the year? Ask him to come in next month, but especially to come to us right away when the rashes appear again; either that or he can have someone to take some good photos (can use phone camera) of the lesions when you are not there on the spot.

What is his O2 sat? What is his profession?

Instruct him on tobacco smoking cessation and stop all the traditional meds including topical application. I would not just yet give any steroid cream, but can give some sun lotion cream or silvadene cream with calamine lotion to apply bid to qid. You can give diphenhydramine for night time itching. Check his CBC, ESR, chem, creat, LFT. Treat him also for worm infection if med available.

Rithy

**From:** Robibtelemed [mailto:robibtelemed@gmail.com]

**Sent:** Tuesday, April 03, 2012 4:34 PM

**To:** Cornelia Haener; Kruy Lim; Joseph Kvedar; Paul Heinzelmann; Kathy Fiamma; Rithy Chau

**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach

**Subject:** Robib Telemedicine Clinic April 2012, Case#2, Srey Phai, 52F

Dear all,

This is case number 2, Srey Phai, 52F and photos.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Srey Phai, 52F (Bos Village)

**Chief Complaint (CC):** Infected wound on right hand x 2 weeks

**History of Present Illness (HPI):** 52F had stick on right palm with sharp part of wood that she used for cooking. She removed it out and in next day she noticed it became erythema with pain and 3days later, the whole right hand became swelling, erythema and pain with axillary lymph node palpable, fever. She got treatment from traditional healer with traditional medicine applied on the lesion. One week later the lesion got worse with severe pain, swelling and fever, she decide to come to local health center and got I & D with a lot of pus come out and treated with Penicillin 6M units IM q8h, Metronidazole 250mg 2t q8h, MTV 1t bid and Paracetamol 500mg 1t qid. She has stayed in local health center for 3days, and it got a bit better with less pain, swelling, no fever.

**Past Medical History (PMH):** Unremarkable

**Family History:** no DM, no HTN, no heart disease

**SH:** Farmer, no cig smoking, no tobacco chewing, no EtOH

**Current Medications:**

1. Penicillin 6M units IM q8h
2. Metronidazole 250mg 2t q8h
3. MTV 1t bid
4. Paracetamol 500mg 1t qid

**Allergies:** NKDA

**Review of Systems (ROS):** No cough, no dizziness, no GI problem, no bloody/mucus stool



**PE:**

**Vitals: BP: 109/65**

**P: 68**

**R: 20 T: 37oC**

**Wt: 40Kg**

**General:** Stable

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

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

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

**Extremity/Skin:** Right hand, wound about 2 x 4cm on the palm with death and necrotizing tissue, pus, whole hand with swelling, erythema, mild odor, and moderate tender, (+) radial pulse

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

**Lab/study:**

FBS: 100mg/dl

**Assessment:**

1. Right hand infected wound

**Plan:**

1. Augmentin 625mg/5cc 10cc bid for 10d
2. Metronidazole 250mg 2t po tid
3. Ibuprofen 200mg 2t po tid for 5d
4. MTV 1t po bid
5. Get specimen for Gram stain and culture at SHCH
6. Clean wound daily with NSS, if not better in 3d, refer to referral hospital



**Labs available locally:** Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** April 3, 2012

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](#)  
**To:** 'Robibtelemed'  
**Cc:** 'Cornelia Haener'; 'Kruy Lim'  
**Sent:** Wednesday, April 04, 2012 10:12 AM  
**Subject:** RE: Robib Telemedicine Clinic April 2012, Case#2, Srey Phai, 52F

Dear Sovann,

You told me the story of the palm of right hand, but you did not mention anything about the dorsum of both hands which you included in the photos? If it was just a hand injury due to the puncturing of the wooden object, then I think she needs just cleaning of the wound; maybe she needs to have an exploration of possible wood debris inside her hand. X-rays of the hand may show this if cannot explore surgically.

If no fomite or wood debris inside the wound, then it needs better debridement cutting off all the necrotic tissues and skin, then dress with concentrated sugar soln (1kg/0.5L water boiled until totally dissolve) or honey daily with sterile gauze. Give Augmentin 1g tid for 10-14d and Ibuprofen 600mg tid for 5d then prn pain/swelling. Since it is an open wound, I don't think you need any metronidazole. Maybe Dr. Cornelia can better advise on this part.

Can you tell me more about the dorsum of the hands? Are the motor and sensory functions of her hands/digits intact? Can she afford to go for x-rays of both hands AP and lat? Go ahead and get a sample for cx and a CBC.

Rithy

**From:** [Cornelia Haener](#)  
**To:** 'Robibtelemed'; 'Kruy Lim'; 'Joseph Kvedar'; 'Paul Heinzelmann'; 'Kathy Fiamma'; 'Rithy Chau'  
**Cc:** 'Bernie Krisher'; 'Thero So Nourn'; 'Laurie & Ed Bachrach'  
**Sent:** Wednesday, April 04, 2012 11:14 PM  
**Subject:** RE: Robib Telemedicine Clinic April 2012, Case#2, Srey Phai, 52F

Dear all,

Thanks for submitting this case.

This patient needs to be referred for debridement as soon as possible. Dr. Phot would certainly be one of the best to deal with it.

Thanks  
Cornelia

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**From:** Robibtelemed [mailto:robibtelemed@gmail.com]  
**Sent:** Tuesday, April 03, 2012 4:37 PM  
**To:** Cornelia Haener; Kathy Fiamma; Joseph Kvedar; Paul Heinzelmann; Rithy Chau; Kruy Lim  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib Telemedicine Clinic April 2012, Case#3, Chou Vanny, 46F

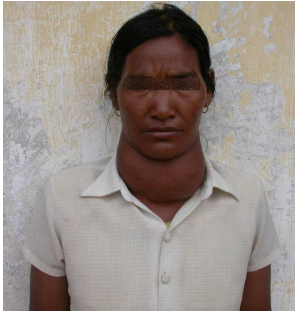
Dear all,

This is the case number 3, Chou Vanny, 46F and photos (follow up case). Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,  
Sovann

*SOAP Note*



**Name/Age/Sex/Village:** Chou Vanny, 46F (Anlung Svay Village)

**Subjective:** 44F was seen in June 2006 and diagnosis with subclinical hyperthyroidism without treatment comes to Telemedicine clinic with complaining of increased neck mass size with tension, on/off dysphagia (solid food), palpitation and insomnia but denied of tremor, heat intolerance, voice change, skin change, hair loss, and weight loss.

**Current Medication:** None

**Allergy:** NKDA

**Objective:**

**VS:** BP: 99/64 P: 77 R: 20 T: 37oC  
Wt: 53kg

**PE (focused):**

**General:** Look stable

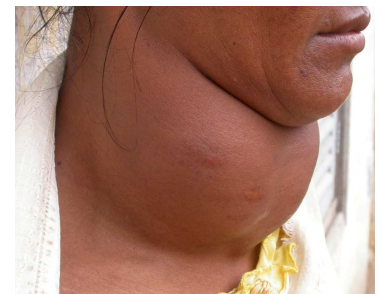
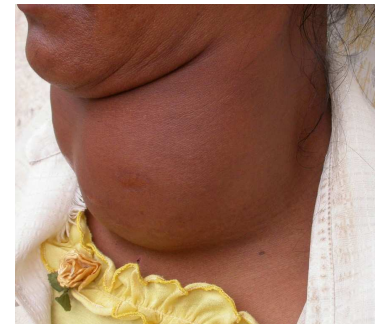
**HEENT:** No oropharyngeal lesion, pink conjunctiva, neck mass about 5 x 6cm on right side and 8 x 8cm on left side, soft, mobile, regular border, no tender, no bruit

**Chest:** CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM

**Extremity/Skin:** no lesion, no rash

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



**Labs/Studies:**

**Lab result on June 2006**

TSH =0.05 [0.49 – 4.67]  
Free T4=22.59 [9.14 – 23.81]

**Lab result on May 2008**

TSH =0.13 [0.49 – 4.67]



Free T4=14.8 [9.14 – 23.81]

**Assessment:**

1. Subclinical hyperthyroidism (Diffuse goiter)

**Plan:**

1. Refer to SHCH for surgical consultation
2. Draw blood for CBC, Creat, TSH, T4 and T3 at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: April 3, 2012**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](#)

**To:** '[Robibtelemed](#)'

**Cc:** '[Cornelia Haener](#)'; '[Kruy Lim](#)'

**Sent:** Wednesday, April 04, 2012 10:12 AM

**Subject:** RE: Robib Telemedicine Clinic April 2012, Case#3, Chou Vanny, 46F

Dear Sovann,

No need for immediate referral at this point even her neck look quite large. I think this patient was loss to f/u since 2008. Ususally, subclinical hyperthyroidism is advise to maintain a minimal dosage of carbimazole or methimazole for several year due to relapse if they are on the medication and recheck T4 every 3-6 months; if not on anti-hyperthyroidism medication, then can just recheck T4 every 6mo to 1 year for f/u. In this case she did not.

I agree with checking her bloodwork for TSH and T4 and CBC. The rest can be put on hold for now. If she can afford, she can have another neck US done so that we can decide on the surgical aspect of her goiter problem.

Rithy

**From:** [Cornelia Haener](#)

**To:** '[Robibtelemed](#)'; '[Kathy Fiamma](#)'; '[Joseph Kvedar](#)'; '[Paul Heinzelmann](#)'; '[Rithy Chau](#)'; '[Kruy Lim](#)'

**Cc:** '[Bernie Krisher](#)'; '[Thero So Nourn](#)'; '[Laurie & Ed Bachrach](#)'

**Sent:** Wednesday, April 04, 2012 11:12 PM

**Subject:** RE: Robib Telemedicine Clinic April 2012, Case#3, Chou Vanny, 46F

Dear all,

I agree with your plan to send the patient to SHCH.

Thanks a lot.

Cornelia

**From:** Robibtelemed [mailto:robibtelemed@gmail.com]  
**Sent:** Wednesday, April 04, 2012 4:26 PM  
**To:** Rithy Chau; Kruy Lim; Kathy Fiamma; Paul Heinzelmann; Joseph Kvedar  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib Telemedicine Clinic April 2012, Case#4, Kham Sary, 50M

Dear all,

There are three new cases and one follow up case for second day of Robib Telemedicine Clinic April 2012. This is case number 4, continued from yesterday, Kham Sary, 50M and photo.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**  
Rovieng Commune, Preah Vihear Province, Cambodia

### **History and Physical**



**Name/Age/Sex/Village:** Kham Sary, 50M (Thnal Koang Village)

**Chief Complaint (CC):** Fatigue x 1 year

**History of Present Illness (HPI):** 50M presented with symptoms of fatigue, polyphagia, polydypsia and polyuria and he was advised to have blood sugar check so he went to private clinic and told he has had diabetic and treated with Metformin 500mg 1t qd and Glibenclamide 5mg 1t bid. Now he became better with less above symptoms but still fatigue. He denied of fever, SOB, CP, nausea, vomiting, hematuria, dysuria, foot wound.

**Past Medical History (PMH):** Unremarkable

**Family History:** Brother with diabetes mellitus

**SH:** Teacher, smoking 10cig/d, stopped 1y, no EtOH

**Current Medications:**

1. Metformin 500mg 1t po qd
2. Glibenclamide 5mg 1t bid

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 127/75      P: 93      R: 20      T: 37oC      Wt: 70Kg

**General:** Stable

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

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

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

**Extremity/Skin:** No foot wound, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/study:**

FBS: 101mg/dl

U/A: glucose 1+, no protein, no leukocyte, no ketone

**Assessment:**

1. DMII

**Plan:**

1. Metformin 500mg 1t po qd
2. Glibenclamide 5mg 1t bid
3. Captopril 25mg 1/4t bid
4. Draw blood for Lyte, Creat and HbA1C at SHCH
5. Educate on diabetic diet, do regular exercise and foot care

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: April 3, 2012**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](#)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, April 05, 2012 11:12 AM

**Subject:** RE: Robib Telemedicine Clinic April 2012, Case#4, Kham Sary, 50M

Dear Sovann,

I agree with your plan.

Rithy

**From:** Robibtelemed [mailto:robibtelemed@gmail.com]  
**Sent:** Wednesday, April 04, 2012 4:27 PM  
**To:** Kruy Lim; Kathy Fiamma; Paul Heinzelmann; Joseph Kvedar; Rithy Chau  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib Telemedicine Clinic April 2012, Case#5, Ny Ngek, 58F

Dear all,

This is case number 5, Ny Ngek, 58F and photo.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Ny Ngek, 58F (Svay Pat Village)

**Chief Complaint (CC):** Fatigue x 1 year

**History of Present Illness (HPI):** 58F presented with fatigue, polyphagia, polydipsia and polyuria, blurred vision, extremities numbness/tingling and weight loss, she went to private clinic in Kg Thom and blood sugar 240mg/dl, blood pressure 160/?, Triglyceride 270 and diagnosed her with DMII, DMII, and hypertriglyceridemia, treated with Glibenclamide 5mg 1t qd, Lisinopril 10mg 1t qd, Simvastatin 20mg 1t qd. Now she became better without polyuria, polyphagia, polydipsia but still fatigue, extremity numbness and blurred vision. She denied of SOB, CP, nausea, vomiting, stool with blood/mucus, edema, foot wound.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**SH:** Farmer, No cig smoking, no tobacco chewing, no EtOH

**Current Medications:**

1. Glibenclamide 5mg 1t qd
2. Lisinopril 10mg 1t qd
3. Simvastatin 20mg 1t qd

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals: BP: 126/69 P: 86 R: 20 T: 36.5oC Wt: 36Kg**

**General:** Stable

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

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

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

**Extremity/Skin:** No foot wound, (+) dorsalis pedis and posterior tibial pulse

**MS/Neuro:** MS +5/5, motor intact, sensory intact with monofilament touch and position sense, DTRs +2/4, normal gait

**Lab/study:**

FBS: 109mg/dl

U/A: normal

**Assessment:**

1. DMII with PNP
2. HTN
3. Hypertriglyceridemia

**Plan:**

1. Glibenclamide 5mg 1t qd
2. Lisinopril 10mg 1t qd
3. Simvastatin 20mg 1t qd
4. Draw blood for Lyte, Creat, Tot chole, TG and HbA1C at SHCH
5. Educate on diabetic diet, do regular exercise and foot care

**Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test**

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: April 3, 2012**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](mailto:chaurithy)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, April 05, 2012 11:15 AM

**Subject:** RE: Robib Telemedicine Clinic April 2012, Case#5, Ny Ngek, 58F

Dear Sovann,

I agree with your plan.

Rithy

---

**From:** [Robibtelemed](#)  
**To:** [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, April 04, 2012 4:28 PM  
**Subject:** Robib Telemedicine Clinic April 2012, Case#6, Pech Nheb, 58M

Dear all,

This is case number 6, Pech Nheb, 58M and photos.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Pech Nheb, 58M (Kam Pot Village)

**Chief Complaint (CC):** HA and neck tension x 1 month

**History of Present Illness (HPI):** 58M presented with symptoms of pressure HA, neck tension, dizziness and blurred vision and asked local health care worker to see at home and blood pressure 160/? and treated with Antihypertensive (unknown name) 1t po only. He became better but has not had blood pressure check and come to Telemedicine this morning with blood pressure 206/119 (both arms),

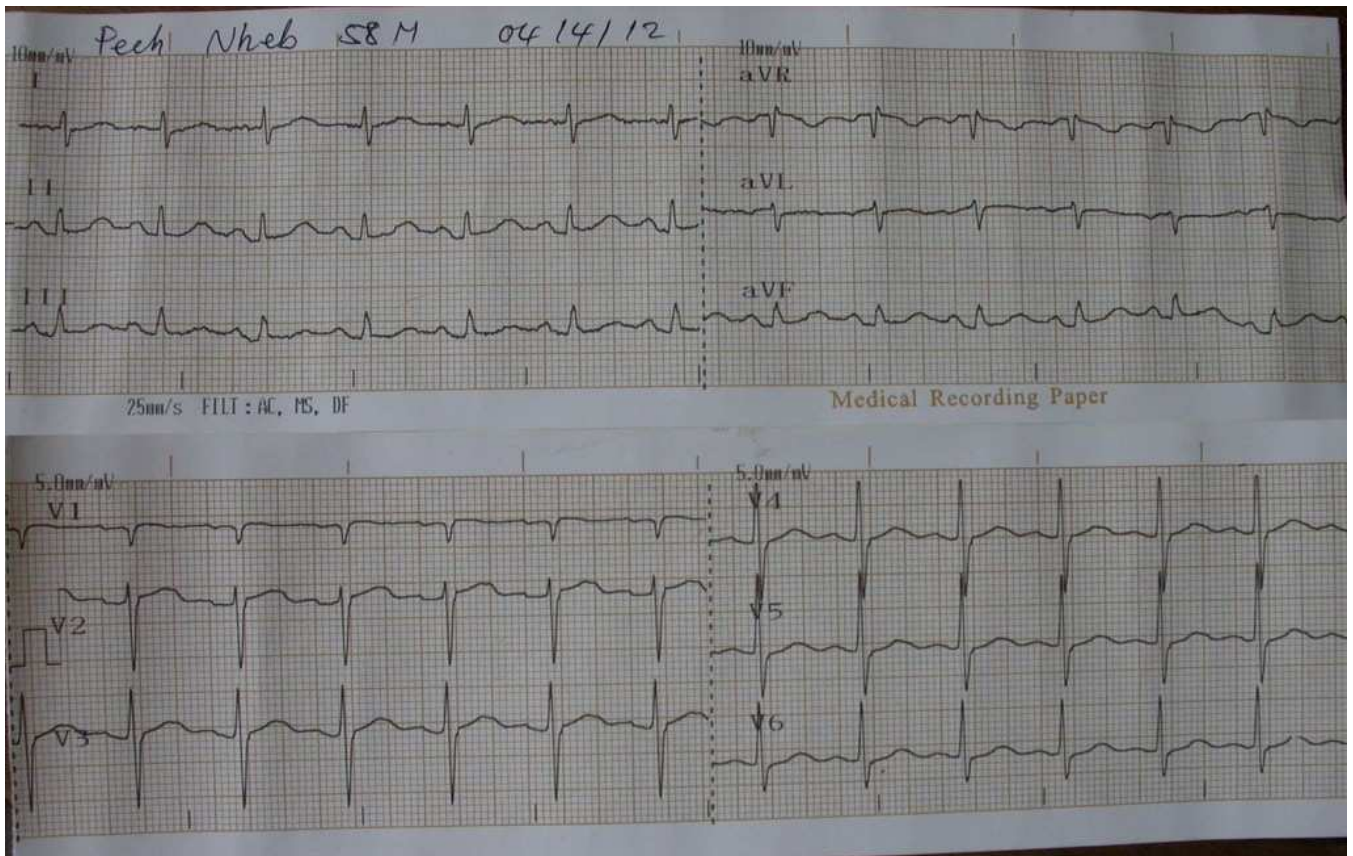
HR: 109 and given Captopril 25mg 1/2t, 1 hour later, blood pressure 187/119, HR: 114. He denied of weakness, SOB, fever, CP, nausea, vomiting, edema.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**SH:** Smoking 10cig/d, Alcohol drinking casually

**Current Medications:** None



**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 171/114 (both arms)

**P:** 112

**R:** 20

**T:** 37oC

**Wt:** 61Kg

**General:** Stable

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

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

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

**Extremity/Skin:** No legs edema, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/study:**

U/A: protein 1+, no glucose, no leukocyte, no hematuria, no ketone

EKG attached

**Assessment:**

1. HTN

**Plan:**

1. Atenolol 50mg 1/2t po qd
2. Draw blood for Lyte, Creat, Tot chole, TG at SHCH
3. Eat low Salt and Fats diet and Do regular exercise

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: April 4, 2012**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](mailto:chaurithy)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, April 05, 2012 11:20 AM

**Subject:** RE: Robib Telemedicine Clinic April 2012, Case#6, Pech Nheb, 58M

Dear Sovann,

I agree with your assessment. You can give him Atenolol ½ bid and check his CBC and gluc also. Ask him to stop smoking as well.

Rithy

---

**From:** Robibtelemed [mailto:[robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)]

**Sent:** Wednesday, April 04, 2012 4:31 PM

**To:** Cornelia Haener; Paul Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim; Kathy Fiamma

**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach

**Subject:** Robib Telemedicine Clinic April 2012, Case#7, Thy Ponlork, 22M

Dear all,

This is the last case for Robib Telemedicine Clinic April 2012, Case number 7, Thy Ponlork, 22M and photo. Please reply to the cases before Thursday afternoon.

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

Best regards,  
Sovann



# Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

## SOAP Note



**Name/Age/Sex/Village:** Thy Ponlork, 22M (Taing Treuk Village)

**Subjective:** 22M with diagnosis of infected wound of right foot and treated with Augmentin 625mg/5cc 10cc bid for 10d, Cotrimoxazole 960mg 1t bid for two months and daily wound cleaning. The wound still has the same appearance as previous month with slightly exudate, no granulation tissue. He denied of fever, pain, regional lymph node. He was sent to have x-ray of right foot in March 2012 at referral hospital.

### Current Medication:

1. Cotrimoxazole 960mg 1t po bid

**Allergy:** NKDA

### Objective:

**VS:** BP: 114/76 P: 78 R: 20 T: 37oC  
Wt: 48kg

### PE (focused):

**General:** Stable

**HEENT:** Unremarkable

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

**Abd:** Soft, no tender, no distension, (+) BS, no HSM

**Extremity/Skin:** On the lateral edge of the right foot, the wound has the same appearance as in the previous month with slightly exudate, erythema, no pus, no foul odor, decreased sensation with touch around the wound site, darkening of dorsum (see photos in March and today)

### Lab/study:

X-ray of right foot



**Assessment:**

1. Chronic Infected wound
2. Osteomyelitis

**Plan:**

1. Refer to SHCH for surgical consultation
2. Cotrimoxazole 960mg 1t po bid for one month
3. Daily wound cleaning with NSS



Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?****Examined by:** Nurse Sovann Peng**Date:** April 4, 2012

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** Cornelia Haener [mailto:corneliahaener@sihosp.org]**Sent:** Wednesday, April 04, 2012 11:05 PM**To:** 'Robibtelemed'; 'Paul Heinzelmann'; 'Joseph Kvedar'; 'Rithy Chau'; 'Kruy Lim'; 'Kathy Fiamma'**Cc:** 'Bernie Krisher'; 'Thero So Nourn'; 'Laurie & Ed Bachrach'**Subject:** RE: Robib Telemedicine Clinic April 2012, Case#7, Thy Ponlork, 22M

Dear all,

I agree with referral to the SHCH. I send the pics to Dr. Phot as well. Any idea why he has these trophic lesions? DM II? Lues?

Cornelia

**From:** chaurithy [mailto:rithychau@sihosp.org]**Sent:** Thursday, April 05, 2012 11:27 AM**To:** 'Robibtelemed'**Cc:** 'Cornelia Haener'; kruylim@sihosp.org**Subject:** RE: Robib Telemedicine Clinic April 2012, Case#7, Thy Ponlork, 22M

Dear Sovann,

Thanks for f/u on this patient and I agree with Cornelia to refer him for surgical consultation.

FYI for Cornelia: this patient was seen by me a couple months ago outside our TM clinic and as I recalled he had an injury of some sort; he has no PMH of DM II or vascular problem.

Rithy

**From:** [Cornelia Haener](#)  
**To:** 'chaurithy' ; 'Robibtelemed'  
**Cc:** [kruylim@sihosp.org](mailto:kruylim@sihosp.org)  
**Sent:** Thursday, April 05, 2012 11:47 AM  
**Subject:** RE: Robib Telemedicine Clinic April 2012, Case#7, Thy Ponlork, 22M

Dear Rithy,

Thanks for your feedback and referring the patient to SHCH. I sent the pics to Dr. Phot.

Cornelia

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## Thursday, April 5, 2012

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### Follow-up Report for Robib TM Clinic

There were 5 new and 2 follow up patients seen during this month Robib TM Clinic, and other 64 patients came for brief consult and medication refills. The data of all 7 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 as follows:

**NOTE:** [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying on their own. Robib TM clinic **STILL** pays for transportation, accommodation, and other expenses for the patients visiting the clinic **IF** they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients. Some patients may be listed below if they came by for refills of medications.]

### Treatment Plan for Robib Telemedicie Clinic April 2012

#### 1. Ke Bon, 71M (Thnout Mlou Village)

##### Diagnosis:

1. Eczema?
2. Dermatitis?
3. Valvulo-heart disease?

##### Treatment:

1. Sun screen lotion apply qid (#1)
2. Cetirizine 10mg 1t po qd for itchy (#30)
3. Mebendazole 100mg 5t chew qhs (#5)
4. Send to Kg Thom referral hospital for CXR

#### 2. Srey Phai, 52F (Bos Village)

##### Diagnosis:

1. Right hand infected wound

**Treatment:**

1. Augmentin 625mg/5cc 10cc tid for 10d (#2)
2. Ibuprofen 200mg 2t po tid for 5d (#40)
3. MTV 1t po bid (#30)
4. Get specimen for Gram stain and culture at SHCH
5. Clean wound daily with NSS, if not better in 3d, refer to referral hospital

**Culture result on April 6, 2012**

Isolate name: Staphylococcus aureus

<b>Antibiotic</b>	<b>Susceptibility</b>
Amikacin	Sensitive
Ciprofloxacin	Sensitive
Cotrimoxazole	Sensitive
Getamycin	Sensitive
Lincomycin	Resistant
Oxacillin	Sensitive
Vancomycin	Sensitive

**3. Chou Vanny, 46F (Anlung Svay Village)****Diagnosis:**

1. Subclinical hyperthyroidism (Diffuse goiter)

**Treatment:**

1. Draw blood for CBC, Creat, TSH, T4 and T3 at SHCH

**Lab result on April 6, 2012**

WBC	=5.99	[4 - 11x10 <sup>9</sup> /L]	Creat	=59	[44 - 80]
RBC	=5.1	[3.9 - 5.5x10 <sup>12</sup> /L]	TSH	=0.19	[0.27 - 4.20]
Hb	=12.5	[12.0 - 15.0g/dL]	F T4	=17.12	[12.0 - 22.0]
Ht	=40	[35 - 47%]	F T3	=4.36	[2.0 - 4.4]
MCV	=78	[80 - 100fl]			
MCH	=24	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=186	[150 - 450x10 <sup>9</sup> /L]			
Neut	=3.10	[2.0 - 8.0x10 <sup>9</sup> /L]			
Lymph	=1.47	[0.7 - 4.4x10 <sup>9</sup> /L]			
Mono	=0.28	[0.1 - 0.8x10 <sup>9</sup> /L]			
Eosino	=1.13	[0.8 - 0.40]			
Baso	=0.01	[0.02 - 0.10]			

**4. Kham Sary, 50M (Thnal Koang Village)****Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po qd (#30)
2. Glibenclamide 5mg 1t bid (buy)
3. Captopril 25mg 1/4t bid (buy)
4. Draw blood for Lyte, Creat and HbA1C at SHCH
5. Educate on diabetic diet, do regular exercise and foot care

**Lab result on April 6, 2012**

Na	=138	[135 - 145]
K	=3.1	[3.5 - 5.0]
Cl	=103	[95 - 110]
Creat	=92	[53 - 97]

HbA1C =6.1 [4.8 – 5.9]

### 5. Ny Ngek, 58F (Svay Pat Village)

#### Diagnosis:

1. DMII with PNP
2. HTN
3. Hypercholesterolemia

#### Treatment:

1. Glibenclamide 5mg 1t qd (#30)
2. Lisinopril 10mg 1t qd (buy)
3. Simvastatin 20mg 1t qd (buy)
4. Draw blood for Lyte, Creat, Tot chole, TG and HbA1C at SHCH
5. Educate on diabetic diet, do regular exercise and foot care

#### Lab result on April 6, 2012

Na	=136	[135 - 145]
K	=3.8	[3.5 - 5.0]
Cl	=102	[95 - 110]
Creat	=77	[44 - 80]
T. Chol	=9.0	[<5.7]
TG	=1.5	[<1.71]
HbA1C	=6.1	[4.8 – 5.9]

### 6. Pech Nheb, 58M (Kam Pot Village)

#### Diagnosis:

1. HTN

#### Treatment:

1. Atenolol 50mg 1/2t po qd (#20)
2. Draw blood for CBC, Lyte, Creat, Tot chole, TG at SHCH
3. Eat low Salt and Fats diet and Do regular exercise

#### Lab result on April 6, 2012

WBC	=7.10	[4 - 11x10 <sup>9</sup> /L]	Na	=133	[135 - 145]
RBC	=4.8	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=2.9	[3.5 - 5.0]
Hb	=14.9	[14.0 - 16.0g/dL]	Cl	=96	[95 – 110]
Ht	=44	[42 - 52%]	Creat	=90	[53 - 97]
MCV	=91	[80 - 100fl]	Gluc	=5.5	[4.2 - 6.4]
MCH	=31	[25 - 35pg]	T. Chol	=5.5	[<5.7]
MHCH	=34	[30 - 37%]	TG	=3.3	[<1.7]
Plt	=156	[150 - 450x10 <sup>9</sup> /L]			
Neut	=3.91	[2.0 - 8.0x10 <sup>9</sup> /L]			
Lymph	=2.33	[0.7 - 4.4x10 <sup>9</sup> /L]			
Mono	=0.53	[0.1 - 0.8x10 <sup>9</sup> /L]			
Eosino	=0.32	[0.8 – 0.40]			
Baso	=0.01	[0.02 – 0.10]			

### 7. Thy Ponlork, 22M (Taing Treuk Village)

#### Diagnosis:

1. Chronic Infected wound
2. Osteomyelitis

#### Treatment:

1. Refer to SHCH for surgical consultation
2. Daily wound cleaning with NSS

## **Patients who come for follow up and refill medicine**

### **1. Chan Khem, 63F (Taing Treuk Village)**

#### **Diagnosis:**

1. HTN

#### **Treatment:**

1. HCTZ 25mg 1t po qd for four months (#60)

### **2. Chan Rim, 59F (Ke Village)**

#### **Diagnosis:**

1. HTN

#### **Treatment:**

1. Nifedipine 20mg 1/2t po qd for one month (#20)

### **3. Chan Thoeun, 52F (Sralou Srong Village)**

#### **Diagnosis:**

1. Mild to moderate Aortic regurgitation

#### **Treatment:**

1. Enalapril 5mg 1/2t po qd for four months (#60)

### **4. Chea Sambo, 56M (Rovieng Cheung Village)**

#### **Diagnosis:**

1. Gouty Arthritis

#### **Treatment:**

1. Paracetamol 500mg 2t po qid prn pain for three months (#40)
2. Allopurinol 100mg 2t bid for three months (buy)

### **5. Chourn Panha, 17M (Thnout Malou Village)**

#### **Diagnosis:**

1. Guillain-Barré syndrome?
2. Vitamin deficiency?

#### **Treatment:**

1. MTV 1t po qd for three months then follow up prn (#90)

### **6. Chum Chet, 64M (Koh Pon Village)**

#### **Diagnosis:**

1. HTN
2. Osteoarthritis
3. Renal insufficiency
4. Generalized urticaria

#### **Treatment:**

1. Atenolol 50mg 1/2t po bid (#30)
2. Amlodipine 10mg 1/2t po qd (#15)
3. Paracetamol 500mg 1t po qid prn pain (#20)
4. MTV 1t po qd (#30)

### **7. Eam Neut, 56F (Taing Treuk)**

#### **Diagnosis**

1. HTN
2. Hypertriglyceridemia

#### **Treatment**

1. Amlodipine 10mg 1/2t po qd for three months (#30)
2. Fenofibrate 100mg 1t po bid three months (buy)

**8. Ek Rim, 47F (Rovieng Chheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#30)

**9. Heng Chey, 71M (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#60)

**10. Heng Naiseang, 63F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 2t po qd for one month (#60)

**11. Heng Pheary, 33F (Thkeng Village)**

**Diagnosis:**

1. Asthma

**Treatment:**

1. Salbutamol Inhaler 2puffs po bid prn severe SOB for six months (#2)

**12. Heng Sokhourn, 42F (Otalauk Village)**

**Diagnosis:**

1. Dyspepsia

**Treatment:**

1. Cimetidine 200mg 1t po qhs for one month (#30)

**13. Keum Kourn, 65F (Thkeng Village)**

**Diagnosis:**

1. Goiter
2. Hyperthyroidism
3. Dyspepsia

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#20)
2. Methimazole 5mg 1t po bid for one month (#70)
3. Cimetidine 200mg 1t po qhs for one month (#30)

**14. Kheum Im, 42F (Thkeng Village)**

**Diagnosis:**

1. Eczema

**Treatment:**

1. Fluocinonide cream 0.1% apply bid (#2)
2. Cetirizine 10mg 1t po qhs (#30)

**15. Khi Ngorn, 65M (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN
2. Renal failure

**Treatment:**

1. Nifedipine 20mg 1t po qd for one month (#30)
2. Furosemide 40mg 1t po qd for one month (#30)

**16. Kim Yat, 38F (Sre Thom Village)**

**Diagnosis:**

1. Anemia
2. Tachycardia

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. FeSO4/Folate 200/0.4mg 1t po bid for one month (#60)
3. MTV 1t po qd for one month (#30)
4. Mebendazole 100mg 5t chew qhs once (#5)

**17. Kong Sam On, 55M (Thkeng Village)**

**Diagnosis:**

1. HTN
2. DMII
3. Chronic renal failure
4. Hypertriglyceridemia
5. Arthritis

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 5mg 1t po qd for one month (#30)
4. Amlodipine 10mg 1t po qd for one month (#30)
5. ASA 81mg 1/4t po qd for one month (#30)
6. Fenofibrate 100mg 1t po qd for one month (buy)

**18. Kong Soeun, 31M (Backdoang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#60)
2. Captopril 25mg 1/4t po bid for two months (buy)

**19. Koy Veth, 38F (Thnout Malou Village)**

**Diagnosis:**

1. Asthma

**Treatment:**

1. Salbutamol inhaler 2puffs bid prn SOB for four months (#2)

**20. Ky Chheng Lean, 37F (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glyburide 2.5mg 1t po bid for three months (#180)
2. Captopril 25mg 1/4t po bid for three months (buy)

**21. Meas Ream, 88F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Left side stroke with right side weakness

**Treatment:**



1. HCTZ 25mg 1t po qd for one month (# 30)

**22. Moeung Rin, 67F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Osteoarthritis

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#90)
2. Atenolol 50mg 1/2t po qd for three months (buy)
3. Paracetamol 500mg 1-2t po qid prn pain for three months (#30)

**23. Moeung Srey, 48F (Thnout Malou Village)**

**Diagnosis**

1. HTN

**Treatment**

1. HCTZ 25mg 1t po qd for one month (#30)

**24. Ngourn Sophorn, 37F (Ta Tong Village)**

**Diagnosis:**

1. Rheumatoid arthritis?

**Treatment:**

1. Ibuprofen 200mg 2t po bid prn pain for one month (#30)
2. Chloroquine 250mg 1t po qd for one month (#30)

**25. Nop Sareth, 41F (Kampot Village)**

**Diagnosis:**

1. Cardiomegaly
2. VHD (MS/TR) with Pulmonary hypertension

**Treatment:**

1. Enalapril 5mg 1/4t po qd for one month (#8)
2. Furosemide 40mg 1t po bid for one month (buy)
3. ASA 81mg 1t po qd for one month (#30)

**26. Nung Chhun, 74F (Ta Tong Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Glyburide 2.5mg 2t po bid for one month (#120)
2. Metformin 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1t po tid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (buy)

**27. Nung Sory, 62F (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#60)

**28. Pang Sidoeun, 37F (Rovieng Tbong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#60)

**29. Panyi Sony, 13M (Thnal Keng Village)**

**Diagnosis:**

1. Idiopathic thrombocytopenic purpura?

**Treatment:**

1. Refer to Angkor Hospital for Children in Siem Reap

**Lab result on March 2, 2012**

WBC	=8.37	[4 - 11x10 <sup>9</sup> /L]	Na	=133	[135 - 145]
RBC	=4.9	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.5	[3.5 - 5.0]
Hb	=11.2	[14.0 - 16.0g/dL]	Cl	=100	[95 - 110]
Ht	=34	[42 - 52%]	Creat	=60	[53 - 97]
MCV	=70	[80 - 100fl]	Gluc	=5.4	[4.2 - 6.4]
MCH	=23	[25 - 35pg]			
MHCH	=33	[30 - 37%]			
Plt	=<10	[150 - 450x10 <sup>9</sup> /L]			
Neut	=5.29	[2.0 - 8.0x10 <sup>9</sup> /L]			
Lymph	=2.28	[0.7 - 4.4x10 <sup>9</sup> /L]			
Mono	=0.45	[0.1 - 0.8x10 <sup>9</sup> /L]			
Eosino	=0.33	[0.8 - 0.40]			
Baso	=0.02	[0.02 - 0.10]			
PT - patient	= 16.8	[10 - 14]			
INR calculation	= 1.4	[2.0 - 4.5]			

**Blood culture:** Sterile

**30. Phim Sovann, 30F (Rovieng Tbong Village)**

**Diagnosis:**

1. Anxiety

**Treatment:**

1. Amitriptylin 25mg 1/2t po qhs for one month (#15)
2. Paracetamol 500mg 1t po qid prn HA (#20)
3. Stress release

**31. Phon Phorn, 68F (Bos Village)**

**Diagnosis:**

1. Contact dermatitis

**Treatment:**

1. Cetirizine 10mg 1t po qhs for one month (#30)

**32. Phork Vann, 60F (Bakdoang Village)**

**Diagnosis:**

1. Vertigo
2. Scleroderma

**Treatment:**

1. Cetirizine 10mg 1/2t po qd for pruritus for two months (#30)

**33. Prum Chean, 50F (Sangke Roang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid for one month (#30)
2. Review on diabetic diet, do regular exercise and foot care

**34. Prum Moeun, 56M (Bakdoang Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po qd for one month (#20)
2. ASA 81mg 1t po qd for one month (#30)

**35. Prum Norn, 56F (Thnout Malou Village)**

**Diagnosis:**

1. Liver cirrhosis with PHTN
2. HTN
3. Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure with hyperkalemia
6. Hyperkalemia 6.3
7. Arthritis

**Treatment:**

1. Spironolactone 25mg 1t po qd for two months (#60)
2. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)
3. MTV 1t po qd for two months (#60)
4. Paracetamol 500mg 1t po qid prn pain two months (#30)
5. Furosemide 40mg 1/2t po bid for two months (#60)

**36. Prum Sourn, 71M (Taing Treuk Village)**

**Diagnosis:**

1. Heart Failure with EF 27%
2. LVH
3. VHD (MR, AR)
4. Renal Failure

**Treatment:**

1. Enalapril 5mg 1/2t po qd for one month (#15)
2. Furosemide 40mg 1t po bid for one month (#60)
3. ASA 81mg 1t po qd for one month (#30)

**37. Prum Ty, 23M (Thnout Malou Village)**

**Diagnosis:**

1. Epilepsy

**Treatment:**

1. Phenytoin 100mg 1t po bid for one month (#60)

**38. Ream Sim, 56F (Thnal Keng Village)**

**Diagnosis:**

1. MDII
2. Osteoarthritis

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#100)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. Paracetamol 500mg 1-2t po qid prn pain for two months (#30)
4. Review on diabetic diet, do regular exercise and foot care

**39. Rim Sopheap, 35F (Doang Village)**

**Diagnosis:**

1. Dilated Cardiomyopathy with EF 32% with PR
2. GERD

**Treatment:**

1. Captopril 25mg 1/4t po bid (buy)
2. Omeprazole 20mg 1t po qhs (#30)
3. Mebendazole 100mg 5t po qhs once (#5)
4. MTV 1t po qd for one month (#30)

**40. Ros Oeun, 55F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. DMII
3. Hypertriglyceridemia

**Treatment:**

1. Glibenclamide 5mg 11/2t po bid for one month (buy)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 81mg 1t po qd for one month (#30)
5. Fenofibrate 100mg 1t po qd for one month (buy)
6. Draw blood for TG and HbA1C at SHCH

**Lab result on April 6, 2012**

TG = 5.5 [ $<1.71$ ]  
HbA1C = 9.0 [4.8 – 5.9]

**41. Ros Yeth, 58M (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glyburide 2.5mg 2t po bid for one month (#120)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1t po bid for one month (buy)
4. Draw blood for HbA1C at SHCH

**Lab result on April 6, 2012**

HbA1C = 10.1 [4.8 – 5.9]

**42. Roth Ven, 54M (Thkeng Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 2t po bid for one month (buy)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 81mg 1t po qd for one month (#30)
5. Draw blood for HbA1C at SHCH

**Lab result on April 6, 2012**

HbA1C = 6.9 [4.8 – 5.9]

**43. Sam Bunny, 25F (Thnout Malou Village)**

**Diagnosis:**

1. Nephrotic syndrome

**Treatment:**

1. Prednisolone 5mg 2t po qd for one month (#60)
2. Draw blood for Creat, tot chole, Protein, Albumin at SHCH

**Lab result on April 6, 2012**

Creat =68	[44 - 80]
T. Chol =11.1	[<5.7]
Protein =82	[66 – 87]
Albu =50	[38 - 51]

**44. Sam Khim, 50F (Taing Treuk Village)****Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for one month (#60)
2. Glyburide 2.5mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po bid for one month (buy)

**45. Sao Ky, 75F (Thnout Malou Village)****Diagnosis**

1. HTN

**Treatment**

1. HCTZ 25mg 1t po qd for four months (#60)

**46. Sao Phal, 63F (Thnout Malou)****Diagnosis:**

1. HTN
2. Anxiety
3. Hypertriglyceridemia
4. Renal insufficiency

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#60)
2. Amitriptylin 25mg 1/2t po qhs for two months (#30)
3. Paracetamol 500mg 1t po qid prn pain/HA for two months (#30)
4. MTV 1t po qd for two months (#60)
5. Fenofibrate 100mg 1t po qd two months (buy)

**47. Say Soeun, 72F (Rovieng Chheung Village)****Diagnosis:**

1. Uncontrolled HTN
2. DMII
3. Renal insufficiency

**Treatment:**

1. Glyburide 2.5mg 2t po bid for one month (#120)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 5mg 2t po qd for one month (#60)
4. Nifedipine 20mg 1t po qd for one month (#30)
5. Atenolol 50mg 2t po qd for one month (#60)
6. MTV 1t po qd for one month (#30)
7. FeSO/Folate 200/0.4mg 1t po qd for one month (#30)

**48. Seung Samith, 63M (Sre Thom Village)**

**Diagnosis:**

1. Gouty arthritis
2. Renal insufficiency
3. Dyspepsia

**Treatment:**

1. Allopurinol 100mg 1t po bid for two months (buy)
2. Paracetamol 500mg 1t po qid prn pain for two months (#30)
3. Cimetidine 200mg 1t po qhs for one month (#30)

**49. Sok Chou, 60F (Sre Thom Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for one month (#60)
2. Draw blood for HbA1C at SHCH

**Lab result on April 6, 2012**

HbA1C = 6.2 [4.8 – 5.9]

**50. Som Ka, 61M (Taing Treuk Village)**

**Diagnosis:**

1. DMII
2. Right side stroke with left side weakness

**Treatment:**

1. Metformin 500mg 1t po bid for one month (#40)
2. Captopril 25mg 1/4t po bid for one month (buy)

**51. Som Theara, 14F (Pal Hal Village)**

**Diagnosis:**

1. Eczema
2. Impetigo

**Treatment:**

1. Augmentin 625mg/5cc 10cc bid x 10d (#1bottle)
2. Cetirizine 10mg 1t po qhs prn itchy (#30)

**52. Sourn Visal, 3M (Thnout Malou Village)**

**Diagnosis:**

1. Eczema?
2. Dermatitis?

**Treatment:**

1. Fluticasone cream apply bid (#1)
2. Clean and dressing on the affected foot

**53. Srey Thouk, 60F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po qd for four months (#30)
2. ASA 300mg 1/4t po qd for four months (#30)

**54. Sun Yorn, 50M (Bos Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 2t po qd for one month (#60)
2. Amlodipine 5mg 2t po qd for one month (#20)

**55. Tey Sok Ken, 31F (Sre Thom Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po qd for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

**Lab result on April 6, 2012**

Free T4=**28.06** [12.0 - 22.0]

**56. Thorng Khun, 43F (Thnout Malou Village)**

**Diagnosis:**

1. Hyperthyroidsim
2. Sciatica

**Treatment:**

1. Carbimazole 5mg 2t po bid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)
3. Paracetamol 500mg 1t po qid prn pain for two months (#30)

**57. Thourn Nhorn, 41F (Svay Pat Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 1t po bid for one month (#30)
2. Glyburide 2.5mg 2t po bid for one month (#120)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. Draw blood for HbA1C at SHCH

**Lab result on April 6, 2012**

HbA1C = 6.0 [4.8 – 5.9]

**58. Tith Y, 56F (Ta Tong Village)**

**Diagnosis:**

1. HTN
2. Frozen shoulder

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#30)
2. Physiotherapy of frozen shoulder

**59. Un Chhorn, 47M (Taing Treuk Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. Draw blood for Creat and HbA1C at SHCH

**Lab result on April 6, 2012**

Creat =79 [53 - 97]  
HbA1C =7.6 [4.8 – 5.9]

**60. Uy Noang, 59M (Thnout Malou Village)****Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (#100)
2. Metformine 500mg 2t po bid for two months (#150)
3. Captopril 25mg 1t po bid for one month (buy)

**61. Yim Sok Kin, 31M (Thnout Malou Village)****Diagnosis:**

1. Liver cirrhosis with PHTN

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. Spironolactone 25mg 1/2t po bid for one month (#30)

**62. Yin Hun, 74F (Taing Treuk Village)****Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po qd (#15)
2. HCTZ 25mg 2t po qd for one month (#60)

**63. Yun Yeung, 75M (Doang Village)****Diagnosis:**

1. VHD (MR??)
2. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#30)

**64. Yung Thourn, 72M (Rovieng Tbong Village)****Diagnosis:**

1. Gouty arthritis
2. HTN
3. Anemia

**Treatment:**

1. Paracetamol 500mg 1t po qid prn for two months (#30)
2. Amlodipine 5mg 2t po qd for two months (#30)
3. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)



**The next Robib TM Clinic will be held on  
April 30 – May 4, 2012**