Robib *Telemedicine* Clinic

Preah Vihear Province

F E B R U A R Y 2 0 0 9

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

On Monday, February 02, 2009, SHCH staff, Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), February 03 & 04, 2009, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new cases and 1 follow up case 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, February 04 & 05, 2009.

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 Peng Sovann 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: Robib Telemed
Date: Jan 27, 2009 8:40 AM
Subject: Schedule for Robib Telemedicine Clinic February 2009
To: Rithy Chau; Kruy Lim; Cornelia Haener; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Dan Liu; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Sochea Monn; Sam Oeurn Lanh

Dear all,

I would like to inform you that Robib Telemedicine clinic February 2009 will be starting from 02 February to 06 February 2009.

The agenda for the clinic is as following:

1. On Monday 02 February 2009, the driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihea.
2. On Tuesday 03 February 2009, the clinic opens to see the patients for the whole morning, and the patients' information will be typed up into computor in the afternoon then send to both partners in Boston and Phnom Penh
3. On Wednesday 04 February 2009, the activity is the same as on Tuesday
4. On Thursday 05 February 2009, download all the answers replied from both partners and the treatment pland will be made accordingly then the medicine will be prepare for the patients in the afternoon.

5. On Friday 06 February 2009, draw blood from the patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: Robib Telemed
Date: Feb 3, 2009 8:47 PM
Subject: Robib TM Clinic February 2009, Case#1, Khoem Sokunthea, 40F (Rovieng Tbong Village)
To: Rithy Chau; Cornelia Haener; Kathy Fiamma; Joseph Kvedar; Kruy Lim; "Paul J. M.D. Heinzelmann"
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

For Robib TM Clinic February 2009, there are three new cases and this is the case number 1, Khoem Sokunthea, 40F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

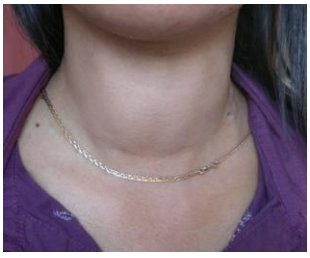
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Khoem Sokunthea, 40F (Rovieng Tbong Village)

Chief Complaint (CC): Neck mass x 12days

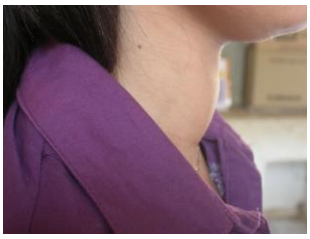
History of Present Illness (HPI): 40F noticed neck mass about 4 x 5cm about 12 days and discomfort with palpation and developed with symptoms of palpitation, heat intolerance, nervousness, constipation, 4kg weight loss. She denied of dysphagia, voice change, pain on mass, tremor, nausea, oliguria, dysuria, edema. She has not sought medical care just come to consulting today.



Past Medical History (PMH): Bilateral removal of ovary in due to ovarian cyst in 2006 in Phnom Penh

Family History: None

Social History: No smoking, no alcohol drinking



Current Medications: A kind of hormone 1t po qd x 10d taking 14d after mentruation, prebcribed after ovary romoval

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 124/78 P: 80 R: 20 T: 37°C Wt: 50Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4x5cm, smooth, regular border, mobile on swallowing, (+) bruit, no lymph node palpable

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

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

Extremity/Skin: no edema, no rash, no lesion, no tremor

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

Lab/study: None

Assessment:

1. Diffuse goiter
2. Hyperthyroidism

Plan:

1. Draw blood for TSH and Free T4 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: February 03, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Barbesino, Giuseppe,M.D.
Date: Feb 3, 2009 10:13 PM
Subject: RE: Robib TM Clinic February 2009, Case#1, Khoem Sokunthea, 40F (Rovieng Tbong Village)
To: "Fiamma, Kathleen M."
Cc: robibtelemed@gmail.com, tmed_rithy@online.com.kh

This woman has an obvious diffuse goiter, maybe with some signs of vascular compression (dilated external jugular veins on pictures?). I agree with the assessment, although she has no symptoms of hyperthyroidism except for weight loss. It is my experience that young women hyperthyroidism almost always have tachycardia, so I am a little puzzled. If hyperthyroidism is confirmed, then a thyroid scan would be the next step to distinguish Graves' disease from hyperthyroid phase of thyroiditis. If hyperthyroidism is not confirmed though, then work-up should include ultrasound and possibley a fine needle biopsy.

GB

From: Rithy Chau <tmed_rithy@online.com.kh>
Date: Feb 4, 2009 7:51 AM
Subject: Robib TM Clinic February 2009, Case#1, Khoem Sokunthea, 40F (Rovieng Tbong Village)
To: Robib Telemed
Cc: Cornelia Haener; Kathy Fiamma; Joseph Kvedar; Kruy Lim; "Paul J. M.D. Heinzelmann"; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thank you for the cases. For this patient, I agree with your assessment and plan, but I would like to check with you to clarify with the bruit heard—did you ask her to hold her breath to be sure that it was a real bruit because if you did not the "bruit" may be just part of her breathing. Did you use the bell of the stethoscope to listen? Was it loudest right over the thyroid gland or proximal to it? If the latter, can you tell if it was from the carotid murmur or venous hum? If you are not sure, please ask her to come next month and I will help to learn this part of the examination.

Rithy

From: Robib Telemed
Date: Feb 4, 2009 9:02 PM
Subject: Robib TM Clinic February 2009, Case#1, Khoem Sokunthea, 40F (Rovieng Tbong Village)
To: Rithy Chau
Cc: Cornelia Haener; Kathy Fiamma; Joseph Kvedar; Kruy Lim; "Paul J. M.D. Heinzelmann"; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Rithy,

Thank you for your reply to the case, I heard the bruit by putting diaphragm (no bell on my stetoscope) on the thyroid gland while she hold her breath and I am not sure it is from carotid murmur or venous hum. She will come back for follow next month.

Best regards,
Sovann
From: Cornelia Haener
Date: Feb 4, 2009 2:05 PM
Subject: Robib TM Clinic February 2009, Case#1, Khoem Sokunthea, 40F (Rovieng Tbong Village)
To: Robib Telemed; Rithy Chau; Kathy Fiamma; Joseph Kvedar; Kruy Lim; "Paul J. M.D. Heinzelmann"
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,
Thanks for presenting this case. I agree with your plan.
Kind regards
Cornelia

From: Robib Telemed
Date: Feb 3, 2009 8:50 PM
Subject: Robib TM Clinic February 2009, Case#2, Sao La, 62F (Thnal Keng Village)
To: Rithy Chau; Cornelia Haener; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Kruy Lim; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Dear all,

This is case number 2, Sao La, 62F 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: **Sao La, 62F (Thnal Keng Village)**

Chief Complaint (CC): HA, chest tightness x 1month

History of Present Illness (HPI): 62F presented with symptoms of subrapubic pain, dysuria, frequency, urgency, on Jan 09, 2009, she went to private clinic in province, abdominal ultrasound and blood test done with H. pylori positive and told she had pyelonephritis and gastritis and treated with Amoxicillin 500mg 2t bid and other four kinds of medicine (unknown name) bid for a week. Now she still presented with epigastric pain, burning sensation, neck tension, HA, palpitation, BP 160/? and treated with injection. She denied of nausea, vomiting, stool with blood or mucus, oliguria, dysuria, edema.

Past Medical History (PMH): Unremarkable

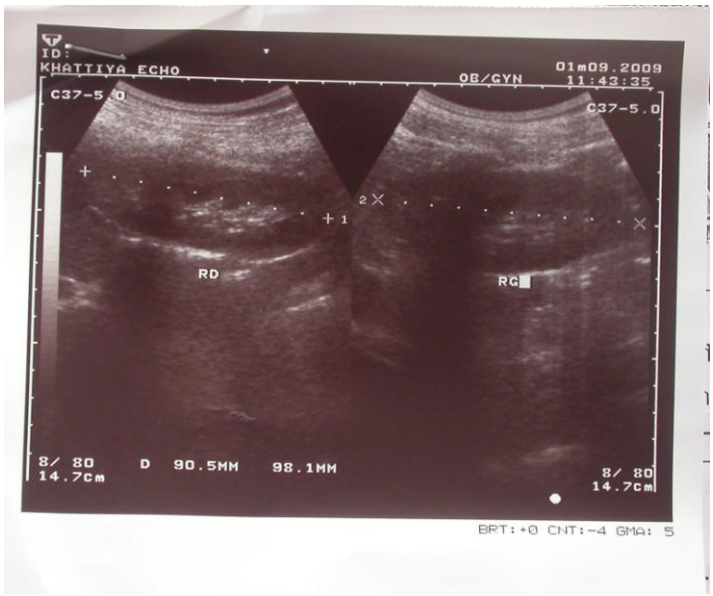
Family History: None

Social History: No tobacco chewing or smoking, no alcohol drinking

Current Medications: Traditional medicine

Allergies: Presented with skin rash when taking a kind of medicine prescribed (unknown name)

Review of Systems (ROS): 5d of right ear pain, ringing, neck stiffness



PE:

Vitals: **BP: 158/95** **P: 104** **R: 20** **T: 36.5°C** **Wt: 46Kg**

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no JVD; Right ear, slightly swelling, redness and tender on palpation around the ear, white color mucus membrane which is impossible to visualize the tympanic membrane, no erythema, no discharge, no lymph node palpable

បន្ទប់ពិនិត្យព្យាបាលជំងឺទូទៅ
វះកាត់ រោគស្ត្រី និងសម្ភព
វេជ្ជបណ្ឌិត ប៉ាន រ៉ត្នា
ឯកទេសរោគស្ត្រី-សម្ភព និងអេកូសាស្ត្រ
សញ្ញាប័ត្រប្រទេសបារាំង
ទូរស័ព្ទ: ០១២ ៤៣២ ៩៨៩/០៩៩ ៧១១ ២៤៨
អ៊ីមែល: rathaban@yahoo.com

ខត្តិយាអេកូ
KHATTIYA ECHO
ពិនិត្យអេកូទូទៅ-អេកូរោគស្ត្រី
និងអេកូទារកក្នុងផ្ទៃ

Cabinet de Consultation
Médecine Générale, Chirurgie
Gynécologique et Maternité
Dr. BAN RATHA
Spécialiste en Gynécologie Obstétricale et Echographie
Diplôme de FRANCE
Tèl: 012 432 989/099 711 248
E-mail: rathaban@yahoo.com

Date de l'examen: 09/01/09
Nom et prénom : [illegible]
Age: 62 ans **Sexe:** (F)
Demandée par : Dr.

ECHOGRAPHIE ABDOMINO-PELVIENNE

INDICATION : Douleur lombaire & Pelvienne

CONDITIONS D'EXAMEN *: bonnes*

Abdomen **Foie** : de taille et d'échostructure normales (hauteur du foie : 106 mm)
Veine porte : normale(calibre = 5,8 mm) - Veines sus-hépatiques : normales
Système biliaire :
Voies biliaires intra et extra hépatiques : normales.
Vésicule : de taille normale, transsonique à paroi fine
Pancréas : Correctement visualisé, de taille et d'aspect normaux
Rate : De taille normale, d'échostructure homogène.

Reins De taille normale, bien différenciés, cavités normales
RD = 90,5 **mm de grand axe** * Dilatation Pyélo-Caliciell + image de sténe urinaire, sans calcul repérable
RG = 98.1 **mm de grand axe**

Pelvis **Utérus** : Position : Antivers, atrophié de taille ~~normale~~, mesuré à 72,3 mm de long ×51.7 mm de diamètre antéro-postérieur et 38,5 mm de diamètre transversal, des contours réguliers avec un myomètre d'échostructure homogène.
Ovaire droit : normal
Ovaire gauche : normal
Cul de sac de Douglas : libre.
Vessie : Pas d'anomalie pariétale et luminale objectivée.

CONCLUSION : Ø. Pyélo-néphrite D ? + Colique néphrétique D ?

le 09.01.09

ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

បន្ទប់សំរាក-ព្យាបាលនិងសម្ភព ខត្តិយា
វេជ្ជបណ្ឌិត: បាន រត្ថា
Docteur **BAN RATHA**
Spécialiste en Gynécologie-Obstétrical
គ្រូពេទ្យឯកទេស សម្ភព និង រោគស្ត្រី
សញ្ញាប័ត្រប្រទេសបារាំង
Tél : 012 432 989
: 016 227 833

ពិនិត្យ-ព្យាបាលៈរោគស្ត្រី. វះកាត់រោគស្ត្រី.សំរាលកូន
ជម្ងឺទូទៅ-កុមារ
មានពិនិត្យអេកូសាស្ត្រៈ អេកូទូទៅ. អេកូរោគស្ត្រី
និងអេកូទារកក្នុងផ្ទៃ
ម៉ោងពិនិត្យៈ ព្រឹក 6H : 00 - 7H : 30
ល្ងាច 5H :30 - 8H : 00

វេជ្ជបញ្ជា
(ORDONNANCE)

ឈ្មោះអ្នកជម្ងឺ: ....[illegible]..................ភេទ....[illegible]....អាយុ..62........
រោគវិនិច្ឆ័យ:..................Gastrite..................

- Recherche AC. H-Pylori POSITIF

┐

គ្រូពេទ្យព្យាបាល

[signature]

~~វេជ្ជបណ្ឌិត. បាន - រត្ថា~~

សូមយកវេជ្ជបញ្ជាមកវិញពេលពិនិត្យលើកក្រោយ

អាស័យដ្ឋាន: ផ្ទះលេខ..........ផ្លូវ..........ភូមិឡូឥដ្ឋ ឃុំកំពង់ប្រណាក ស្រុកត្បែងមានជ័យ ខេត្តព្រះវិហារ

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

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

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

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

Lab/study:

RBS: 97mg/dl

Abdominal ultrasound attached

Assessment:

1. HTN
2. Gastritis
3. Right Otitis (External/Media?)
4. Right External ear canal tumor??

Plan:

1. HCTZ 12.5mg 2t po qd
2. Famotidine 20mg 1t po qhs for one month
3. Augmentin 875mg 1t po bid x 10d
4. Paracetamol 500mg 1t po qid prn pain
5. Draw blood for TSH and Free T4 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: February 03, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Smulders-Meyer, Olga,M.D.
Date: Feb 4, 2009 4:32 AM
Subject: Robib TM Clinic February 2009, Case#2, Sao La, 62F (Thnal Keng Village)
To: "Fiamma, Kathleen M."
Cc: robibtelemed@gmail.com, tmed_rithy@online.com.kh.

Sao La, 62F (Thnal Keng Village)

This patient is hypertensive and tachycardic, and she presents with a headache and chest tightness for a month. If you have started her on hydrochlorothiazide 12.5 mg, and most likely this medication these to be increased in the next week or two if she does not become normotensive. Be aggressive with blood pressure control. The goal is to reduce the blood pressure to 120/80.

The patient has an increased heart rate and I agree with checking a TSH.
If this is normal, you could also consider starting her on a beta blocker which would treat both her tachycardia as well as her hypertension.
The patient is now 62-year-old, which makes her more at risk for heart disease.
I would check an EKG make sure that it does not show any ischemic changes.

Women often present differently when confronted with acute CAD: They often present with epigastric discomfort and nausea or with pain in the jaws and neck, rather than with left-sided chest pressure when they are having angina.

The patient has a history of gastritis and a documented infection with Helicobacter pylori. She has been treated with amoxicillin and 4 other medicines for 1 week only but she presents with persistent symptoms, so retreatment may have been too short.
Our regiment for such an H. Pylori infection is:

Amoxicillin 1000 mg b.I.d. for 14 days
Biaxin 500 mg b.I.d. for 14 days
omeprazole 20 mg b.I.d. for 14 days.

You may consider re treating her and after that, to keep her on omeprazole 20 mg daily for at least 6 to 8 weeks.
I personally prefer omeprazole over Famotidine but if you do not have a PPI, you can go with Famotidine.

The patient was noted to have a pyelonephritis, since she is no longer complaining of back pain and dysuria, we presumed this has been treated with amoxicillin. The patient had an abdominal ultrasound which showed a normal uterus and ovaries as well as a normal liver, pancreas and gallbladder. There is some written notation regarding the kidney, which I cannot read, but mostly these are post infectious changes, and if she is asymptomatic, I would advise patient to drink a lot of fluids, and see if symptoms stay away. You can always repeat the ultrasound in 3 to 6 months to look at the kidneys again then.

The patient has a right ear which is swollen, per your report, and I cannot see picture of this finding. It indicates an infection or inflammation,
I agree with giving her Augmentin, and you could probably have used a slightly lower dose, and treated her for 7 days only.
These medications are hard to take for 10 days, and often cause a yeast vaginitis in women. Sometimes, these external ear infections respond best to Cortisporin otic solution, a mixture of antibiotic drops and steroids, which ease the pain. You can asked patient to return to clinic in 10 days, and we examine her ear canal and tympanic membrane then.

From: Rithy Chau
Date: Feb 4, 2009 8:24 AM
Subject: Robib TM Clinic February 2009, Case#2, Sao La, 62F (Thnal Keng Village)
To: Robib Telemed
Cc: Cornelia Haener; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Kruy Lim; Joseph Kvedar; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

This patient present with multiple problems:

1. Elevated BP—I think you need to do BP and P measurements on both arms and can dx with HTN with 2-3 different setting and time. Right with all the infection and problem she has, this might make her anxious enough to cause the elevated BP. Since she has no past history of HTN, DM or cardiac problem, measure again when she return on Thursday for both arms after having her rest for a while (10-15 mins) and if still

elevated but NOT either or both systolic >180 and diastolic >110, then have do regular aerobic exercise and low salt/fat diet and recheck next month without medication.

2. On exam, if you pulled on her ear and it was painful, then most likely it is otitis externa (more common in adult) can be treated with half/half table vinegar and rubbing alcohol 2-3 drops qid. Tell her it will sting at the beginning but she should do this for 5-7 days; you can give paracetamol prn pain. Ask her to stop using swab or anything else to poke at her ears from now on. No need for antibiotics for this problem.

3. Ask her to stop the traditional medicine and other meds she currently using.

4. Please a rectal exam with colocheck; if still positive may want to repeat eradication for another 14 days. You may want to see if any rash develops again when she take Amox by asking her to take in front of you and wait for 30mins to an hour (while you distribute meds on Thursday). Give her combo Amox + Metro + Omep. If hemocult negative, then may want to put her on Omeprazole 20mg once qhs for a month or two for her gastritis. Can give mebendazole also for deworming.

5. Are you sure her neck is stiff or is it just due to the ear pain and anxiety that produce the neck muscle tightness?

6. No need to draw blood at the moment and may consider for next visit.

7. Sovann, her chief complaint was chest tightness, but not much was asked on this in the HPI—was this from GI, cardiac or pulmonary problem?

I hope this is helpful to you.

Rithy

From: Robib Telemed
Date: Feb 3, 2009 8:55 PM
Subject: Robib TM Clinic February 2009, Case#3, Sum Ra, 46F (Trapang Reusey Village)
To: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Rithy Chau;
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for the first day of Robib TM clinic February 2009, Case number 3, Sum Ra, 46F and photos.

Thanks 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

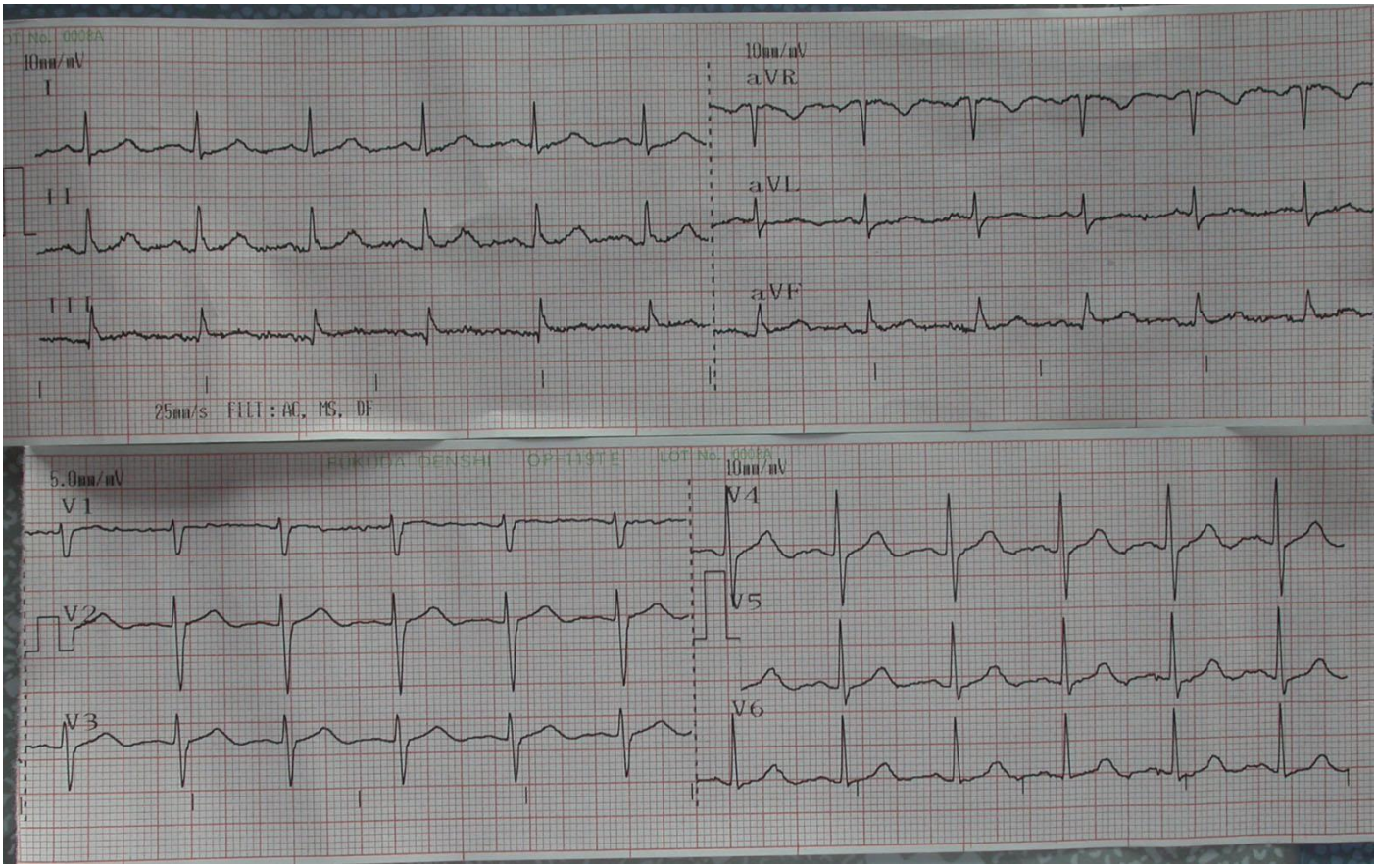
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Sum Ra, 46F (Trapang Reusey Village)**

Chief Complaint (CC): Chest pain x 4month

History of Present Illness (HPI): 46F presented with symptoms of fever, sweating, chill and had malaria check with positive result and got treatment with Malarine (A + M4) x 3d. In third day, she presented with chest tightness, dizziness and seizure with unconsciousness and brought to private clinic in province and told she has reaction to Malarine because she has heart disease. She was treated at private clinic with infusion and a few kind of medicine (injection and po) x 4d. Since coming back from private clinic, she presented with chest pain, stabbing like in left breast area, last in 30mn, radiated to the jaw and left scapular, cold extremity, poor appetite, palpitation. She asked local heal care worker give her injective but her condition seem not better. She was advised to Phnom Penh but she doesn't have money to go. She denied of orthopnea, PND.



Past Medical History (PMH): Unremarkable

Family History: Father with HTN

Social History: No tobacco chewing or smoking, no alcohol drinking

Current Medications:

1. Domperidone 10mg 1t po bid
2. Tanganil 500mg 1t po bid
3. Meprobamate 100mg + Valerian 100mg 1t po bid

And injection by local heal care worker

Allergies: ASA and Vit Bcomplex infusion

Review of Systems (ROS): no cough, no constipation/diarrhea, no edema

PE:

Vitals: BP: 118/82 P: 92 R: 20 T: 36.5^{o}C Wt: 54Kg

General: Look sick

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

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

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

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

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

Lab/study:

RBS: 123mg/dl

EKG attached

Assessment:

1. MI
2. VHD (TR/TS)

Plan:

1. Atenolol 50mg 1/2t po qd for one month
2. Draw blood for TSH and Free T4 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: February 03, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Rithy Chau
Date: Feb 4, 2009 8:42 AM
Subject: Robib TM Clinic February 2009, Case#3, Sum Ra, 46F (Trapang Reusey Village)
To: Robib Telemed
Cc: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Kruy Lim

Dear Sovann,

Again, for this patient, you did not give details on the HPI of her current complaints surround her chest pain. It would be very difficult to give you a clear advice.

According to “stabbing” pain under her breast, this may be a GI related problem of flatus trapped in her GI tract and sometimes could radiated to subscapular area as well. So an antacid may help in this case. As for her heart problem, I do not think she has an MI (based on her EKG reading). The murmur could be from heart, thyroid, anemia or just “innocent” (though this last possibility usually present loudest at apex not tricuspid area. What is her O2 sat? Can you check her Hb and if low, do a colocheck and draw a CBC, chem, BUN, creat, TSH to bring back?

I would not give any medication right now except for deworming or if anemic iron supplement. Ask her to stop all those medication if possible and recheck malaria smear again.

Thanks for the cases and hope this will help.

Rithy

From: Robib Telemed
Date: Feb 4, 2009 8:36 PM
Subject: Robib TM Clinic February 2009, Case#4, Ai Lun, 75F (Rovieng Tbong Village)
To: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the second day for Robib TM clinic February 2009 and there four new cases and one follow up. This is case number 4, continued from yesterday, Ai Lun, 75F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

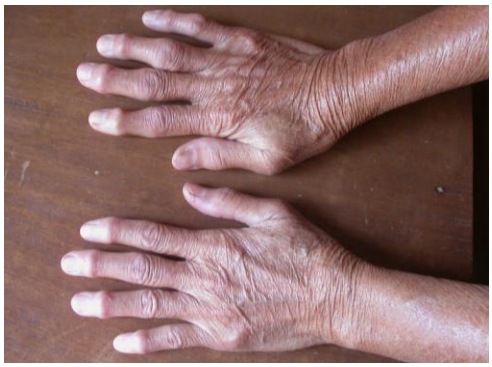
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Ai Lun, 75F (Rovieng Tbong Village)

Chief Complaint (CC): Joint pain x 10y

History of Present Illness (HPI): 75F presented with symptoms of joint pain, swelling, erythema, warmth on both knee joint and got treatment with local heal care worker with pain killer then the joint pain developed to other joint as DIP, PIP, wrist joint and elbow. She developed 2 to 3 times of joint pain per year. Now condition became stable, no swelling, no erythema, no stiffness.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: No smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Epigastric pain, burning sensation, burping with sour taste after eating, no black stool, no stool with blood/mucus, no edema

PE:

Vitals: BP: 131/74 P: 71 R: 20 T: 37^{o}C Wt: 41Kg

General: Look stable

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

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

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

Extremity: Finger joint deformity; other joint, no swelling, no redness, no stiffness

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

Lab/study:

Done on February 4, 2009
RBS: 127mg/dl

Assessment:

1. Arthritis
2. Dyspepsia

Plan:

1. Paracetamol 500mg 1t po qid prn pain
2. Famotidine 20mg 1t po qhs for one month
3. Warm compression on joint with pain
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc 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: February 04, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Rithy Chau
Date: Feb 5, 2009 8:07 AM
Subject: Robib TM Clinic February 2009, Case#4, Ai Lun, 75F (Rovieng Tbong Village)
To: Robib Telemed
Cc: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Her joint problem may be RA. Are the joints more stiff and painful in AM than PM time? Are they better with physical activities than none? Is the stiffness limited her from her daily activities at all? You can draw blood to check for the RF and CBC, but not necessary for the other tests. I agree with using painkiller for her pain prn. If RF positive, may want to add chloroquine qd as well. If she can afford on her own to have hand x-ray done at K Thom.

Rithy

From: Paul Heinzelmann
Date: Feb 5, 2009 9:02 PM
Subject: Robib TM Clinic February 2009, Case#4, Ai Lun, 75F (Rovieng Tbong Village)
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, robibtelemed@gmail.com, tmed_rithy@online.com.kh

Sovann,

Your plan makes sense. She has classic Herberden's nodes on her fingers - these occur with osteoarthritis. (See: http://en.wikipedia.org/wiki/Heberden%27s_node)

Best,
Paul Heinzelmann, MD

From: Robib Telemed
Date: Feb 4, 2009 8:38 PM
Subject: Robib TM Clinic February 2009, Case#5, Kong Hin, 68F (Ton Laep Village)
To: Rithy Chau; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 5, Kong Hin, 68F 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: Kong Hin, 68F (Ton Laep Village)

Chief Complaint (CC): HA and neck tension x 2y

History of Present Illness (HPI): 68F presented with symptoms of HA, neck tension, palpitation, dizziness, weakness and have BP check, it was elevated and got treatment with antihypertensive. In last three months, she presented with palpitation, HA, neck tension, dizziness and went to private clinic in province and told she has hypertension and prescribed her with Amlodipine 5mg 1t po qd. Now she became stable and denied of fever, dyspnea, chest pain, nausea, vomiting, stool with blood or mucus, oliguria, dysuria, edema.

Past Medical History (PMH): PTB with complete treatment in 2006

Family History: None

Social History: Chewing tobacco, no alcohol drinking

Current Medications:
1. Nifedipine 10mg 1t po qd

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:
Vitals: BP: 125/62 P: 92 R: 20 T: 37^{o}C Wt: 36Kg

General: Look stable

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

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

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

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

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

Lab/study:

Done on February 4, 2009
U/A protein 3+

Assessment:

1. HTN

Plan:

1. Nifedipine 20mg 1/2t po qd
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc 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: February 04, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Rithy Chau
Date: Feb 5, 2009 8:22 AM
Subject: Robib TM Clinic February 2009, Case#5, Kong Hin, 68F (Ton Laep Village)
To: Robib Telemed
Cc: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I discussed this case with Dr. Rin concerning her proteinuria and she agreed to continue with Nifedipine but since 10mg is short acting, you need to give her bid instead. I agree with drawing for blood works and will follow her up next month. Please educate her on low fat/salt diet and regular exercise.

Thanks,

Rithy

From: Lim kruy
Date: Feb 6, 2009 10:09 AM
Subject: Robib TM Clinic February 2009, Case#5, Kong Hin, 68F (Ton Laep Village)
To: Rithy Chau; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Robib Telemed
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Nifedipine SR 20mg could not break down (need to use the whole table but is too hiht dose for her). Amlodipine is good idea to continue.

If no then waiting result of crea if normal, then HCTZ 12.5mg qd or atenolol 12.5mg qd

Please call back to village to stop nifedipineSR.

Thanks

Kruy

From: Robib Telemed
Date: Feb 4, 2009 8:42 PM
Subject: Robib TM Clinic February 2009, Case#6, Srey Prum, 74M (Bang Korn Village)
To: Kathy Fiamma <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <pheinzelmann@partners.org>, Cornelia Haener <cornelia_haener@online.com.kh>, Kruy Lim <kruylim@yahoo.com>, Rithy Chau <tmed_rithy@online.com.kh>
Cc: Bernie Krisher <bernie@media.mit.edu>, Thero Noun <thero@cambodiadaily.com>, Laurie & Ed Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 6, Srey Prum, 74M 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 Prum, 74M (Bang Korn Village)

Chief Complaint (CC): Extremity weakness x 5y

History of Present Illness (HPI): When he was 15y old, he has felt down from coconut tree with sitting position and unconscious x 1d, lumbar spine fracture, incontinence with passing stool/urine and weakness of left leg and got treatment with traditional healer. 3 months later, he can walk with

assistance and pass stool and urine. In these 5y, he developed with left legs weakness, sometimes incontinence stool and urine and can walk for a short distance with walking stick and assistance. Now his hip and knee joint and muscle became stiff due to prolong immobilize, pain. He has never sought medical care just come to clinic today.

Past Medical History (PMH): Unremarkable

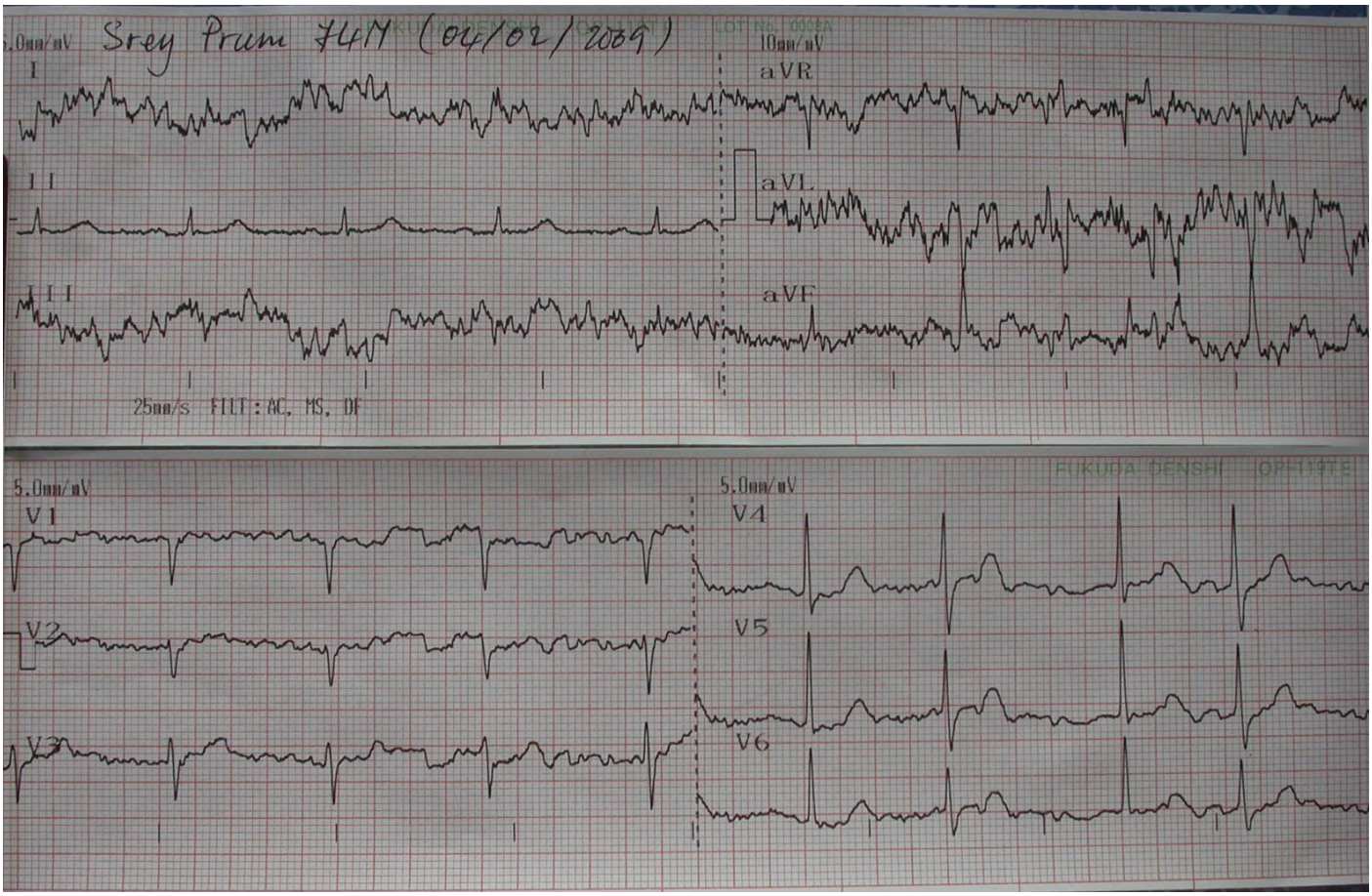
Family History: None

Social History: Smoking 5 cig/d, stopped; casual alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

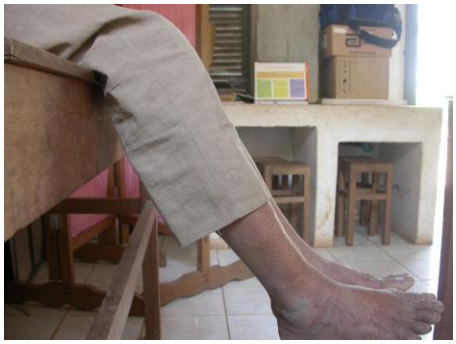


PE:

Vitals: BP: 118/73 P: 68 R: 20 T: 37^{o}C Wt: 48Kg

General: look sick, walk with stick and assistance

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



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

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

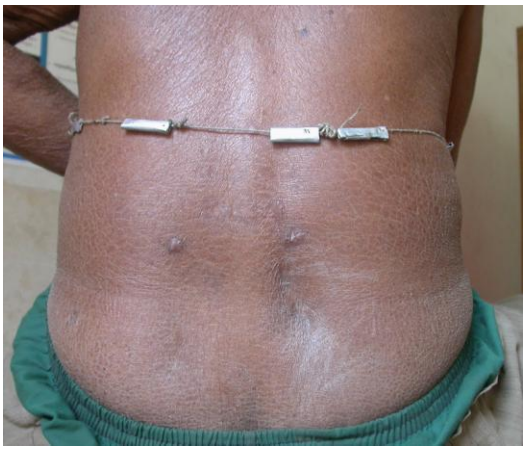
Extremity: no edema, no lesion

MS/Neuro: stiffness of hip rotation and knee flexion/extension, sensory intact, DTRs +3/4, no joint inflammation

Rectal Exam: loose sphincter tone, no mass palpable, neg colocheck

Lab/study:

Done on February 4, 2009
U/A normal
EKG attached



Assessment:

1. Lumbar spine fracture with nerve compression
2. Musculoskeletal stiff due to prolong immobilize

Plan:

1. Paracetamol 500mg 1t po qd
2. Do regular exercise of the extremity and mobilize as possible

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: February 04, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Rithy Chau
Date: Feb 5, 2009 8:27 AM
Subject: Robib TM Clinic February 2009, Case#6, Srey Prum, 74M (Bang Korn Village)
To: Robib Telemed
Cc: Kathy Fiamma; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Cornelia Haener; Kruy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

This patient may need to be referred to Kien Kleng Hospital for evaluation of his old injury. Also, can you repeat his EKG, it is very difficult for me to read with so much interference.

Rithy

From: Crocker, J.Benjamin,M.D.
Sent: Wednesday, February 04, 2009 5:58 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic February 2009, Case#6, Srey Prum, 74M (Bang Korn Village)

This gentleman with a history of remote vertebral injury, incontinence and lower leg weaknes, presenting now with **NEW** chronic left leg weakness, and stool/urine incontinence and muscles stiffness needs further evaluation. The remote vertebral fracture from 15 yrs of age (nearly 40 years ago) should be well and healed. If he has similar new symptoms, he needs at the very least an xray. Leg weakness is vague, and you need to specify which muscle groups of the left leg are involved. That being said, the invovlement of incontinence suggests sacral spinal cord involvement as well as perhaps lower lumbar spinal cord involvement given the leg weakness. You've not documented muscle strength or tone, which are important factors of the neurologic exam. The EKG is very poor and is essentially unterpretable other than he has sinus rhythm.

Does he have night sweats, fevers, wt loss or anything to suggest infection or malignancy?

would consider CBC, ESR, screen for TB, more complete neuro exam, lumbar-sacral spine xrays, and consider further imaging (CT or MRI) if at all possible. NEEDS CLOSE FOLLOW UP TO DOCUMENT THAT HE IS NOT DEVELOPING CORD COMPRESSION!!

all the best,
Dr. Ben Crocker

From: **Cornelia Haener**
Date: Feb 6, 2009 6:06 PM
Subject: RE: Robib TM Clinic February 2009, Case#6, Srey Prum, 74M (Bang Korn Village)
To: Robib Telemed; Kathy Fiamma; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I would like to apologize for my delay in responding to this case. I was not able to download my emails due to a virus.

What is the range of motion of hips and knees? Can he fully extend these joints or is there a flexion contracture? How much can he flex knees and hips?

Kind regards

Cornelia

From: Robib Telemed
Date: Feb 4, 2009 8:45 PM
Subject: Robib TM Clinic February 2009, Case#7, Yi Seart, 53M (Rovieng Cheung Village)
To: Rithy Chau; Kruy Lim; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is number 7, Yi Seart, 53M 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: **Yi Seart, 53M (Rovieng Cheung Village)**

Chief Complaint (CC): Upper limb tremor x 2y

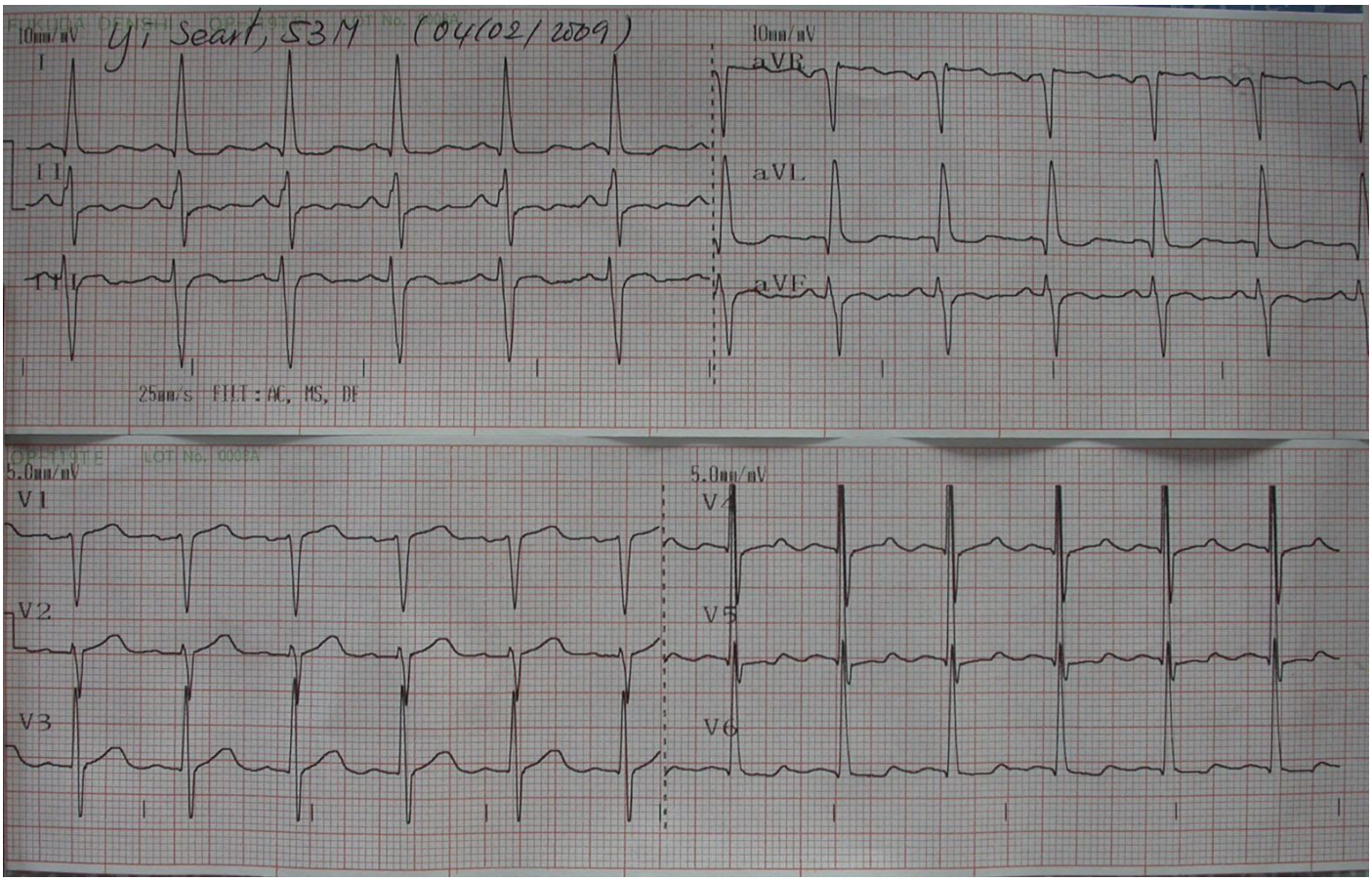
History of Present Illness (HPI): 53M presented with symptoms of palpitation, fatigue, dizziness, HA and had checked BP at private clinic with elevated BP but didn't get treatment and one year later, he developed with upper limb tremor, which is unable to write or eating food and difficult to lift heavy thing (about 5kg). He never sought medical care and denied of chest pain, dyspnea, GI problem, edema, any trauma.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 2packs of cig/d over 20y, casual alcohol drinking

Current Medications: None



Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: (L) 212/138, (R) 207/127 P: 99 R: 20 T: 36.5°C Wt: 50Kg

General: Look stable

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

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

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

Extremity: upper limb tremor

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +3/4, normal gait

Lab/study:

Done on February 4, 2009
U/A protien 3+, blood trace

Assessment:

1. HTN

Plan:

1. Atenolol 50mg 1t po bid for one month
2. ASA 300mg 1/4t po qd for one month
3. Send to Kg Thom for CXR
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc 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: February 04, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Rithy Chau
Date: Feb 5, 2009 8:38 AM
Subject: RE: Robib TM Clinic February 2009, Case#7, Yi Seart, 53M (Rovieng Cheung Village)
To: Robib Telemed
Cc: Kruy Lim; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Can you make sure that the UA strip is still good? It is concerning that both the HTN patients has 3+ proteinuria. If this is true then Atenolol may not be helpful with this complication. Start him on Captopril 25mg 1 bid instead and check the labs you requested. What lead you to do his EKG? I know his heart rate is a high normal and complaint of palpitation, but exam normal. You can add TSH on his tests also.

Also, ask him to stop smoking.

Rithy

From: Lim kruy
Date: Feb 6, 2009 9:52 AM
Subject: RE: Robib TM Clinic February 2009, Case#7, Yi Seart, 53M (Rovieng Cheung Village)
To: Robib Telemed; Rithy Chau

bong rithy and sovann,

This is severe hypertension case. Ideally he need to drug as out patient.

facial may be somehow eye lid edema?? if the case, he may had back renal failure.

BP should be controle immediately.

EKG it seem prolong PR interval with partern of abnormal ST depression and Q wave on avl. it seem on the old MI or angina???

please check the result of renal if true failure, either atenole or captoprile is not the first choice. we do have amlodipne and propranolole can be the first drug of choice. we can discuss then with the result.

did you check the BP on the next day, how is fundoscopy? when is the last drink?

Kruy

From: Robib Telemed
Date: Feb 4, 2009 8:49 PM
Subject: Robib TM Clinic February 2009, Case#8, Be Jougnie, 48M (Taing Treuk Village)
To: Cornelia Haener; Rithy Chau; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for Robib TM Clinic February 2009, Be Jougnie, 48M and photos. Please reply to the cases before Thursday afternoon so the treatment plan can be made accordingly.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Bae Jougnie, 48M (Taing Treuk Village)

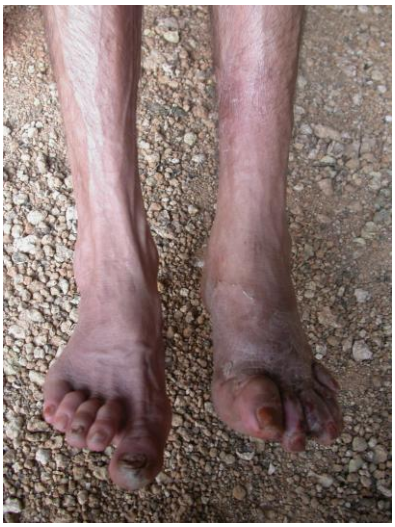
Subjective: 48M, with chronic foot wound, who was sent to SHCH in 2001 and treated over there. He come follow up with Telemedicine clinic and his foot wound was cleaned, became much better and missed follow up three months. He said in this one month, his left foot wound became worse with swelling, erythema, sever pain, foul smelling, with discharge come out and got treatment with Penicillin 2t po tid x 7d and clean by soaking in boiling water mixed with traditional medicine. Now his foot became a bit better than last week. He still drinks alcohol about 1/2L per day and just stop during his foot became worse.

Current Medications:

1. Penicillin 2t po tid x 7d

Allergies: NKDA

Objective:



VS: BP: 110/83 P: 90 R: 20 T: 37
Wt: 45kg

PE (focused):

General: Look stable

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

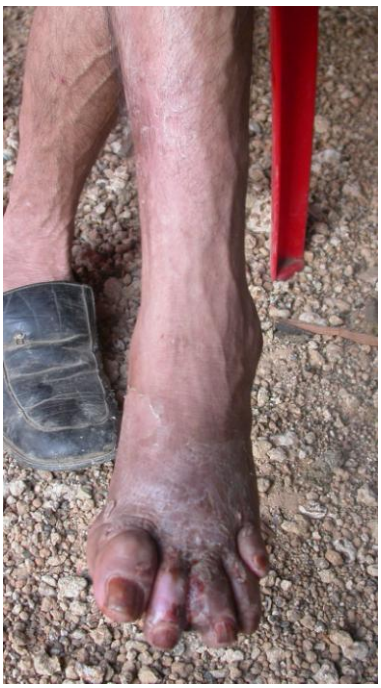
Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

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

Extremity: Left foot wound, swelling, erythema, foul smelling, with discharge come out, dark color skin, decreased dorsalis pedis pulse, right foot presented with some callus skin on the plantar surface

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

Labs/Studies: None



Assessment:

1. Chronic infected wound of left foot

Plan:

1. Refer to SHCH for surgical consultation
2. Comtrimoxazole 480mg 1t po bid x 1m
3. Metronidazole 250mg 2t po tid x 1m
4. Ibuprofen 200mg 2t po bid prn pain
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: February 04, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Paul Heinzelmann
Date: Feb 5, 2009 9:08 PM
Subject: Re: FW: Robib TM Clinic February 2009, Case#8, Be Jougnie, 48M (Taing Treuk Village)
To: "Fiamma, Kathleen M."; robibtelemed@gmail.com, tmed_rithy@online.com.kh

Sovann,

I completely agree - he needs to be addressed aggressively with debridement, antibiotics. There is also a concern for osteomyelitis - ESR, xray will be helpful. Is it possible he has diabetes - is there decreased sensation to touch on that foot or other foot?

Best,

Paul Heinzelmann, MD

From: Cornelia Haener
Date: Feb 6, 2009 6:10 PM
Subject: RE: Robib TM Clinic February 2009, Case#8, Be Jougnie, 48M (Taing Treuk Village)
To: Robib Telemed; Rithy Chau; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thanks for these case. I agree with your referral to the SHCH for a surgical consultation.

I apologize for my delay in responding during a time I was not able to down load the emails.

Kind regards

Cornelia

From: Robib Telemed
Date: Feb 5, 2009 8:37 PM
Subject: Robib TM clinic February 2009 cases received
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau

Dear Kathy,

For Robib TM clinc February 2009, I have just received reply of two cases from you. And below are the cases received:

Case#1, Khoem Sokunthea, 40F
Case#2, Sao La, 62F

Please send me the reply of the remaining cases.

Thank you very much for the reply to the cases for Robib TM Clinic February 2009.

Best regards,
Sovann

Thursday, February 05, 2009

Follow-up Report for Robib TM Clinic

There were 7 new patients and 1 follow up patient seen during this month Robib TM Clinic, and other 45 patients came for medication refills only. The data of all 8 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 TM Clinic February 2009

1. Khoem Sokunthea, 40F (Rovieng Tbong Village)
Diagnosis:

1. Diffuse goiter
2. Hyperthyroidism?

Treatment:

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

Lab result on February 06, 2009

TSH	=17.76	[0.49 – 4.67]
Free T4	=3.15	[9.14 – 23.81]
Free T3	=0.89	[1.45 – 3.48]

2. Sao La, 62F (Thnal Keng Village)
Diagnosis:

1. Gastritis
2. Otitis media (right)
3. HTN?

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Paracetamol 500mg 1t po qid prn pain (#30)
4. Recheck BP in next month

3. Sum Ra, 46F (Trapang Reusey Village)
Diagnosis:

1. Dyspepsia
2. MI?
3. VHD (TR/TS)?

Treatment:

1. Famotidine 20mg 1t po qhs for one month (#30)
2. MTV 1t po qd for one month (#30)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH

Lab result on February 06, 2009

WBC	=6.0	[4 - 11x10^{9}/L]	Na	=143	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=10.3	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=34	[35 - 47%]	BUN	=2.5	[0.8 - 3.9]
MCV	=69	[80 - 100fl]	Creat	=92	[44 - 80]
MCH	=21	[25 - 35pg]	Gluc	=6.0	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=240	[150 - 450x10^{9}/L]			
Lym	=2.6	[1.0 - 4.0x10^{9}/L]			
TSH	=1.26	[0.49 – 4.67]			

4. Ai Lun, 75F (Rovieng Tbong Village)
Diagnosis:
1. Osteoarthritis
2. Dyspepsia

Treatment:
1. Paracetamol 500mg 1t po qid prn pain (#50)
2. Famotidine 20mg 1t po qhs for one month (#30)
3. Warm compression on joint with pain
4. Send to Kg Thom for Hand x-ray
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, RF at SHCH

Lab result on February 06, 2009

WBC	=3.8	[4 - 11x10^{9}/L]	Na	=145	[135 - 145]
RBC	=3.8	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=7.1	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=26	[35 - 47%]	BUN	=1.6	[0.8 - 3.9]
MCV	=67	[80 - 100fl]	Creat	=83	[44 - 80]
MCH	=19	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=28	[30 - 37%]			
Plt	=257	[150 - 450x10^{9}/L]			
Lym	=1.7	[1.0 - 4.0x10^{9}/L]			
RF	= negative				

5. Kong Hin, 68F (Ton Laep Village)
Diagnosis:
1. HTN

Treatment:
1. Nifedipine 20mg 1/2t po bid (#30)
2. Eat low salt/fat diet and regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

Lab result on February 06, 2009

WBC	=9.1	[4 - 11x10^{9}/L]	Na	=145	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=11.1	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=73	[80 - 100fl]	Creat	=107	[44 - 80]
MCH	=22	[25 - 35pg]	Gluc	=5.4	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=4.8	[<5.7]

Plt	=212	[150 - 450x10^9/L]	TG	=1.2	[<1.71]
Lym	=3.4	[1.0 - 4.0x10^9/L]			
Mxd	=3.1	[0.1 - 1.0x10^9/L]			
Neut	=2.6	[1.8 - 7.5x10^9/L]			

6. Srey Prum, 74M (Bang Korn Village)
Diagnosis:

1. Lumbar spine fracture with nerve compression
2. Musculoskeletal stiff due to prolong immobilize

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#50)
2. Do regular exercise of the extremity and mobilize as possible
3. Advise to Kean Klang for surgical consultation

7. Yi Seart, 53M (Rovieng Cheung Village)
Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1t po bid for one month (#70)
2. ASA 300mg 1/4t po qd for one month (#10)
3. Send to Kg Thom for CXR
4. Stop cig smoking
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG, TSH at SHCH

Lab result on February 06, 2009

WBC	=6.8	[4 - 11x10^9/L]	Na	=146	[135 - 145]
RBC	=4.8	[4.6 - 6.0x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=13.4	[14.0 - 16.0g/dL]	Cl	=109	[95 - 110]
Ht	=41	[42 - 52%]	BUN	=2.3	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=121	[53 - 97]
MCH	=28	[25 - 35pg]	Gluc	=6.1	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.0	[<5.7]
Plt	=274	[150 - 450x10^9/L]	TG	=1.7	[<1.71]
Lym	=2.5	[1.0 - 4.0x10^9/L]	TSH	=1.37	[0.49 – 4.67]
Mxd	=0.8	[0.1 - 1.0x10^9/L]			
Neut	=3.5	[1.8 - 7.5x10^9/L]			

8. Bae Jougnie, 48M (Taing Treuk Village)
Diagnosis:

1. Chronic infected wound of left foot

Treatment:

1. Refer to Kean Klang for surgical consultation

Patients who come for follow up and refill medication

1. Ban Lay, 34F (Koh Pon Village)
Diagnosis:

1. Diffuse goiter
2. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/2t po bid for one month (# 30)
2. Carbimazole 5mg 1t po tid for one month (#90)
3. Draw blood for Free T4 at SHCH

Lab result on February 6, 2009

Free T4 =7.24 [9.14 – 23.81]

2. Chan Thoeun, 50F (Sralou Srong Village)
Diagnosis:
1. Mild to moderate Aortic regurgitation

Treatment:
1. Captopril 25mg 1/4t po bid for two months (# 30tab)
2. ASA 300mg 1/4t po qd for two months (# 15tab)

3. Chea Kimheng, 34F (Taing Treuk Village)
Diagnosis:
1. ASD by 2D echo on August 2008

Treatment:
1. ASA 300mg 1/4t po qd for two months (#15)
2. Atenolol 50mg 1/2t po qd for two months (#30)

4. Chourb Kimsan, 56M (Rovieng Tbong Village)
Diagnosis:
1. HTN
2. Right Side stroke with left side weakness
3. DMII

Treatment:
1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Captopril 25mg 1t po bid for one month (#60)
3. ASA 300mg 1/2t po qd for one month (#15)
4. Metformin 500mg 2t po qhs for one month (#60)
5. Glibenclamide 5mg 1t po qd for one month (#30)
6. Review on diabetic diet, regular exercise and foot care

5. Chhim Bon, 71F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 12.5mg 2t po qd for three months (#180)
2. Eat low Na+ diet and do regular exercise

6. Chhin Chheut, 13M (Trapang Reusey Village)
Diagnosis:
1. Renal Rickettsia (per AHC in Siem Reap)
2. Cachexia
3. Nephrotic Syndrome

Treatment:
1. Ca/Vit D_3 500/400 1t po bid
2. Draw blood for Ca^{2+} and Mg^{2+} at SHCH

Lab result on 09 January, 2009

Ca^{2+} =0.92 [1.12 – 1.32]
Mg^{2+} =1.62 [0.8 – 1.0]

7. Em Thavy, 36F (Thnal Keng Village)
Diagnosis:
1. Diffuse Goiter

2. Euthyroid

Treatment:

1. Carbimazole 5mg 1t po tid for one month (#90)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on February 6, 2009

Free T4 =8.69 [9.14 – 23.81]

8. Khi Ngorn, 63M (Rovieng Cheung Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 4t po qd for three months (#360)
2. Do regular exercise

9. Kouch Be, 76M (Thnout Malou Village)
Diagnosis

1. HTN
2. COPD

Treatment

1. Nifedipine 20mg 1/2t po qd for three months (# 45)
2. Salbutamol Inhaler 2 puffs prn SOB for three months (# 3)

10. Kul Chheung, 78F (Taing Treuk)
Diagnosis:

1. HTN
2. COPD

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (#180)
2. Salbutamol inhaler 2puffs prn SOB for three months (#3vials)

11. Leng Hak, 70M (Thnout Malou Village)
Diagnosis:

1. HTN
2. Stroke
3. Muscle Tension
4. CHF??

Treatment:

1. Nifedipine 20mg 1/4t po q8h for two months (# 50)
2. Atenolol 50mg 1t po q12h for two months (# 120)
3. HCTZ 12.5mg 2t po qd for two months (# 120)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. MTV 1t po qd for two months (# 60)
6. Paracetamol 500mg 1t po qid prn for two months (# 60)

12. Meas Kong, 55F (Rovieng Tbong Village)
Diagnosis:

1. DMII with PNP
2. HTN

Treatment:

1. Glibenclamide 2t po bid for one month (#120)
2. Metformin 500mg 2t po qhs for one month (#60)

3. Captopril 1t po tid for one month (#90)
4. ASA 300mg 1/2t po qd for one month (#15)
5. Amitriptylin 25mg 1/2t po qhs for one month (#15)
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C, TSH at SHCH

Lab result on February 6, 2009

WBC	=9.2	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=4.3	[3.9 - 5.5x10^{12}/L]	K	=4.9	[3.5 - 5.0]
Hb	=11.2	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=33	[35 - 47%]	BUN	=3.3	[0.8 - 3.9]
MCV	=78	[80 - 100fl]	Creat	=172	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=10.4	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	T. Chol	=7.5	[<5.7]
Plt	=198	[150 - 450x10^9/L]	TG	=3.1	[<1.71]
Lym	=3.1	[1.0 - 4.0x10^9/L]	HbA1C	=14.6	[4 - 6]
			TSH	=0.56	[0.49 – 4.67]

13. Neth Ratt, 37M (Otalauk Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (#120)
3. MTV 1t po qd for one month (# 30)
4. FeSO4/Folate 200/0.25mg 1t po qd for one month (# 30)

14. Nhem Sok Lim, 59F (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 2t po qd for one month (#60)
2. Metformin 500mg 2t po qhs for one month (#60)
3. Captopril 25mg 1/2t po bid for one month (#30)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 6, 2009

Gluc	=8.4	[4.2 - 6.4]
HbA1C	=10.7	[4 – 6]

15. Nop Sareth, 38F (Kampot Village)
Diagnosis:
1. Cardiomegaly
2. VHD (MS/TR)

Treatment:
1. Atenolol 50mg ½ t po qd for two months (# 30)
2. Captopril 25mg ¼ po bid for two months (# 30)
3. ASA 300mg 1/4t po qd for two months (# 15)

16. Nung Bopha, 45F (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 1t po qhs for two months (#60)
2. Captopril 25mg 1/4t po bid for two months (#30)

3. ASA 300mg 1/4t po qd for two months (#15)

17. Pheng Roeung, 61F (Thnout Malou Village)
Diagnosis:

1. HTN
2. Liver cirrhosis
3. Euthyroid

Treatment:

1. Atenolol 50mg 1t po qd for three months (# 90)
2. Spironolactone 25mg 1t po qd for three months (90)
3. MTV 1t po qd for three months (#90)

18. Phim Sichin, 35F (Taing Treuk Village)
Diagnosis:

1. DMII
2. LVH
3. Cardiomegaly
4. TR/MS
5. Thalassemia
6. Cachexia

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 3t qAM, 2t po qPM for one month (#150)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. ASA 300mg 1/4t po qd for one month (#8)
5. MTV 1t po bid for one month (#60)
6. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 6, 2009

Gluc =17.0 [4.2 - 6.4]
HbA1C =9.0 [4 – 6]

19. Pou Limthang, 42F (Thnout Malou Village)
Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1/2t po tid for one month (#50)
2. Draw blood for Free T4 at SHCH

Lab result on February 6, 2009

Free T4 =15.51 [9.14 – 23.81]

20. Prum Sourn, 65M (Taing Treuk Village)
Diagnosis:

1. CHF with EF 27%
2. LVH
3. VHD (MI, AI)
4. Renal Impairment

Treatment:

1. Captopril 25mg 1/4t po bid for three months (#45)
2. Furosemide 40mg 1t po qd for three months (#90)
3. ASA 300mg 1/4t po qd for three months (#25)

21. Prum Srey, 68M (Ta Tong Village)

Diagnosis:

1. Epilepsy

Treatment:

1. Phenytoin 100mg 1t po tid for two months (#180)
2. MTV 1t po qd for two months (#60)
3. Amitriptylin 25mg 1/2t po qhs for two months (#30)
4. Draw blood for LFT at SHCH

Lab result on February 6, 2009

SGOT =38 [<37]
SGPT =28 [<42]

22. Ros Oeun, 50F (Thnout Malou Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for three months (# 270)
2. Metformin 500mg 2t po bid for three months (# 360)
3. Captopril 25mg 1/2t po bid for three months (# 90)
4. ASA 300mg 1/4t po qd for three months (# 24)

23. Ros Yeth, 55M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po qd for one month (# 60)
2. Captopril 25mg 1/4t po qd for one month (#8)

24. Sa Horn, 68M (Rom Chek Thmey Village)
Diagnosis:

1. HTN
2. Arthritis

Treatment:

1. HCTZ 12.5mg 4t po qd for two months (#240)
2. ASA 300mg 1/4t po qd for two months (#15)
3. Paracetamol 500mg 1t po qid prn pain/fever (#50)

25. Sao Ky, 71F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

1. HCTZ 12.5mg 2t po qd for three months (# 180)

26. Sao Lim, 73F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (# 180)
2. ASA 300mg ¼ t po qd for three months (# 25)
3. MTV 1t po qd for three months (# 90)

27. Sao Phal, 57F (Thnout Malou)

Diagnosis:

1. HTN
2. Anxiety

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (# 180)
2. Amitriptylin 25mg 1t po qhs for three months (# 90)
3. Paracetamol 500mg 1t po qid prn pain/HA for three months (#50)

28. Sath Rim, 51F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII with PNP
3. Renal Failure
4. Anemia

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Atenolol 50mg 1t po bid for one month (# 60)
3. Nifedipine 20mg 1/2t po bid for one month (# 35)
4. Amitriptylin 25mg 1t po qhs for one month (# 30)
5. FeSO4/Folate 200/0.25mg 1t po qd for one month (# 30)
6. Folic Acid 5mg 1t po qd for one month (# 30)
7. ASA 300mg 1/4t po qd for one month (#8)

29. Say Soeun, 67F (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (# 120)
2. Metformin 500mg 2t po qhs for two months (# 120)
3. Captopril 25mg 1t po bid for two months (# 120)
4. Atenolol 50mg 1/2t po bid for two months (#60)
5. ASA 300mg ¼t po qd for two months (# 15)
6. MTV 1t po qd for two months (# 60)

30. Seung Savorn, 48M (Sre Thom Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (# 180tab)

31. So Putheara, 13M (Thnal Keng Village)

Diagnosis:

1. Nephrotic syndrome

Treatment:

1. Prednisolone 5mg 3t po qd for one month (# 90)

32. Sok Thai, 69M (Taing Treuk Village)

Diagnosis:

1. Stroke

Treatment:

1. ASA 300mg 1/2t po qd for three months (# 45)
2. MTV 1t po qd for three months (#90)

33. Svay Tevy, 42F (Thnout Malou Village)
Diagnosis:

1. MDII

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (# 240)
2. Metformin 500mg 2t po bid for two months (# 240)
3. Captopril 25mg 1/4t po qd for two months (# 15)
4. ASA 300mg 1/4t po qd for two months (# 15)

34. Srey Reth, 51F (Kampot Village)
Diagnosis:

1. Migraine HA

Treatment:

1. Paracetamol 500mg 1t po qid prn for two months (#50)

35. Tann Sopha Nary, 22F (Thnout Malou Village)
Diagnosis

1. Euthyroid Goiter

Treatment

1. Carbimazole 5mg 1/2t po tid for one month (# 50)
2. Draw blood for Free T4 at SHCH

Lab result on February 06, 2009

Free T4 =10.44 [9.14 – 23.81]

36. Tann Sou Hoang, 50F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po qhs for two months (#120)
2. Captopril 25mg 1/4t po qd for two months (#15)
3. ASA 300mg 1/4t po qd for two months (#15)
4. Review on diabetic diet, do regular exercise and foot care

37. Thoang Tey, 72F (Rovieng Cheung Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for two months (#120)

38. Thon Mai, 78M (Boeung Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 1t po qhs for one month (#30)
3. Captopril 25mg 1/4t po qd for one month (#8)
4. ASA 300mg1/4t po qd for one month (#8)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 06, 2009

Gluc =6.7 [4.2 - 6.4]
HbA1C =6.8 [4 – 6]

39. Thorng Khourn, 70F (Bak Dong Village)
Diagnosis:

1. Liver Cirrhosis
2. Hepatitis C
3. Hypochromic Microcytic Anemia
4. Euthyroid Goiter (Nodular)

Treatment:

1. Spironolactone 25mg 1t po bid for two months (# 120)
2. FeSO4/Vit C 500/105mg 1t po qd for two months (# 60)
3. MTV 1t po qd for two months (# 60)

40. Tith Hun, 56F (Ta Tong Village)
Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. Captopril 25mg 1t po bid for two months (# 120tab)
2. Atenolol 50mg 1/2t po bid for two months (# 60tab)
3. Mg/Al(OH)3 250/120mg chew 2t po bid prn (#50tab)

41. Um Sam Oul, 40M (Sleng Tourl Village)
Diagnosis:

1. PUD
2. Hepatitis C
3. Hepatitis B

Treatment:

1. Famotidine 20mg 1t po qhs for one month (#30)
2. Send to Kg Thom for abdominal U/S

42. Un Chhourn, 40M (Taing Treuk Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Captopril 25mg 1/4t po qd for one month (# 8)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 06, 2009

Gluc =7.1 [4.2 - 6.4]
HbA1C =7.5 [4 – 6]

43. Un Chhorn, 45M (Taing Treuk Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for one month (# 30tab)
2. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 06, 2009

Gluc =8.4 [4.2 - 6.4]
HbA1C =7.0 [4 – 6]

44. Vong Yan, 72F (Boeung Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 12.5mg 2t po qd for two months (#120)

45. Yin Hun, 72F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 12.5mg 2t po qd for two months (#120)

The next Robib TM Clinic will be held on March 02-06, 2009