Robib *Telemedicine* **Clinic**

Preah Vihear Province

F E B R U A R Y 2 0 1 0

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

On Monday, February 1, 2010, 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 2 & 3, 2010, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 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 3 & 4, 2010.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, 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: Robib Telemedicine
To: Cornelia Haener ; Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Kevin O' brien ; Laurie & Ed Bachrach ; Sutton Whitaker ; Sochea Monn ; Samoeurn Lanh ; Eang Tea ; Peou Ouk
Sent: Monday, January 25, 2010 7:21 AM
Subject: Schedule for Robib Telemedicine Clinic February 2010

Dear all,

I would like to inform you that Robib Telemedicine Clinic February 2010 will be starting from February 1, 2010 and coming back on February 5, 2010.

The agenda for the trip is as following:
1. On Monday February 1, 2010, the driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday February 2, 2010, the clinic opens to see the patients (New and Follow up) for the whole morning then patients' data will be typed up into the computer in afternoon and send to both partners in Boston and Phnom Penh.
3. On Wednesday February 3, 2010, the activity is the same as on Tuesday.
4. On Thursday February 4, 2010, download all the answers replied from both partners in Boston and Phnom Penh then the treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday February 5, 2010, 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 this project.

Best regards,
Sovann

From: Robib Telemedicine
To: Cornelia Haener ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, February 02, 2010 8:05 PM
Subject: Robib TM Clinic February 2010, Case#1, Chhom Chhi, 15M (Damnak Chen Village)

Dear all,

Today is the first day for Robib TM clinic February 2010, there are three new cases and one follow up case. This is case number 1, Chhom Chhi, 15M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

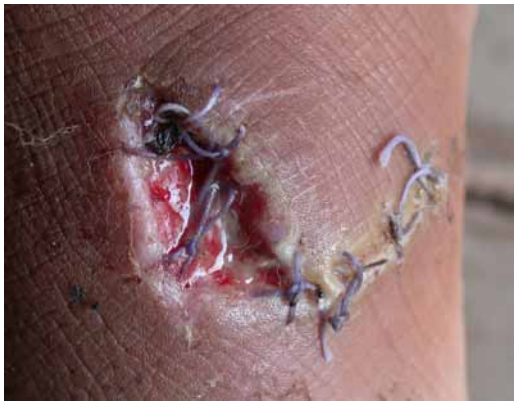
Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Chhom Chhi, 15M (Damnak Chen Village)**

Chief Complaint (CC): Right foot wound x 10 days

History of Present Illness (HPI): 15M, student, tried to break the firewood for daily cooking and the axe cut to his right food and his mother sought the traditional medicine to apply on it. In three days, his wound became infected with bad smelling, swelling, and redness around the wound, moderate pain, and he was brought to local health center and was sutured about 6 stitches, treated with Antibiotic and Paracetamol for 3d and advised to clean wound every day at home but his wound seems not better.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Student

Current Medications: Paracetamol 500mg 1t po prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 96/71 P: 78 R: 22 T: 37°C Wt: 35Kg

General: Stable

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

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

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

Right Foot: Wound about 5cm on the medial dorsum, yellow necrotising tissue, swelling, redness, bad smell, some part is closed by suture, normal dorsalis pedis and posterior tibial pulse

MS/Neuro: Unremarkable

Lab/study: None

Assessment:

1. Infected wound on Right foot

Plan:

1. Clean wound every day with NSS
2. Cloxacillin 500mg 1t po bid x 7d
3. Paracetamol 500mg 1t po qid prn pain

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 2, 2010**

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

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From: Sheridan, Robert L., Burn Unit
Sent: Tuesday, February 02, 2010 10:27 AM
To: Fiamma, Kathleen M.
Subject: Re: Fwd: Robib TM Clinic February 2010, Case#1, Chhom Chhi, 15M (Damnak Chen Village)

I would remove all the sutures and let the infected wound open up and drain. I would elevate the foot and leg with the child recumbent much of the day. I would apply gauze wetted every 8 hours with Dakin's solution (50cc of Chlorox in one liter of clean water). I would change the gauze twice a day and inspect the wound. If the wound does not very quickly improve, or if the child becomes toxic, I would explore the wound in the OR to remove dead/infected tissue and irrigate it clean.

Robert Sheridan, MD

From: Rithy Chau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim' ; 'suttonwhitaker'
Sent: Wednesday, February 03, 2010 9:04 AM
Subject: RE: Robib TM Clinic February 2010, Case#1, Chhom Chhi, 15M (Damnak Chen Village)

Dear Sovann,

Thank you for the cases for today.

For this patient, make sure you remove all the stitches and debride and clean real well and explore it a bit inside whether any wood chip or other foreign object still inside wound to take out; you can use concentrated glucose solution for helping the wound to heal faster. Use Augmentin instead and Ibuprofen for quicker reduction of pain and inflammation.

Please help to educate the HC staff there to ONLY close a wound with stitches within 12 hours (for clean wound) and within 6 hours (if dirty wound, after thorough cleaning). Never close a puncture wound.

Thanks,
Rithy

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Rithy Chau' ; 'Kruy Lim'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Thursday, February 04, 2010 5:56 PM
Subject: RE: Robib TM Clinic February 2010, Case#1, Chhom Chhi, 15M (Damnak Chen Village)

Dear Sovann,

Thanks for submitting this case.

I agree with your plan. I guess all sutures have been removed?

Regards
Cornelia

From: Robib Telemedicine
To: Kruy Lim ; Rithy Chau ; Cornelia Haener ; Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, February 02, 2010 8:07 PM
Subject: Robib TM Clinic February 2010, Case#2, Thung Sivotha, 20F (Trapang Reusey Village)

Dear all,

This is case number 2, Thung Sivotha, 20F 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: Thung Sivotha, 20F (Trapang Reusey Village)

Chief Complaint (CC): Lower abdominal pain x 1 year

History of Present Illness (HPI): 20F, 12 grade student, presented with symptoms of lower abdominal pain, stab like sensation, no radiation and started frequently with carry heavy things, no vomiting, no diarrhea, she went to private clinic in Kg Thom and Abdominal U/S done and told she has left ovarian cyst and treated with 3 kinds of medicine (unknown name) and advised to come back if not better but she didn't come.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Student, no alcohol drinking, no smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): She noted less volume of menstruation, with clot blood sometimes, regularly and LMP on Jan 28, 2010

PE:

Vitals: BP: 102/66 P: 86 R: 20 T: 37^{o}C Wt: 49Kg

General: Stable

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

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no CVA tenderness

Extremities/Skin: No edema, no rashes, no lesion

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

វេជ្ជបណ្ឌិត លឹម ស៊ុនប៊ុនហុង
ពិនិត្យព្យាបាលជំងឺទូទៅ-ពិនិត្យអេកូ
វះកាត់មនុស្សចាស់ -កុមារ

ផ្ទះស្ថិតនៅខាងជើងស្ពានស្ទឹងសែន កំពង់ធំ
ចម្ងាយ ៥០ម៉ែត្រ
Tel: 012 83 65 88
Tel: 092 48 32 28

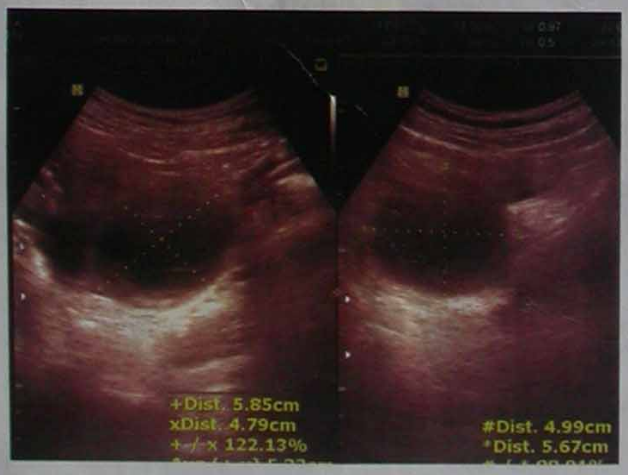
ពិនិត្យអេកូ

-ឈ្មោះអ្នកជំងឺ. : VUTHA អាយុ ១៩ ភេទ ស្រី

-រោគវិនិច្ឆ័យ :

-Foie: Hauteur du foie est 105mm, surface lisse, contour régulier, écho structure fine, homogène , bord inférieur tranchant. Pas de nodule intra parenchymateux.
-VB : La paroi mince et régulière, contenu anéchogène.
-Voies biliaires: Non dilaté.
-Rate et Pancréas: Normal.
-Reins G : Ras .
-Rein D : Volume, forme, structure normales. Absence de calcul ni de stase urinaire.
-Utérus : Ras .
-Annexes : Il existe d'une image hyper-hypoéchogène à contour bien limité de diamètre 56mmx 48 mm à G.
-Vessie : paroi fine de contenue anéchogène.
-Cul de sac costo-diaphragmatique D et G : Libre.
-Cul de sac Douglas: Liquide minime.

**Conclusion*: Echographie abdominale est en faveur d'un kyste de l'ovaire G.



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វេជ្ជ. លឹម ស៊ុនប៊ុនហុង

Lab/study:

On 27 June 2009
Abdominal U/S conclusion: Left ovarian cyst

Assessment:

1. Ovarian Cyst??

Plan:

1. Refer to SHCH for surgical evaluation

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 2, 2010**

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

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From: Rithy Chau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim' ; 'suttonwhitaker'
Sent: Wednesday, February 03, 2010 9:13 AM
Subject: RE: Robib TM Clinic February 2010, Case#2, Thung Sivotha, 20F (Trapang Reusey Village)

Dear Sovann,

Usuallly patient with ovarian cyst, nothing needed to be done if minor symptom (using pain medication like Para or Ibuprofen) or asymptomatic. If her symptom increase with more and frequent pain (no association with heavy lifting per se) and if her menses became irregular, she should seek Gyn consult in PP (at MCH) and if require operation then she can decide with her Gyn physician. You do not need to refer her here to SHCH since we do not specialize in Gyn and she may be able to support herself in seeking consultation in PP.

Thanks,
Rithy

From: Del Carmen, Marcela G., M.D.
Sent: Wednesday, February 03, 2010 3:47 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic February 2010, Case#2, Thung Sivotha, 20F (Trapang Reusey Village)

Her pain may be related to the cyst in the ovary, I agree with the recommendation to refer her to the hospital for surgery.
Hope this is helpful .
Marcela Del Carmen, MD

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Kruy Lim' ; 'Rithy Chau' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Paul J. M.D. Heinzelmann'

Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Thursday, February 04, 2010 5:59 PM
Subject: RE: Robib TM Clinic February 2010, Case#2, Thung Sivotha, 20F (Trapang Reusey Village)

Dear Sovann,

Thanks for submitting this case. I agree with your diagnosis of an ovarian cyst. As the cyst looks well subscript, most likely serous cyst and is only slightly bigger than 5 cm, I suggest that she has a control US in around 3 months. If the cyst gets bigger, a surgical procedure might be indicated.

Regards
Cornelia

From: Robib Telemedicine
To: Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, February 02, 2010 8:09 PM
Subject: Robib TM Clinic February 2010, Case#3, Kim Yat, 28F (Sre Thom Village)

Dear all,

This is case number 3, Kim Yat, 28F 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: **Kim Yat, 28F (Sre Thom Village)**

Chief Complaint (CC): Palpation and fatigue x 3 years

History of Present Illness (HPI): 28F, farmer, had used injective drug birth spacing every 3 months then she developed with symptoms of palpitation, fatigue, dizziness, HA and neck tension and BP taken 160/? Her injective drugs for birth spacing had stopped and treated with Antihypertensive drug for about one month, her symptoms became better and when she stopped taking antihypertensive drug, her symptom developed again. She denied of cough, SOB, chest pain, orthopnea, nausea, vomiting, stool with blood/mucus, edema

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No alcohol drinking, no cig smoking, 3 months post delivery a baby with breast feeding

Current Medications: Antihypertensive drug (unknown name) 1t po qd in the past 3d prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: Rt 140/95, Lf 150/90 P: 123 R: 20 T: 37^{o}C Wt: 40Kg

General: Stable

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

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

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

Extremities/Skin: No edema, no rash, no lesion

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

Lab/study: None

Assessment:

1. Elevated BP

Plan:

1. FeSO4/Folate 200/0.25mg 1t po bid
2. MTV 1t po qd
3. Drink 2-3L/d of water, eat low fats/salt diet
4. Recheck BP in next follow up
5. 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 2, 2010**

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

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From: Tan, Heng Soon,M.D.
Sent: Tuesday, February 02, 2010 3:50 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic February 2010, Case#3, Kim Yat, 28F (Sre Thom Village)

In a young person with moderate hypertension, it would be worthwhile to check for chronic renal disease like glomerulonephritis or renal artery disease as a primary cause of hypertension. BUN, Cr, electrolytes and urinalysis will be useful. Low serum potassium for instance would suggest hyperaldosternism or renal artery stenosis. An active urine sediment with white and red cells and proteinuria would suggest chronic glomerulonephritis. She does not look Cushingnoid. Equal blood pressure in both arms will rule out significant aortic coarctation.

With the past history of hypertension, I would begin her on lisinopril 5 mg daily even on this first visit.

CBC to rule out anemia as a cause of fatigue is a good idea.

Heng Soon Tan, MD

From: Rithy Chau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim' ; 'suttonwhitaker'
Sent: Wednesday, February 03, 2010 9:26 AM
Subject: RE: Robib TM Clinic February 2010, Case#3, Kim Yat, 28F (Sre Thom Village)

Dear Sovann,

Can you measure the BP again with HR and do an ECG on her? If it was the first time we discovered about her elevated BP, then I agree with your plan. However, since she has been treated (even prn) with HTN med, then I am inclined to start her with treatment. Before we start her on treatment can you get repeat BP both arms and pulses (after she rests for 10-15 minutes) and let me know. Add a TSH on her lab request also. If possible have her get a CXR to evaluate whether there is a cardiomegaly or not.

Hope to hear from you soon.
Rithy

From: Robib Telemedicine
To: Cornelia Haener ; Kruy Lim ; Rithy Chau ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, February 02, 2010 8:13 PM
Subject: Robib TM Clinic February 2010, Case#4, Chun Phallith, 13F (Sre Thom Village)

Dear all,

This is case number 4 (follow up), Chun Phallith, 13F and photos. 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

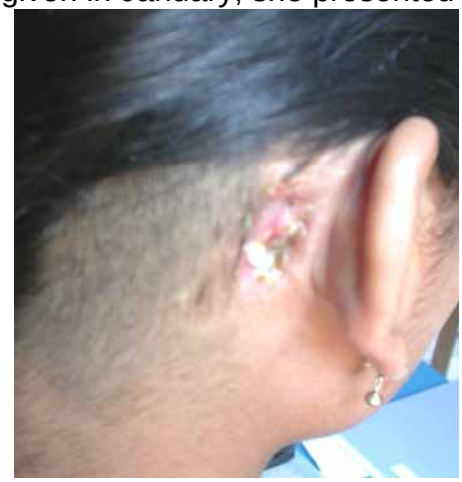
Robib Telemedicine Clinic

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

SOAP Note

Name/Age/Sex/Village: Chun Phallith, 13F (Sre Thom Village)

Subjective: 13F student with diagnosis of Chronic Infected wound, possible Mastoiditis//Amyloidosis?? of Right ear was advised in January to go to Kantha Bopha hospital in Siem Reap, where she got surgical treatment three times, but she didn't go because she is being busy with her study, which semester exam is coming in a few days. She reports after treatment with Medication given in January, she presented with less drainage from the wound and less pain. Her mother told me that she will bring her to Kantha Bopha hospital when her exam finished.



Current Medication:

1. Augementin 875mg 1t po bid x 15d
2. Cotrimoxazole 960mg 1t po bid x 1 month
3. Ketoprofen 200mg 1t po qd prn pain

Allergies: NKDA

Objective:

VS: BP: 110/69 P: 96 R: 22 T: 37 Wt: 45kg

PE (focused):

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, Wound on right post-auricular, erythema, pustular drainage, no swelling, 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: Unremarkable

MS/Neuro: Unremarkable

Lab/study:

Assessment:

1. Chronic Infected wound, possible Mastoiditis/Melioidosis?? (Right ear)

Plan:

1. Augementin 875mg 1t po bid x 15d
2. Cotrimoxazole 960mg 1t po bid x 1 month
3. Naproxen 220mg 1t po bid prn pain
4. Collect the specimen from wound for culture at SHCH (If there is special technique to collect specimen, please give me advise)
5. Refer back to Kuntha Bopha hospital in Siem Reap

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 2, 2010**

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

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From: Rithy Chau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim' ; 'suttonwhitaker'
Sent: Wednesday, February 03, 2010 9:32 AM
Subject: RE: Robib TM Clinic February 2010, Case#4, Chun Phallith, 13F (Sre Thom Village)

Dear Sovann,

I think you meant Meliodosis, not Amiloidosis, right? You can stop with the Augmentin and only continue with Cotrim for several more months. You can have her do the concentrated glucose application to the wound during morning and change dressing at night without the gluc soln (to avoid ants and insect flocking to it).

Rithy

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Kruy Lim' ; 'Rithy Chau' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma >'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Thursday, February 04, 2010 6:01 PM
Subject: RE: Robib TM Clinic February 2010, Case#4, Chun Phallith, 13F (Sre Thom Village)

Dear Sovann,

Thanks for submitting this case.

I am wondering, if you could remove some tissue for bacterial culture so that we can rule out Melioidosis. Augmentin and Cotrimoxazole is certainly a good antibiotic regimen in this situation and would cover Melioidosis.

Thanks
Cornelia

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, February 03, 2010 8:23 PM
Subject: Robib TM Clinic February 2010, Case#5, Hoeung Kun, 66F (Pal Hal Village)

Dear all,

Today is the second day for Robib TM Clinic February 2010, there are five new cases and this is case number 5, continued from Yesterday, Hoeung Kun, 66F 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: **Hoeung Kun, 66F (Pal Hal Village)**

Chief Complaint (CC): Fatigue and swelling of face x 3y

History of Present Illness (HPI): 66F, farmer, presented with symptoms of fatigue, HA, neck tension, dizziness, and bought medicine from pharmacy to solve the symptoms without consulting with medical person. In this 2009 her symptoms became worse and also developed SOB on exertion, noticed swelling of face when getting up from sleep, pain on calf muscle after long walking or at night and asked to local health care worker to check her problem and she was treated with some medicine (unknown name) and her symptoms only better during taking medicine. She denied of cough, Chest pain, orthopnea, stool with blood/mucus, dysuria, hematuria.

Past Medical History (PMH): Unremarkable

Family History: None

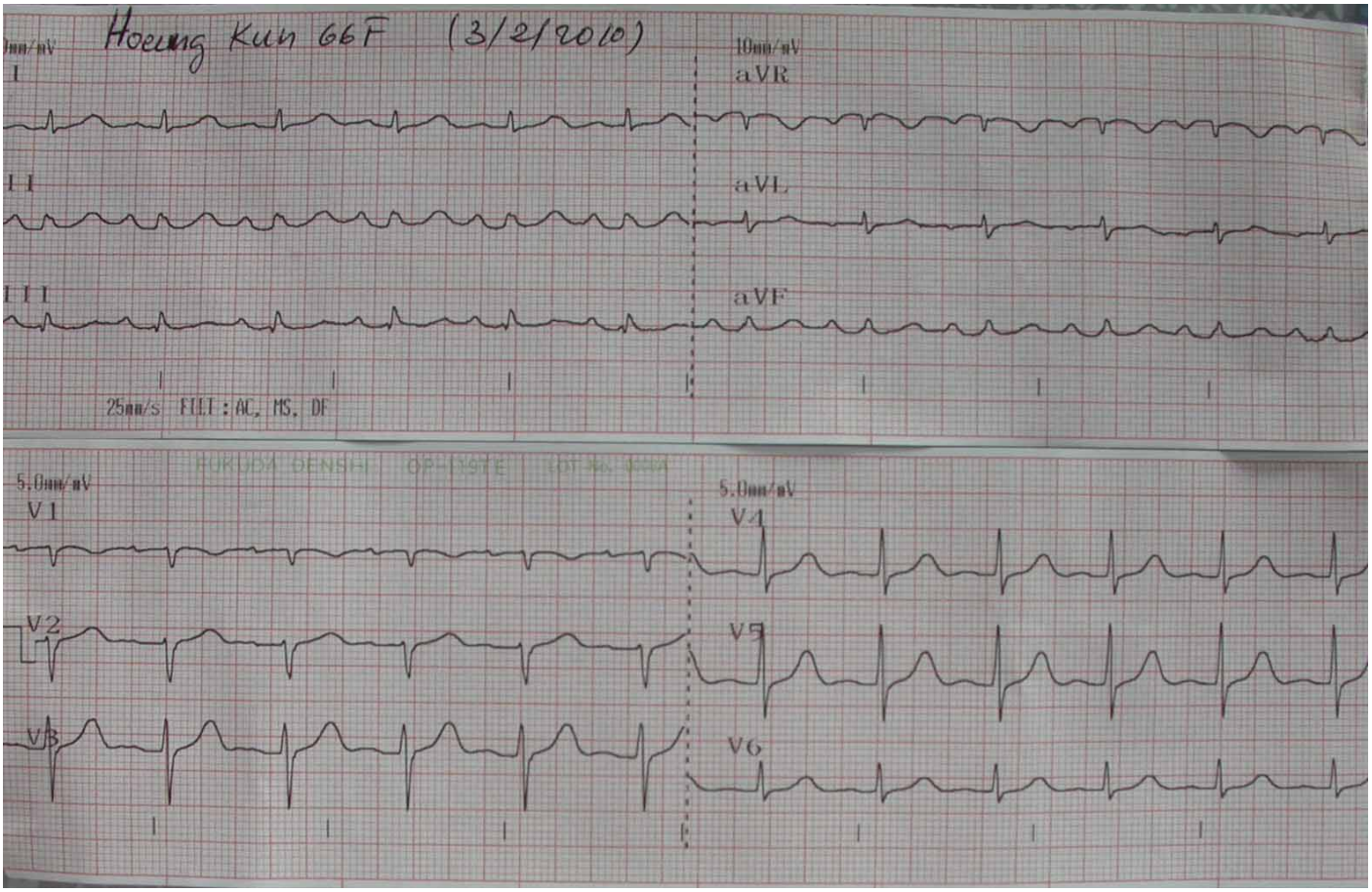
Social History: Two times of pregnancy with spontaneous abortion in second trimester; Casually alcohol drinking, no cig smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:



Vitals: BP: 143/84 (both arms) P: 89 R: 20 T: 37°C Wt: 34Kg

General: Stable

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 crescendo murmur, loudest at mitral area

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

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

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

Lab/study:
On February 3, 2010
EKG attached

Assessment:
1. VHD (MR/AS??)

Plan:

1. Captopril 25mg 1/2t po bid
2. ASA 300mg 1/4t po qd
3. Eat low salt/fats diet, do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, TG at SHCH
5. Refer to SHCH for 2D echo of the heart

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 3, 2010**

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

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From: Rithy Chau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim' ; 'suttonwhitaker'
Sent: Thursday, February 04, 2010 8:46 AM
Subject: RE: Robib TM Clinic February 2010, Case#5, Hoeung Kun, 66F (Pal Hal Village)

Dear Sovann,

For this patient, I would hold off the Captopril for now and monitor her BP a while longer. Her ECG showed a possible BBB? In II and aVF and borderline prolong p-wave which may indicate atrial problem. Please have her get a CXR to evaluate the size of her heart. I agree with the lab tests and keep her on ASA. No need to send for 2D echo yet until we see the CXR. Are you sure that she is not taking any other medication PTC?

Rithy

From: Robib Telemedicine
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, February 03, 2010 8:25 PM
Subject: Robib TM Clinic February 2010, Case#6, Phim Kan, 53M (Rovieng Tbong Village)

Dear all,

This is case number 6, Phim Kan, 53M 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: Phim Kan, 53M (Rovieng Tbong Village)

Chief Complaint (CC): HA and generalized muscle pain x 1y

History of Present Illness (HPI): 53M presented with symptoms of HA, dizziness, generalized muscle pain and tension on extremities, he asked local health care worker to check BP 160/? and treated with Nifedipine 20mg 1/2t po qd for one week then he felt better. Since then when he feels not good, he went to check BP and take Nifedipine 20mg 1/2t if BP is elevated. He denied of cough, SOB, abdominal pain, stool with blood/mucus, hematuria, dysuria, edema.

Past Medical History (PMH): Admitted to provincial hospital for 10d in 2006 due to pleural effusion and got treatment with TB drug for 6 months

Family History: None

Social History: Casually alcohol drinking; smoking 2pack of cig/d, stopped 5y

Current Medications:

1. Nifedipine 20mg 1/2t po prn (didn't take 1w)

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 144/79 (both arms) P: 75 R: 20 T: 37^{o}C Wt: 70Kg

General: Stable

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

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

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

Extremities/Skin: No edema, no rashes, no lesion

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

Lab/study:
On February 3, 2010
U/A prot 1+

Assessment:
1. HTN

Plan:
1. HCTZ 50mg 1/2t po qd
2. Eat low salt/fats diet, do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, TG 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 3, 2010**

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

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From: "Healey, Michael J.,M.D." <MJHEALEY@PARTNERS.ORG>
Date: February 3, 2010 5:49:29 PM EST
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Subject: RE: Robib TM Clinic February 2010, Case#6, Phim Kan, 53M (Rovieng Tbong Village)

The plan sounds fine, but I would consider an ACE-inhibitor if available, given that the patient has proteinuria. Combination of ACE-inhibitor + HCTZ or ACE-inhibitor + Nifedipine would also be appropriate if combination therapy is needed.

MJH

From: Rithy Chau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim' ; 'suttonwhitaker'
Sent: Thursday, February 04, 2010 8:52 AM
Subject: RE: Robib TM Clinic February 2010, Case#6, Phim Kan, 53M (Rovieng Tbong Village)

Dear Sovann,

For this gentleman, it is very difficult to diagnose him with HTN right now; you can take a couple more readings to see if it still elevated and if the readings are only as high as ones you took with normal HR then I would ask him to do the exercise and diet first, lose some weight 1-2kg/mo until reaching desired BMI. If BP much higher, then can start medication as suggested. I agree with the labs.

Rithy

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, February 03, 2010 8:29 PM
Subject: Robib TM Clinic February 2010, Case#7, Sourn Lai Hoeung (Taing Treuk Village)

Dear all,

This is case number 7, Sourn Lai Hoeung, 53F 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: Sourn Lai Hoeung, 53F (Taing Treuk Village)

Chief Complaint (CC): Fatigue and dizziness x 3 months

History of Present Illness (HPI): 53F with past history about 10 years of HTN with on/off antihypertensive treatment from local pharmacy. In these three months developed symptoms of HA, polyphagia, fatigue, and blurred vision and seem not better even she took antihypertensive drugs so in January 31, 2010 she went to private clinic in Kg Thom province and was told she has HTN and DMII, treated with Amlodipine 5mg 1t qd, Atenolol 50mg 1t qd, Glibenclamide 5mg 1t bid and Metformin 500mg 1t bid. She denied of SOB, Chest pain, abd pain, dysuria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No alcohol drinking, no cig smoking

Current Medications:

1. Amlodipine 5mg 1t qd
2. Atenolol 50mg 1t qd
3. Glibenclamide 5mg 1t bid
4. Metformin 500mg 1t bid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 129/88 P: 91 R: 20 T: 37°C Wt: 68Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, 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

Extremities/Skin: No edema, no rashes, 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:

On January 31, 2010
BS: 272mg/dl, U/A gluc 500mg/dl

On February 3, 2010
RBS: 200mg/dl, U/A prot 1+

Assessment:

1. HTN
2. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Atenolol 50mg 1t po qd
4. ASA 300mg 1/4t po qd
5. Educate on diabetic diet, do regular exercise and foot care
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, TG and HbA1C 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 3, 2010**

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

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From: Rithy Chau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim' ; 'suttonwhitaker'
Sent: Thursday, February 04, 2010 8:59 AM
Subject: RE: Robib TM Clinic February 2010, Case#7, Sourn Lai Hoeung (Taing Treuk Village)

Dear Sovann,

If this patient is being seen and follow-up properly, we do not need to take her in. Let her return to her physician and encourage her to have regular follow-up with her physician instead. The road between Rovieng and K Thom is much, much better now. So you do not need to follow her up or do lab test.

Let me know if you think differently.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@gmail.com]
Sent: Thursday, February 04, 2010 10:30 AM
To: Rithy Chau
Cc: 'Kruy Lim'; 'suttonwhitaker'
Subject: Re: Robib TM Clinic February 2010, Case#7, Sourn Lai Hoeung (Taing Treuk Village)

Dear Rithy,

As you knew many patients go to see their physician unless they have really bad feeling which disturbs their living or will be die soon. If we don't accept her, I don't hope she will go for follow up properly. I will accept her unless you have any reasons not to get her in.

Best regards,
Sovann

From: Rithy Chau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim' ; 'suttonwhitaker'
Sent: Thursday, February 04, 2010 1:46 PM
Subject: RE: Robib TM Clinic February 2010, Case#7, Sourn Lai Hoeung (Taing Treuk Village)

Dear Sovann,

I understand your concern and we must think about the project in the long run for "sustainability." I still think that we can serve her well by explaining to her and help her to understand that with her capability she can seek help as she was doing in the past and need to continue this faithfully to get the best care without disruption. Our project has potential for many disruptions and cannot have her think it's just a free clinic when they have better option to seek help elsewhere. Please convey to her that if she still has concern about her illnesses, she can still come to seek our advise when you or we are there in Robib. Remember to continue our plan also to have those follow-up patients to buy their own medicines (available even to purchase in PP) when they can afford.

Let me know if you have other issues that may devastate her health by not receiving care properly elsewhere. Plus what I am suggesting is fitting to the strategy of SHCH currently in opening our access more to those who cannot afford or have challenge to seek medical care somewhere else in Cambodia.

I hope you will understand this.

Rithy

From: Robib Telemedicine
To: Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, February 03, 2010 8:33 PM
Subject: Robib TM Clinic February 2010, Case#8, Svay Hean, 55F (Anlong Svay Village)

Dear all,

This is case number 8, Svay Hean, 55F and photo of this patient is not taken yet and I will sent it to you tomorrow.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Svay Hean, 55F (Face)

Name/Age/Sex/Village: **Svay Hean, 55F (Anlong Svay Village)**

Chief Complaint (CC): Epigastric pain x 10y

History of Present Illness (HPI): 55F, farmer, presented with symptoms of epigastric pain, burning sensation, the pain getting worse during hungry and full eating, radiate to the back, she got consultation and treatment from local health center. It does not help her so she went to provincial hospital and told she has stomach problem and treated with some medicine and seem help her for a while then all symptoms presented again. In these four or five months, her epgastric pain increased, retrosternal burning pain and burping with sour taste. She denied of dysphagia, black stool, stool with blood/mucus.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No alcohol drinking, no cig smoking

Current Medications: Mg/Al(OH)3 1t po tid

Allergies: NKDA

Review of Systems (ROS): 10y post menopausal

PE:

Vitals: **BP: 146/94 (both arms)** **P: 82** **R: 20** **T: 36.5^{o}C** **Wt: 60Kg**

General: 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, mild tender on epigastric area, no distension, (+) BS, no HSM, no surgical scar

Extremities/Skin: No edema, no rashes, no lesion

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

Rectal exam: Good sphincter tone, no mass palpable, Neg colo check

Lab/study: None

Assessment:

1. GERD
2. Elevated BP

Plan:

1. Omeprazole 20mg 1t po qhs for 1m
2. Metoclopramide 10mg 1t po qhs x 10d
3. Mebendazole 100mg 5t po qhs once
4. GERD prevention education, Eat low salt/fats diet, do regular exercise
5. Recheck BP in next month follow up

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 3, 2010**

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

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From: Rithy Chau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim' ; 'suttonwhitaker'
Sent: Thursday, February 04, 2010 9:02 AM
Subject: RE: Robib TM Clinic February 2010, Case#8, Svay Hean, 55F (Anlong Svay Village)

Dear Sovann,

Yes I agree with your assessment. The elevated BP might come from being anxious while seeing you or from other social problem that may have cause the GERD prob. Retake again and if normal, then I would discharge her without follow-up until other main problem arises.

Rithy

From: Robib Telemedicine
To: Rithy Chau ; Kathy Fiamma > ; Kruy Lim ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, February 03, 2010 8:37 PM
Subject: Robib TM Clinic February 2010, Case#9, Thoang Korn, 38F (Ta Tong Village)

Dear all,

This is the last case for Robib TM Clinic February 2010, case number 9, Thoang Korn, 38F and photo. Please try to reply to the cases before Thursday afternoon then the treatment plan can be made accordingly.

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

Best regards,
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: **Thoang Korn, 38F (Ta Tong Village)**

Chief Complaint (CC): Palpitation and neck tension x 1y

History of Present Illness (HPI): 38F, farmer, presented with symptoms of palpitation, neck tension, HA, and dizziness, she asked local health care worker to see at home, BP taken 160/? and treated with IV fluid and antihypertensive drug (unknown name). Since then when she feels bad, she has checked BP and if it is elevated, she took antihypertensive drug and stop in a few days if she became better. She denied of chest pain, SOB, nausea, vomiting, abdominal pain, dysruria, oliguria, orthopnea, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: 2 children, no alcohol drinking, no cig smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on 19 January 2010

PE:

Vitals: **BP: Rt 176/112, Lf 167/100** **P: 79** **R: 20** **T: 37^{o}C** **Wt: 48Kg**

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, 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

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

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

Lab/study:
On February 3, 2010
U/A prot 2+

Assessment:
1. HTN

Plan:
1. HCTZ 50mg 1/2t po qd
2. Eat low salt/fats diet, do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, TG 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 3, 2010**

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

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From: Paul Heinzelmann
To: robibtelemed@gmail.com ; rithychau@sihosp.org
Cc: Fiamma, Kathleen M.
Sent: Thursday, February 04, 2010 5:18 AM
Subject: Case#9, Thoang Korn, 38F (Ta Tong Village)

hmmm....If possible, check her thyroid (TSH) in addition to lytes/BUN/Cr

She will need some BP monitoring ..... at the very least, a recheck in 1 month

She may need a higher dose or second BP medicine if still elevated

In general, it is good idea to send a message about proper use of antihypertensives... they shouldn't be used "as-needed"

thanks

Nice job Sovann!
Paul

From: Rithy Chau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim' ; 'suttonwhitaker'
Sent: Thursday, February 04, 2010 9:14 AM
Subject: RE: Robib TM Clinic February 2010, Case#9, Thoang Korn, 38F (Ta Tong Village)

Dear Sovann,

Thanks for the last patient. She is definitely hypertensive. Can you do a finger stick to find out her gluc status also? And did you do other UA test that give normal readings because you have two UA reported for 2 patient and both positive for protein. If UA stick is ok, then you may not want to give HTCZ for proteinuria 2+. Captopril 25mg ½ bid may work better with less expected complication. Of course if her renal function comes back a major problem, then we may have to switch Captopril to something else also.

Hope this is helpful to you. Have a good trip home tomorrow.

Rithy

From: Robib Telemedicine
To: Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Rithy Chau
Sent: Thursday, February 04, 2010 8:21 PM
Subject: Robib TM Clinic February 2010 Cases received

Dear Kathy,

I have received the answer of five below cases from you

Case#1, Chhom Chhi, 15M
Case#2, Thung Sivotha, 20F
Case#3, Kim Yat, 28F
Case#6, Phim Kan, 53M
Case#9, Thoang Korn, 38F

Four cases number 4, 5, 7, and 8 are not yet received.

Thank you for the reply to the cases in February 2010 of Robib TM Clinic.

Best regards,
Sovann

Thursday, February 4, 2010

Follow-up Report for Robib TM Clinic

There were 8 new and 1 follow up patients seen during this month Robib TM Clinic, other 42 patients came for medication refills only. The data of all 9 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 February 2010

1. Chhom Chhi, 15M (Damnak Chen Village)
Diagnosis:

1. Infected wound on Right foot

Treatment:

1. Clean wound every day with NSS and dressing with concentrated glucose solution
2. Augmentin 875mg 1t po bid x 7d (#14)
3. Naproxen 220mg 1t po bid (#10)
4. Paracetamol 500mg 1t po qid prn pain (#20)

2. Thung Sivotha, 20F (Trapang Reusey Village)
Diagnosis:

1. Ovarian Cyst??

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#30)
2. Naproxen 220mg 1t po bid prn severe pain (#20)
3. Advise to seek Gyn consultation in Phnom Penh

3. Kim Yat, 28F (Sre Thom Village)
Diagnosis:

1. Elevated BP

Treatment:

1. FeSO4/Folate 200/0.25mg 1t po bid (#60)
2. MTV 1t po qd (#30)
3. Drink 2-3L/d of water, eat low fats/salt diet
4. Recheck BP in next follow up
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH
6. CXR at Kg Thom

Lab result on February 5, 2010

WBC	=4.6	[4 - 11x10^9/L]	Na	=144	[135 - 145]
RBC	=4.4	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=7.0	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=25	[35 - 47%]	BUN	=2.2	[0.8 - 3.9]
MCV	=56	[80 - 100fl]	Creat	=159	[44 - 80]
MCH	=16	[25 - 35pg]	Gluc	=6.0	[4.2 - 6.4]
MHCH	=28	[30 - 37%]	TSH	=1.90	[0.49 – 4.67]
Plt	=278	[150 - 450x10^9/L]			
Lym	=1.1	[1.0 - 4.0x10^9/L]			

4. Chun Phallith, 13F (Sre Thom Village)
Diagnosis:

1. Chronic Infected wound, possible Mastoiditis/Melioidosis?? (Right ear)

Treatment:

1. Cotrimoxazole 960mg 1t po bid x 1 month (#60)
2. Naproxen 220mg 1t po bid prn pain (#30)
3. Collect the specimen from wound for culture, Gram Stain and AFB smear at SHCH
4. Refer back to Kuntha Bopha hospital in Siem Reap

Microbiolgoy result on February 5, 2010

Gram stain: Rare gram negative bacilli and gram positive cocci

Culture:
Culture result: positive
Number of isolates: 1
Isolate name: Proteus mirabilis ESBL: positive
Susceptibility

Antibiotic	**Susceptibility**
Amikacin	Sensitive
Gentamycin	Sensitive
Meropenem	Sensitive
Amoxicillin/Clavulanic acid	Resistant
Amoxicillin	Resistant
Ceftriaxone	Resistant
Cotrimoxazole	Resistant
Ciprofloxacin	Resistant
Ceftazidime	Resistant

5. Hoeung Kun, 66F (Pal Hal Village)
Diagnosis:

1. VHD (MR/AS??)

Treatment:

1. ASA 300mg 1/4t po qd (#10)
2. Eat low salt/fats diet, do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, TG at SHCH
4. Send to Kg Thom for CXR

Lab result on February 5, 2010

WBC	=7.5	[4 - 11x10^9/L]	Na	=144	[135 - 145]
RBC	=4.2	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=10.3	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=33	[35 - 47%]	BUN	=1.7	[0.8 - 3.9]
MCV	=79	[80 - 100fl]	Creat	=95	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=5.1	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=4.7	[<5.7]

Plt	=228	[150 - 450x10^9/L]	TG	=1.1	[<1.71]
Lym	=3.2	[1.0 - 4.0x10^9/L]			

6. Phim Kan, 53M (Rovieng Tbong Village)
Diagnosis:
1. HTN

Treatment:
1. Eat low salt/fats diet, do regular exercise
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, TG at SHCH

Lab result on February 5, 2010

WBC	=8.8	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=13.0	[14.0 - 16.0g/dL]	Cl	=103	[95 - 110]
Ht	=39	[42 - 52%]	BUN	=3.1	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=117	[53 - 97]
MCH	=26	[25 - 35pg]	Gluc	=6.5	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	Tot chol	=6.8	[<5.7]
Plt	=257	[150 - 450x10^9/L]	TG	=1.4	[<1.7]
Lym	=2.6	[1.0 - 4.0x10^9/L]			

7. Sourn Lai Hoeung, 53F (Taing Treuk Village)
Diagnosis:
1. HTN
2. DMII

Treatment:
1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Atenolol 25mg 2t po qd
4. ASA 300mg 1/4t po qd
5. Educate on diabetic diet, do regular exercise and foot care

8. Svay Hean, 55F (Anlong Svay Village)
Diagnosis:
1. GERD
2. Elevated BP

Treatment:
1. Omeprazole 20mg 1t po qhs for 1m (#30)
2. Metoclopramide 10mg 1t po qhs x 10d (#10)
3. Mebendazole 100mg 5t po qhs once (#5)
4. GERD prevention education, Eat low salt/fats diet, do regular exercise
5. Recheck BP in next month follow up

9. Thoang Korn, 38F (Ta Tong Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd (#20)
2. Eat low salt/fats diet, do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, TG, TSH at SHCH

Lab result on February 5, 2010

WBC	=6.9	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10^{12}/L]	K	=3.4	[3.5 - 5.0]

Hb	=13.6	[12.0 - 15.0g/dL]	Cl	=102	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=2.4	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=132	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=10.2	[4.2 - 6.4]
MHCH	=35	[30 - 37%]	T. Chol	=4.1	[<5.7]
Plt	=340	[150 - 450x10^9/L]	TG	=1.6	[<1.71]
Lym	=2.0	[1.0 - 4.0x10^9/L]	TSH	=2.03	[0.49 – 4.67]
Mxd	=1.4	[0.1 - 1.0x10^9/L]			
Neut	=3.5	[1.8 - 7.5x10^9/L]			

Patients asked to come on February 2010

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

Treatment:
1. Captopril 25mg 1/4t po bid for three months (# 45)

2. Chhay Chanthy, 45F (Thnout Malou Village)
Diagnosis:
1. Hyperthyroidism

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

Lab result on February 5, 2010

TSH	=0.02	[0.49 - 4.67]
Free T4	=52.49	[9.14 - 23.81]

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

Treatment:
1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Eat low Na+ diet and do regular exercise

4. Chhiv Sok Kea, 54F (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 1000mg (extended release) 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)

5. Chheak Leangkry, 65F (Rovieng Cheung)
Diagnosis
1. DMII with PNP
2. HTN

Treatment
1. Metformin 1000mg 1t po qhs for three months (#90)
2. Glibenclamide 5mg 1t po bid for three months (#180)
3. Captopril 25mg 1/2t po bid for three months (#90)
4. Amitriptyline 25mg 1t po qhs for three months (#90)

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

7. Keo Vin, 50M (Thnout Malou Village)
Diagnosis:

1. Sciatica

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for three months (#50)
2. Naproxen 220mg 1t po bid prn for three months (#50)

8. Keth Chourn, 55M (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for two months (# 60)

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

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for three months (#90)
2. Do regular exercise, eat low salt/fats diet

10. Khorn Davy, 20F (Backdoang Village)
Diagnosis:

1. Arthralgia due to bone growth

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#30)
2. Do regular exercise

11. Kong Hin, 68F (Ton Laep Village)
Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd for two months (#60)

12. Kong Nareun, 34F (Taing Treuk Village)
Diagnosis:

1. Moderate MS with severe TR
2. Atria dilation
3. Severe pulmonary HTN
4. Dyspepsia (hx)

Treatment:

1. Atenolol 25mg 1/2t po qd (#15)
2. Spironolactone 25mg 1t po qd (#30)
3. ASA 300mg 1/4t po qd (#8)
4. Furosemide 20mg 1t po bid (#60)
5. Famotidine 40mg 1t po qhs (#30)

13. Kong Sam On, 53M (Thkeng Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for four months (#240)
2. Glibenclamdie 5mg 1t po bid for four months (buy)
3. Atenolol 25mg 2t po qd for four months (#240)
4. Captopril 25mg 1/2t po bid for four months (#120)
5. ASA 300mg 1/4t po qd for four months (#30)

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

1. HTN
2. COPD

Treatment

1. Amlodipine 5mg 1t po qd for four months (# 120)
2. Salbutamol Inhaler 2 puffs prn SOB for four months (# 2)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG, LFT at SHCH

Lab result on February 5, 2010

WBC	=5.8	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=4.2	[4.6 - 6.0x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=12.7	[14.0 - 16.0g/dL]	Cl	=108	[95 - 110]
Ht	=38	[42 - 52%]	BUN	=1.6	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=138	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=6.0	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	SGOT	=29	[<37]
Plt	=63	[150 - 450x10^9/L]	SGPT	=20	[<42]
Lym	=2.8	[1.0 - 4.0x10^9/L]			

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

1. HTN
2. COPD

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (#60)
2. Salbutamol inhaler 2puffs prn SOB for four months (#2)

16. Meas Lam Phy, 57M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 1000mg 1t po qhs for two months (#60)

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

1. HTN
2. Liver cirrhosis
3. Euthyroid

Treatment:

1. Atenolol 25mg 2t po qd for three months (# 180)
2. Spironolactone 25mg 1t po qd for three months (90)
3. MTV 1t po qd for three months (#90)

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

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1/2t po tid for three months

19. 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 (buy)
3. ASA 300mg 1/4t po qd for three months (buy)

20. Prum Vandy, 49F (Taing Treuk Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid (#60)
2. Propranolol 40mg 1/4t po bid (#15)

21. Prum Maly, 53F (Backdoang Village)
Diagnosis:

1. Euthyroid goiter
2. Dyspepsia

Treatment:

1. Ranitidine 150mg 1t po qhs (#30)
2. Mebendazole 100mg 5t po qhs (#5)

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

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (buy)
2. Metformin 1000mg 2t po qd for one month (# 60)
3. Captopril 25mg 1/2t po bid for one month (# 30)
4. ASA 300mg 1/4t po qd for one month (buy)

23. Ros Sokun, 41F (Taing Treuk Village)
Diagnosis:

1. DMII
2. Dyspepsia

Treatment:

1. Metformin 1000mg (extended release) 1t po qhs for three months (#90)
2. Captopril 25mg 1/4t po bid for three months (#45)
3. Famotidine 40mg 1t po qhs (#30)
4. Educate on diabetic diet, low salt/fats, do regular exercise and foot care

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

1. DMII
2. UTI

Treatment:

1. Metformin 1000mg (extended release) 1t po qhs for three months (#90)
2. Metformin 500mg 1t po qd (#90)
3. Captopril 25mg 1/4t po bid for three months (#45)

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

1. HTN

Treatment

1. HCTZ 50mg 1/2t po qd for three months (# 45)

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

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
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
3. Dyspepsia

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Amitriptylin 25mg 1t po qhs for three months (# 90)
3. Paracetamol 500mg 1t po qid prn pain/HA for three months (#50)
4. Famotidine 40mg 1t po qhs (#30)
5. MTV 1t po qd for three months (#90)

28. Say Soeun, 67F (Rovieng Cheung Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (# 180)
2. Metformin 1000mg 1t po qhs for three months (# 90)
3. Captopril 25mg 1t po bid for three months (# 180)
4. Atenolol 25mg 1t po bid for three months (# 180)
5. ASA 300mg ¼t po qd for three months (# 24)
6. MTV 1t po qd for three months (# 90)

29. Seung Samith, 63M (Sre Thom Village)
Diagnosis:

1. Gouty arthritis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#30)
2. Naproxen 220mg 1t po bid prn severe pain (#30)

3. Eat low protein/salt/fats diet and do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chol, TG, Uric acid, and RF at SHCH

Lab result on February 5, 2010

WBC	=10.5	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=4.4	[4.6 - 6.0x10^{12}/L]	K	=5.1	[3.5 - 5.0]
Hb	=9.7	[14.0 - 16.0g/dL]	Cl	=112	[95 - 110]
Ht	=31	[42 - 52%]	BUN	=5.4	[0.8 - 3.9]
MCV	=72	[80 - 100fl]	Creat	=267	[53 - 97]
MCH	=22	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	Tot chol	=4.8	[<5.7]
Plt	=213	[150 - 450x10^9/L]	TG	=1.8	[<1.7]
Lym	=1.2	[1.0 - 4.0x10^9/L]	Uric acid	=670	[200 – 420]
Mxd	=1.3	[0.1 - 1.0x10^9/L]	RF	= Neg	
Neut	=8.0	[1.8 - 7.5x10^9/L]			

30. Seung Savorn, 48M (Sre Thom Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for three months (# 45tab)

31. 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)

32. Som Thol, 59M (Taing Treuk Village)
Diagnosis:
1. DMII with PNP

Treatment:
1. Glibenclamide 5mg 11/2t po qAM and 1t po qPM for one month (#80)
2. Metformin 1000mg 2t po qhs for one month (#60)
3. Enalapril 5mg 1/2t po qd for one month (#15)
4. ASA 300mg ¼t po qd for one month (#8)
5. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on February 5, 2010

Na	=110	[135 - 145]
K	=4.8	[3.5 - 5.0]
Cl	=79	[95 - 110]
BUN	=2.2	[0.8 - 3.9]
Creat	=159	[53 - 97]
Gluc	=4.0	[4.2 - 6.4]
HbA1C	=10.9	[4 - 6]

33. Srey Hom, 62F (Taing Treuk Village)
Diagnosis:
1. HTN
2. DMII with PNP
3. Renal Failure

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (# 90)
2. Nifedipine 20mg 1t po qd for one month (# 30)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 15)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)
6. MTV 1t po qd for one month (#30)
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on February 5, 2010

WBC	=8.2	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=4.3	[3.9 - 5.5x10^{12}/L]	K	=4.6	[3.5 - 5.0]
Hb	=11.1	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=32	[35 - 47%]	BUN	=6.7	[0.8 - 3.9]
MCV	=74	[80 - 100fl]	Creat	=515	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=12.0	[4.2 - 6.4]
MHCH	=35	[30 - 37%]	HbA1C	=8.9	[4 - 6]
Plt	=222	[150 - 450x10^9/L]			
Lym	=2.5	[1.0 - 4.0x10^9/L]			

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

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 1000mg 2t po qhs for one month (# 60)
3. Captopril 25mg 1/4t po qd for one month (# 8)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 5, 2010

Gluc	=16.4	[4.2 - 6.4]
HbA1C	=11.3	[4 - 6]

35. Tann Kim Hor, 56F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (#180)
2. Metformin 1000mg 1t po qhs for three months (#90)
2. Captopril 25mg 1/4t po bid for three months (#45)
3. ASA 300mg 1/4t po qd for three months (#24)

36. Tep Tam, 74M (Bos Village)
Diagnosis:

1. Dyspepsia
2. HTN

Treatment:

1. Famotidine 40mg 1t po qd for one month (#30)
2. HCTZ 50mg 1/2t po qd for one month (#15)
3. Eat low salt/fats diet, do regular exercise

37. Thorng Khun, 43F (Thnout Malou Village)
Diagnosis:

1. Hyperthyroidsim

2. Sciatica
3. Vit Deficiency
4. Right buttock infected wound

Treatment:

1. Carbimazole 5mg 1/2t po bid (#30)
2. Paracetamol 500mg 1t po qid prn pain (#20)
3. Naproxen 220mg 1t po bid prn severe pain (#30)
4. MTV 1t po qd (#30)
5. Draw blood for Free T4 at SHCH

Lab result on February 5, 2010

Free T4=62.49 [9.14 - 23.81]

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

1. HTN

Treatment:

1. Enalapril 5mg 1t po qd for one month (# 30)
2. Atenolol 50mg 1/2t po bid for one month (# 30)

39. Toun Keun, 23F (Bang Korn Village)
Diagnosis:

1. VHD (Severe MS/TR/TS)
2. Mild MR with EF 45%

Treatment:

1. Digoxin 0.25mg 1t po qd for one month (#30)
2. Furosemide 40mg 1t po qd for one month (#30)
3. MTV 1t po qd for one month (#30)
4. FeSO4/Folate 200/0.25mg 1t po bid for one month (#60)

40. Um Yi, 55F (Rovieng Cheung Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)

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

1. DMII

Treatment:

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

Lab result on February 5, 2010

Gluc =12.0 [4.2 - 6.4]
HbA1C =9.2 [4 - 6]

42. Uy Noang, 55M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (#90)

2. Metformine 500mg 1t po bid for three months (#90)

The next Robib TM Clinic will be held on March 1 - 5, 2010