

# **Robib *Telemedicine* Clinic**

## **Preah Vihear Province**

### **J A N U A R Y 2 0 0 9**

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

On Monday, January 05, 2009, SHCH staff, PA Rithy, driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), January 06 & 07, 2009, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 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, January 07 & 08, 2008.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, SHCH and PA Rithy on site, 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:** Dec 29, 2008 7:51 AM

**Subject:** Schedule for Robib TM Clinic January 2009

**To:** "Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruey Lim; Cornelia Haener; Rithy Chau

**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 TM clinic for January 2009 will be starting on January 05, 2009 and coming back on January 09, 2009.

The agenda for the trip is as following:

1. On Monday January 05, 2009, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday January 06, 2009, the clinic opens to see the patients for the whole morning then all the informations from the patients will be typed up into the computer and send to both partners in Boston and Phnom Penh.
3. On Wednesday January 07, 2009, do the same as on Tuesday.

4. On Thursday January 08, 2009, download all the answers replied from both partners in Boston and Phnom Penh then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday January 09, 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:** Jan 6, 2009 7:55 PM  
**Subject:** Robib TM Clinic January 2009 Case#1, Noy Rai, 47F (Bos 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,

There are three new cases for first day of Robib TM Clinic January 2009 and this is case number 1, Noy Rai, 47 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:** Noy Rai, 47F (Bos Village)

**Chief Complaint (CC):** Fatigue and palpitation x 1y

**History of Present Illness (HPI):** 47F, farmer, presented with symptoms of epigastric pain, burning sensation during meal time and after full eating, no radiation, sometimes burping with sour taste and got treatment with traditional medicine but she seems not better. In these few months she developed with fatigue, palpitation, insomnia, poor appetite. She denied of dysphagia, stool with mucus/blood. She never seek medical consultation just come to us today.

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

**Family History:** None

**Social History:** Chewing tobacco, no smoking, no alcohol drinking

**Current Medications:** Traditionla medicine

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstrual period, no cough, no fever, no chest pain, no oliguria, no dysuria, no edema

**PE:**

**Vitals:**      **BP: 89/62**              **P: 95**              **R: 20**              **T: 37°C**              **Wt: 68Kg**

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pale 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, no scar

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

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

**Rectal Exam:** good sphincter tone, smooth, no mass palpable, (+) colocheck

**Lab/study:** Done on January 6, 2009  
Hb: 9g/dl

**Assessment:**

1. PUD
2. Parasititis
3. Anemia

**Plan:**

1. Omeprazole 1t po bid x 2w then 1t po qhs x 1m
2. Amoxicillin 500mg 1t po bid x 2w
3. Metronidazole 250mg 2t po bid x 2w
4. Metochlopramide 10mg 1t po qhs x 10d
5. Mebendazole 100mg 5t po qhs once
6. FeSO4/Folate 200/0.25mg 1t po qd for one month
7. GERD prevention education
8. Stop traditional medicine

**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: January 6, 2009**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From: Smulders-Meyer, Olga, M.D.**

**Date:** Jan 7, 2009 8:13 AM

**Subject:** Robib TM Clinic January 2009 Case#1, Noy Rai, 47F (Bos Village)

**To:** "Fiamma, Kathleen M."; robibtelemed@gmail.com

**Cc:** tmed\_rithy@online.com.kh

Her symptoms indeed seem consistent with GERD. We agree with the treatment for H.pylori since it is very prevalent. The diagnosis of parasitosis is not immediately evident and no testing has been done to determine if there is any parasite in the stool. Obviously treatment is not going to harm her in anyway. The omeprazole should be continued for 6 weeks and then tapered or switched to something like Zantac for another 6 weeks. The patient should be advised not to drink caffeinated drinks, eat chocolate or any other acid-containing foods like tomatoes.

For anemia, the Iron should be continued for at least 3 months and Hgb should be followed for improvement. If not, lower GI pathology should be considered, including malignancy. Thankfully the patient does not have weight loss so that does not immediately seem like the diagnosis. The palpitations may be related to the anemia. It may also be worthwhile to check TSH to rule out hyperthyroidism.

Thanks,

Jane Serene and Olga Smulders-Meyer, MD

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**From: Robib Telemed**

**Date:** Jan 6, 2009 7:58 PM

**Subject:** Robib TM Clinic January 2009, Case#2, Sok Hourt, 73M (Bakdoang Village)

**To:** Rithy Chau; Kruey Lim; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 2, Sok Hourt, 73M and photos.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

**Rovieng Commune, Preah Vihear Province, Cambodia**

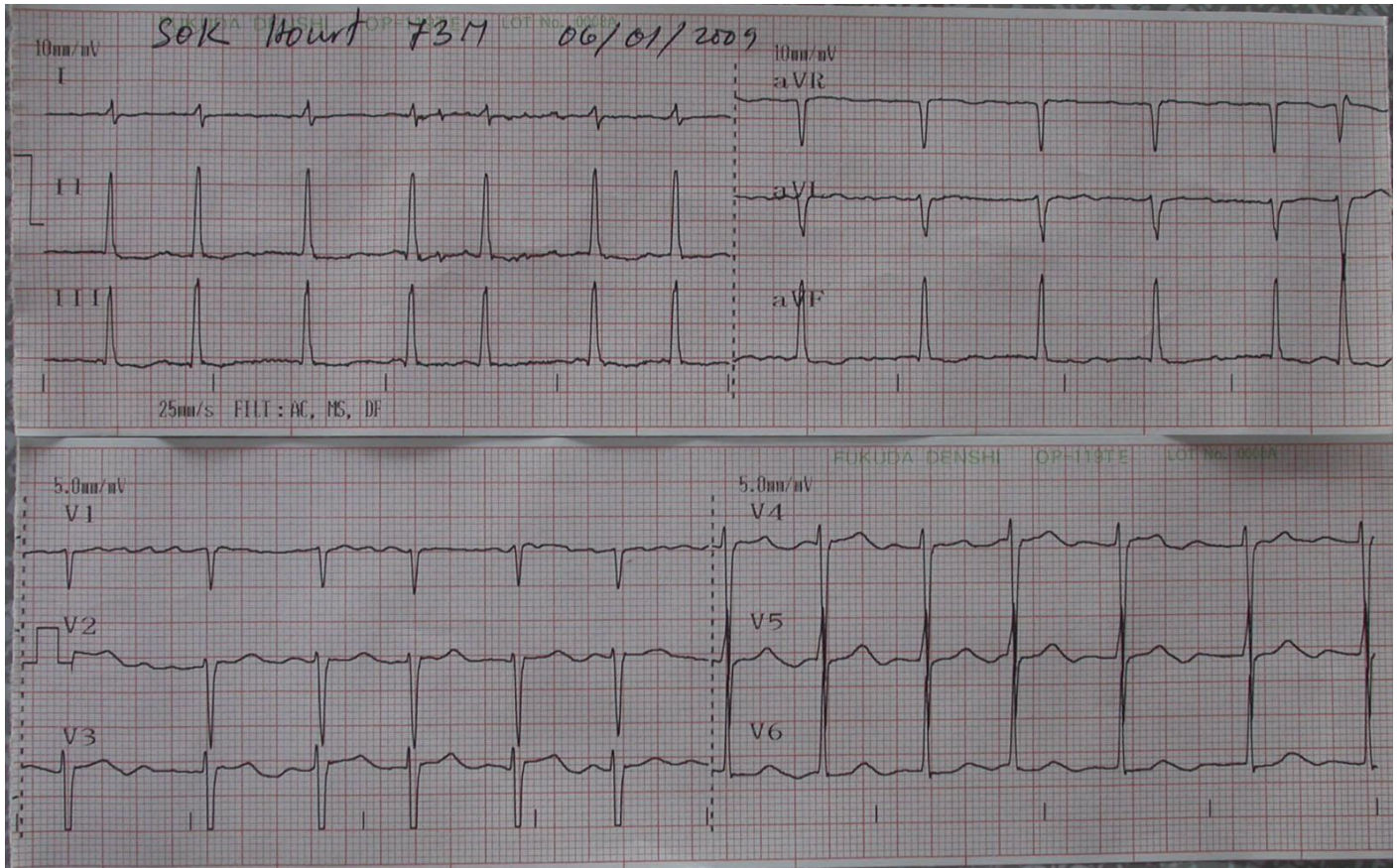
### **History and Physical**



**Name/Age/Sex/Village:** Sok Hourt, 73M (Bakdoang Village)

**Chief Complaint (CC):** Dyspnea x 1 month

**History of Present Illness (HPI):** 73M presented with symptoms of fatigue, dyspnea on exertion (walking), productive cough with white sputum, abdominal distension, both legs edema, orthopnea, relieved by sleeping on 2 – 3 pillows or on right lateral position and asked local health care provider to see him at home and treated with some injection (unknown name) and Furosemide po. Now the abdominal distension and edema have gone but still has dyspnea, orthopnea, cough, wt loss Kg?, fatigue. He denied of hemoptysis, oliguria, dysuria, chest pain, stool with blood or mucus.



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

**Family History:** None

**Social History:** Smoking 10cig/d over 20y; drinking alcohol 1/2L per day over 20y, stopped

**Current Medications:** None

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: (R) 189/125, (L) 203/117 P: 93 R: 20 T: 37°C Wt: 68Kg O2sat: 97%

**General:** Look sick

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

**Chest:** Wheezing on expiration bilaterally, no rales, no rhonchi; H Regular rate, irregular rhythm, no murmur

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

**Extremity/Skin:** no edema, no rash, (+) dorsalis pedis

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

**Lab/study:** Done on January 6, 2009  
U/A protein 4+

EKG attached

**Assessment:**

1. HTN
2. CHF?
3. COPD
4. Pneumonia
5. PTB?

**Plan:**

1. Nifedipine 20mg 1/2t po tid for one month
2. Clarithromycin 500mg 1t po bid x 10d
3. Salbutamol inhaler 2puffs bid prn SOB
4. Do AFB smear in local health center
5. Smoking cessation
6. Send to Phnom Penh for 2D echo of the heart and CXR
7. 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:** January 6, 2009

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**No answer replied**

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**From: Robib Telemed**

**Date:** Jan 6, 2009 8:03 PM

**Subject:** Robib TM Clinic January 2009, Case#3, Um Sam Oul, 40M (Sleng Tourl 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 first day of Robib TM Clinic January 2009, Case number 3, Um Sam Oul, 40M and photos. Please wait for other cases, which will be sent to you tomorrow.

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:** Um Sam Oul, 40M (Sleng Tourl Village)

**Chief Complaint (CC):** Both legs edema x 15d

**History of Present Illness (HPI):** 40M, farmer, presented with symptoms of epigastric pain burning sensation, burping with sour taste after full eating, diarrhea, and abdominal distension, he bought medication from local pharmacy taking for a month and taking traditional medicine then he became better. Three months later, he has again developed epigastric pain, diarrhea, abdominal distension, then both legs edema and dyspnea on exertion. He denied of cough, fever, chest pain, palpitation, oliguria, hematuria, dysuria.

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

**Family History:** None

**Social History:** Drinking alcohol 1/2L per day x 10y, stopped 2months, no smoking

**Current Medications:** Traditional medicine

**Allergies:** NKDA

**Review of Systems (ROS):** Wt gain 8kg

**PE:**

**Vitals:** BP: 139/83 P: 93 R: 20 T: 37°C Wt: 68Kg



**General:** Look sick

**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, mild distension, (+) BS, no HSM, complete healed burning scar, no CVA tenderness

**Extremity/Skin:** 1+ pitting edema, no rash, (+) dorsalis pedis and posterior tibia pulse

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

**Rectal Exam:** good sphincter tone, smooth, no mass palpable, (+) colocheck

**Lab/study:** Done on January 6, 2009  
U/A protein trace; Hb: 11g/dl



**Assessment:**

1. Nephritis?
2. PUD
3. Parasititis

**Plan:**

1. Prednisolone 5mg 10t po qd x 2w then taper
2. Omeprazole 1t po bid x 2w then 1t po qhs x 1m
3. Amoxicillin 500mg 1t po bid x 2w
4. Metronidazole 250mg 2t po bid x 2w
5. Metochlopramide 10mg 1t po qhs x 10d
6. Mebendazole 100mg 5t po qhs once
7. GERD prevention education
8. Stop traditional medicine
9. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, Albumin, Protein, LFT 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:** January 6, 2009

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**No answer replied**



**From: Robib Telemed**

**Date:** Jan 7, 2009 8:21 PM

**Subject:** Robib TM Clinic January 2009, Case#4, Keo Mao, 39F (Sre Village)

**To:** "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruey Lim; Rithy Chau

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

There are three new cases and one follow case for second of Robib TM clinic January 2009. This is case number 4, continued from yesterday, Keo Mao, 39F 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:** Keo Mao, 39F (Sre Village)

**Chief Complaint (CC):** spitting out with blood x 5d

**History of Present Illness (HPI):** When she was 7 months pregnancy, she presented with symptoms of epigastric pain, burping with sour taste, nausea after full eating, heart burn, radiate to the back, and was admitted to provincial hospital for 2w. She was treated with IV fluid and some injection medicine then became better. 6 months later she presented with above symptoms but she didn't get any treatment; and these 5 days, she has spitted out with small amount of blood in early morning, fatigue, poor appetite. She denied of fever, cough, dyspnea, hemoptysis, hematemesis, dysphagia.

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

**Family History:** None

**Social History:** Chewing tobacco, no alcohol drinking, 6 months post delivery

**Current Medications:** None

**Allergies:** NKDA

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

**PE:**

**Vitals:**      **BP:** 97/69              **P:** 79              **R:** 20              **T:** 37°C              **Wt:** 40Kg

**General:** Look sick

**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, some complete healed burning scars

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

**Rectal Exam:** good sphincter tone, smooth, no mass palpable, (-) coloscopy

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

**Lab/study:** None

**Assessment:**

1. GERD
2. Sinusitis
3. Esophagitis?
4. Parasititis

**Plan:**

1. Augmentin 875mg 1 tab po bid x 10d (#20)
2. Famotidine 10mg 2t po qhs for one month
3. Mebendazole 100mg 5t po qhs once
4. GERD prevention education
5. Refer to Phnom Penh for endoscopy

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: January 7, 2009**

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**No answer replied**

**From: Robib Telemed**

**Date:** Jan 7, 2009 8:26 PM

**Subject:** Robib TM Clinic January 2009, Case#5, Sam Pheak, 29M (Bos Pey 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 case number 5, Sam Pheak, 29M 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:** Sam Pheak, 29M (Bos Pey Village)

**Chief Complaint (CC):** Left eye pain x 45d

**History of Present Illness (HPI):** 29M, farmer, During gathering the rice, a rice got into his left eye, then he took it out and felt like something presented in the eye, no pain, no swelling. He didn't seek consultation just buy Amoxicillin 500mg 1t po tid x 1w from local pharmacy. Then his eye became redness, swelling, pain, and got treatment with traditional healer but not better. He comes to consult with us today.

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

**Family History:** None

**Social History:** No smoking, drinking alcohol casually

**Current Medications:** None

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 114/73 P: 74 R: 20 T:  
36.5°C Wt: 55Kg

**General:** Look stable



**HEENT:** Left eye erythema, white lesion on the cornea, visual acuity intact, no discharge, no pus, 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, no scar

**Extremity/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. Left eye irritation
2. Conjunctivitis

**Plan:**

1. Eye drop (Cloramphenicol 0.4g + Dexamethasone 0.1g) 2 drops tid x 1w
2. Ibuprofen 200mg 1t po bid prn pain x 1w
3. Paracetamol 500mg 1t po qid prn pain
4. Refer to consult with ophthalmologist in Phnom Penh

**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:** January 7, 2009

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**From:** Cornelia Haener

**Date:** Jan 8, 2009 10:10 AM

**Subject:** Robib TM Clinic January 2009, Case#5, Sam Pheak, 29M (Bos Pey Village)

**To:** Robib Telemed; Rithy Chau; Kruey Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thanks for this case. It looks like Keratitis, may be there is still a small foreign body inside the cornea which needs to be removed by an ophthalmologist.

Best would be to send the patient to Preah Ang Doung hospital in Phnom Penh.

Kind regards

Cornelia

**From: Robib Telemed**

**Date:** Jan 7, 2009 8:31 PM

**Subject:** Robib TM Clinic January 2009, Case#6, Tann Sou Hoang, 50F (Rovieng Cheung Village)

**To:** 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 case number 6, Tann Sou Hoang, 50F 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:** Tann Sou Hoang, 50F (Rovieng Cheung Village)

**Chief Complaint (CC):** Thirsty and polyuria x 2 months

**History of Present Illness (HPI):** 50F presented with symptoms of thirsty, polyphagia, polyuria, fatigue, and noticed the ants come around her urine and worry that she has diabetes but she hasn't sought medical consultation yet, just come to us today. She denied of fever, cough, dyspnea, chest pain, nausea, vomiting, stool with blood/mucus, hematuria, dysuria, edema, numbness, tingling.

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

**Family History:** Mother with HTN and DMII

**Social History:** No smoking, no alcohol drinking

**Current Medications:** Contraceptive injection

**Allergies:** NKDA

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

**PE:**

**Vitals:**      **BP:** 116/90      **P:** 98      **R:** 20      **T:** 37°C      **Wt:** 61Kg

**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, no scar

**Extremity/Skin:** no edema, no rash, no foot wound

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

**Lab/study:** Done on January 7, 2009  
U/A: gluco 4+, prot trace  
FBS: 286mg/dl

**Assessment:**

1. DMII

**Plan:**

1. Metformin 500mg 2t po qhs for one month
2. Captopril 25mg 1/4t po qd for one month
3. ASA 300mg 1/4t po qd for one month
4. Educate on diabetes diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole 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:** January 7, 2009

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**No answer replied**

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**From:** Robib Telemed

**Date:** Jan 7, 2009 8:39 PM

**Subject:** Robib TM Clinic January 2009, Case#7, Chourb Kim San, 56M (Rovieng Tbong Village)

**To:** Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruey Lim; Rithy Chau

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for Robib TM Clinic January 2009, Case number 7 (follow up case), Chourb Kim San, 56M and photos. Please reply to the cases before Thursday afternoon.

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

Best regards,  
Sovann

# Robib Telemedicine Clinic

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

## SOAP Note



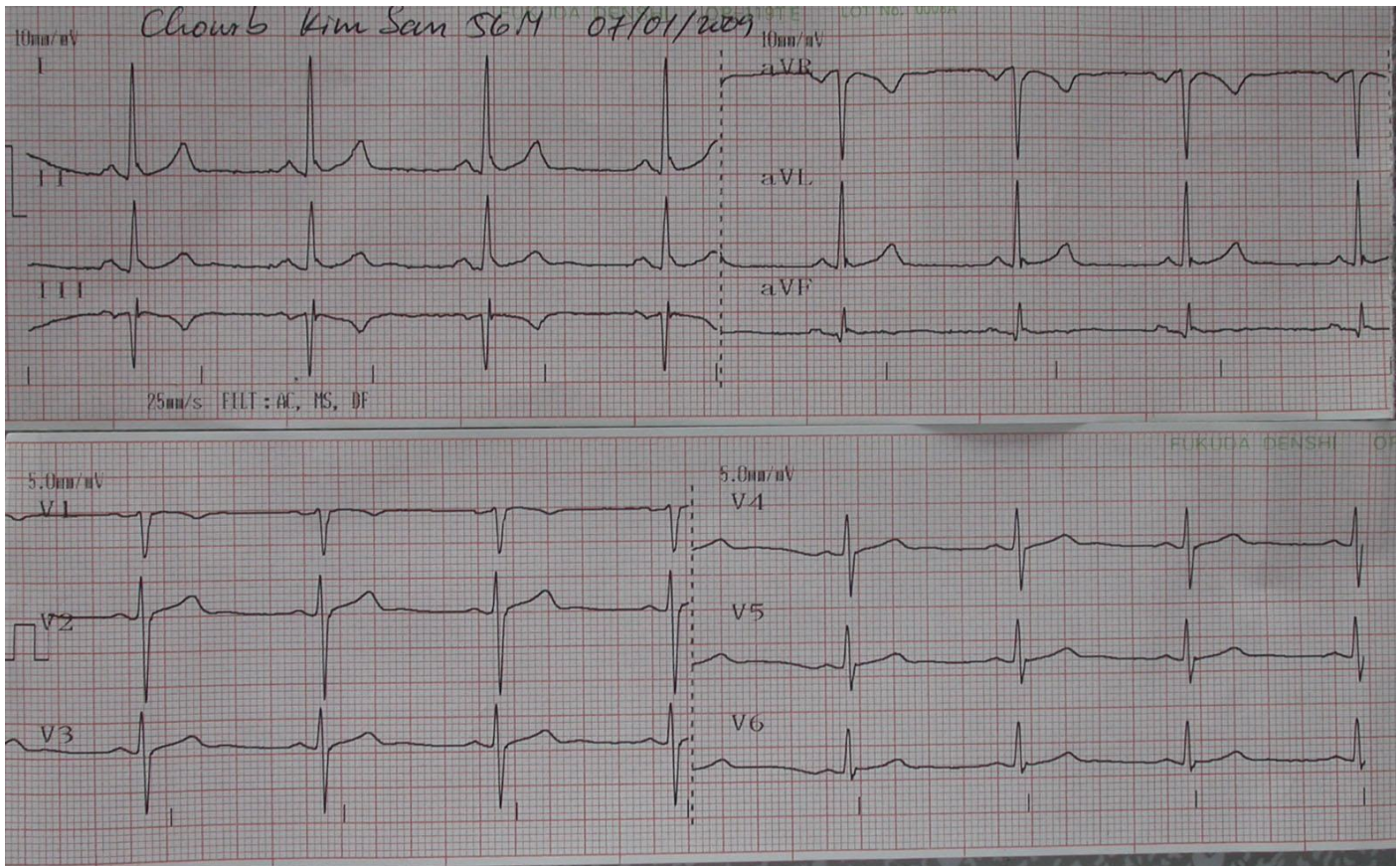
**Patient Name & Village:** Chourb Kimsan, 56M (Rovieng Tbong Village)

**Subjective:** 56M came to follow up of HTN and stroke. In these two months he presented with symptoms of fatigue, polyphagia, polyuria and blurred vision and denied of fever, cough, chest pain, dyspnea, nausea, vomiting, oliguria, hematuria, edema, and numbness/tingling.

### Current Medications:

1. Atenolol 50mg 1/2t po bid
2. Captopril 25mg 1t po qd
3. ASA 300mg 1/2t po qd

**Allergies:** NKDA



## Objective:

**VS: BP: 130/70 P: 60 R: 20 T: 37 Wt: 63kg**

### PE (focused):

**General:** Look stable

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

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

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

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

**MS/Neuro:** MS +4/5 on left arm and leg, sensory intact, DTRs +2/4

### Labs/Studies:

Done on January 6, 2009

RBS: High, after drinking 2L water RBS still high

U/A: protein trace and gluco 4+

Done on January 7, 2009

FBS: 562mg/dl

Done on May 30, 2008

WBC	=8.1	[4 - 11x10 <sup>9</sup> /L]	Na	=145	[135 - 145]
RBC	=5.5	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.0	[3.5 - 5.0]
Hb	=13.8	[14.0 - 16.0g/dL]	Cl	=111	[95 - 110]
Ht	=45	[42 - 52%]	BUN	=2.3	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=140	[53 - 97]
MCH	=25	[25 - 35pg]	Gluc	=6.4	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=193	[150 - 450x10 <sup>9</sup> /L]			
Lym	=2.6	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=1.2	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=4.3	[1.8 - 7.5x10 <sup>9</sup> /L]			

### Assessment:

1. HTN
2. Right Side stroke with left side weakness
3. DMII

### Plan:

1. Atenolol 50mg 1/2t po bid for one month
2. Captopril 25mg 1t po bid for one month
3. ASA 300mg 1/2t po qd for one month
4. Metformin 500mg 2t po qhs for one month
5. Glibenclamide 5mg 1t po qd for one month
6. Educate on diabetic diet, regular exercise and foot care



7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C 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: January 7, 2009**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**No answer replied**

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**From: Robib Telemed**

**Date:** Jan 8, 2009 8:08 PM

**Subject:** Robib TM clinic January 2009 case received

**To:** Kathy Fiamma

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau

Dear Kathy,

I have received answer of one case from you. Below is the case received:

Case#1, Noy Rai, 47F

Please send me the answer of the remaining cases.

Thank you very much for answer to the case for Robib TM clinic January 2009.

Best regards,  
Sovann

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# Thursday, January 09, 2009

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## Follow-up Report for Robib TM Clinic

There were 6 new patients and 1 follow up patient seen during this month Robib TM Clinic, other 47 patients came for medication refills only and 11 patients seen by PA Rithy without sending data. The data of all 7 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

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

## Treatment Plan for Robib TM Clinic January 2009

### 1. Noy Rai, 47F (Bos Village)

#### Diagnosis:

1. PUD
2. Parasititis
3. Anemia

#### Treatment:

1. Omeprazole 1t po bid x 2w (#28) then Famotidine 10mg 2t po qhs x 1m (#40)
2. Amoxicillin 400mg 21/2t po bid x 2w (#70)
3. Metronidazole 250mg 2t po bid x 2w (#56)
4. Metochlopramide 10mg 1t po qhs x 10d (#10)
5. Mebendazole 100mg 5t po qhs once (#5)
6. FeSO4/Folate 200/0.25mg 1t po qd for one month (#35)
7. GERD prevention education
8. Stop traditional medicine

### 2. Sok Hourt, 73M (Bakdoang Village)

#### Diagnosis:

1. HTN
2. CHF?
3. COPD
4. Pneumonia
5. PTB?

#### Treatment:

1. Nifedipine 20mg 1/2t po tid for one month (#50)
2. Clarithromycin 500mg 1t po bid x 10d (#20)
3. Salbutamol inhaler 2puffs bid prn SOB (#2)
4. Do AFB smear in local health center
5. Smoking cessation
6. Send to Phnom Penh for 2D echo of the heart and CXR
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

### Lab result on 09 January, 2009

WBC	=4.8	[4 - 11x10 <sup>9</sup> /L]	Na	=142	[135 - 145]
RBC	=4.0	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.2	[3.5 - 5.0]
Hb	=11.4	[14.0 - 16.0g/dL]	Cl	=101	[95 - 110]
Ht	=38	[42 - 52%]	BUN	=3.2	[0.8 - 3.9]
MCV	=94	[80 - 100fl]	Creat	=149	[53 - 97]
MCH	=28	[25 - 35pg]	Gluc	=4.6	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=4.3	[<5.7]
Plt	=217	[150 - 450x10 <sup>9</sup> /L]	TG	=0.9	[<1.71]
Lym	=0.9	[1.0 - 4.0x10 <sup>9</sup> /L]			

### 3. Um Sam Oul, 40M (Sleng Tourl Village)

#### Diagnosis:

1. PUD
2. Parasititis

#### Treatment:

1. Omeprazole 1t po bid x 2w (#28)
2. Amoxicillin 500mg 1t po bid x 2w (#56)
3. Metronidazole 250mg 2t po bid x 2w (#56)
4. Metochlopramide 10mg 1t po qhs x 10d (#10)
5. Mebendazole 100mg 5t po qhs once (#5)
6. GERD prevention education
7. Stop traditional medicine
8. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, Albumin, Protein, LFT, HBsAg, HCV at SHCH

### Lab result on 09 January, 2009

WBC	=5.9	[4 - 11x10 <sup>9</sup> /L]	Na	=139	[135 - 145]
RBC	=4.3	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.5	[3.5 - 5.0]
Hb	=13.3	[14.0 - 16.0g/dL]	Cl	=108	[95 - 110]
Ht	=41	[42 - 52%]	BUN	=1.4	[0.8 - 3.9]
MCV	=95	[80 - 100fl]	Creat	=56	[53 - 97]
MCH	=31	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=2.9	[<5.7]
Plt	=110	[150 - 450x10 <sup>9</sup> /L]	Prote	=91	[66 - 87]
Lym	=2.1	[1.0 - 4.0x10 <sup>9</sup> /L]	Albu	=24	[38 - 54]
Mxd	=1.0	[0.1 - 1.0x10 <sup>9</sup> /L]	SGPT	=73	[<42]
Neut	=2.8	[1.8 - 7.5x10 <sup>9</sup> /L]	SGOT	=105	[<37]
HBs-Ag	=reactive				
HCV	=weakly reactive				

### 4. Keo Mao, 39F (Sre Village)

#### Diagnosis:

1. Sinusitis
2. GERD
3. Esophagitis?
4. Parasititis

#### Treatment:

1. Augmentin 875mg 1 tab po bid x 10d (#20)
2. Famotidine 20mg 1t po qhs for one month (#30)
3. Mebendazole 100mg 5t po qhs once (#5)
4. GERD prevention education
5. Draw blood for CBC, Lyte, Creat, LFT; if still spitting up blood in the next 2 weeks, go to K Thom for further evaluation

### Lab result on 09 January, 2009

WBC	=9.0	[4 - 11x10 <sup>9</sup> /L]	Na	=146	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.1	[3.5 - 5.0]
Hb	=11.0	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=36	[35 - 47%]	Creat	=70	[44 - 80]
MCV	=81	[80 - 100fl]	Gluc	=4.8	[4.2 - 6.4]
MCH	=24	[25 - 35pg]	SGOT	=18	[<31]
MHCH	=30	[30 - 37%]	SGPT	=14	[<32]
Plt	=156	[150 - 450x10 <sup>9</sup> /L]			
Lym	=2.6	[1.0 - 4.0x10 <sup>9</sup> /L]			

### 5. Sam Pheak, 29M (Bos Pey Village)

#### Diagnosis:

1. Left eye irritation
2. Conjunctivitis

#### Treatment:

1. Eye drop (Cloramphenicol 0.4g + Dexamethasone 0.1g) 2 drops tid x 1w
2. Ibuprofen 200mg 2t po bid prn pain x 1w (#30)
3. Refer to consult with ophthalmologist in Phnom Penh

### 6. Tann Sou Hoang, 50F (Rovieng Cheung Village)

#### Diagnosis:

1. DMII

#### Treatment:

1. Metformin 500mg 2t po qhs for one month (#70)
2. Captopril 25mg 1/4t po qd for one month (#10)
3. ASA 300mg 1/4t po qd for one month (#10)
4. Educate on diabetes diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole and HbA1C at SHCH

#### Lab result on 09 January, 2009

WBC	=6.3	[4 - 11x10 <sup>9</sup> /L]	Na	=138	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.7	[3.5 - 5.0]
Hb	=13.2	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=41	[35 - 47%]	BUN	=2.1	[0.8 - 3.9]
MCV	=88	[80 - 100fl]	Creat	=73	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=14.9	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.3	[<5.7]
Plt	=263	[150 - 450x10 <sup>9</sup> /L]	TG	=1.1	[<1.71]
Lym	=3.1	[1.0 - 4.0x10 <sup>9</sup> /L]	HbA1C	=14.3	[4 - 6]

### 7. 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 (#35)
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 (#70)
5. Glibenclamide 5mg 1t po qd for one month (#35)
6. Educate on diabetic diet, regular exercise and foot care
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

#### Lab result on 09 January, 2009

WBC	=7.6	[4 - 11x10 <sup>9</sup> /L]	Na	=139	[135 - 145]
RBC	=5.7	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.8	[3.5 - 5.0]
Hb	=14.5	[14.0 - 16.0g/dL]	Cl	=103	[95 - 110]
Ht	=46	[42 - 52%]	BUN	=3.0	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=140	[53 - 97]
MCH	=25	[25 - 35pg]	Gluc	=13.8	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	T. Chol	=3.8	[<5.7]
Plt	=132	[150 - 450x10 <sup>9</sup> /L]	TG	=3.9	[<1.71]
Lym	=2.8	[1.0 - 4.0x10 <sup>9</sup> /L]	HbA1C	=16.7	[4 - 6]
Mxd	=0.6	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=4.2	[1.8 - 7.5x10 <sup>9</sup> /L]			

## Patients who come for follow up and refill medication

### 1. Be Kim Ke, 54M (Thnout Malou Village)

#### Diagnosis:

1. DMII

#### Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 1t po qhs for two months (#70)
2. Captopril 25mg 1/4t po qd for two months (#15)
3. ASA 300mg 1/4t po qd for two months (#15)

### 2. Chan Bun Hor, 68M (Trapang Toeum Village)

#### Diagnosis:

1. Left femoral head fracture
2. HTN

#### Treatment:

1. HCTZ 12.5mg 1t po qd for two months (#60)
2. Paracetamol 500mg 1t po qid prn (#30)
3. Naproxen 375mg 1t po bid prn (#20)
4. Refer to Kean Klang Rehabilitation Center for surgical evaluation

### 3. Chan Him, 60F (Taing Treuk Village)

#### Diagnosis:

1. HTN

#### Treatment:

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

### 4. Chan Oeung, 57M (Sangke Roang Village)

#### Diagnosis:

1. HTN
2. Arthritis

#### Treatment:

1. HCTZ 12.5mg 2t po qd for three months (#180)
2. Naproxen 375mg 1t po bid prn severe pain for three months (# 50)
3. Paracetamol 500mg 1t po qid prn pain for three months (# 70)

### 5. Chan Khem, 58F (Taing Treuk Village)

#### Diagnosis

1. HTN

#### Treatment

1. HCTZ 12.5mg 2t po qd for four months (# 240)

#### **6. Chheak Leangkry, 65F (Rovieng Cheung)**

##### **Diagnosis**

1. DMII with PNP
2. HTN

##### **Treatment**

1. Metformin 500mg 2t po qhs for three months (#180)
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)

#### **7. Chheuk Norn, 53F (Thnout Malou Village)**

##### **Diagnosis:**

1. DMII

##### **Treatment:**

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

#### **8. Chin Thy Ren, 38F (Rovieng Cheung Village)**

##### **Diagnosis:**

1. DMII

##### **Treatment:**

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

#### **9. Chhim Paov, 50M (Boeung Village)**

##### **Diagnosis:**

1. GOUT
2. HTN

##### **Treatment:**

1. HCTZ 12.5mg 2t po qd for three months (# 180)
2. Naproxen 375 mg 1t po bid for three months (#50)
3. Paracetamol 500mg 1t po qid prn pain for three months (#70)

#### **10. Chhin Chheut, 13M (Trapang Reusey Village)**

##### **Diagnosis:**

1. Renal Rickettsia (per AHC in Siem Reap)
2. Cachexia
3. Nephrotic Syndrome

##### **Treatment:**

1. Prednisolone 8mg daily for a week, then 6mg, 4mg, 2mg
2. Ca/Vit D 1t po bid
3. Draw blood for Ca<sup>2+</sup> and Mg<sup>2+</sup> at SHCH

##### **Lab result on 09 January, 2009**

Ca <sup>2+</sup>	=0.78	[1.12 – 1.32]
Mg <sup>2+</sup>	=1.4	[0.8 – 1.0]

#### **11. Chhit Khian, 67M (Trapang Teum Village)**

##### **Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 1t po bid for two months (#120)
3. Captopril 25mg 1/4t po qd for two months (#15)
4. ASA 300mg 1/4t po qd for two months (#15)

**12. Choeung Thang, 62M (Thnout Malou Village)****Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 2t po qhs for two months (#130)
2. Captopril 25mg 1t po bid for two months (#120)
3. ASA 300mg 1/4t po qd for two months (#15)

**13. Chum Ly Voeung, 34F (Dam Nak Chen Village)****Diagnosis:**

1. Anemia

**Treatment:**

1. FeSO<sub>4</sub>/Folate 200/0.25mg 1t bid for two months (#120)
2. MTV 1t po qd for two months (#60)

**14. Dourng Sunly, 50M (Taing Treurk Village)****Diagnosis:**

1. HTN
2. Gout
3. Hyperlipidemia

**Treatment:**

1. Captopril 25mg 1/2t po bid for three months (# 90)
2. ASA 300mg 1/4t po qd for three months (# 25)
3. Naproxen 375mg 1t po bid prn severe pain for three months (# 60)
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for three months (# 70)

**15. Kaov Soeur, 63F (Sangke Roang Village)****Diagnosis:**

1. HTN
2. Arthritis

**Treatment:**

1. HCTZ 12.5mg 2t po qd for three months (# 180)
2. Paracetamol 500mg 1t po qid prn pain for three months (# 50)

**16. Kong Nareun, 31F (Taing Treuk Village)****Diagnosis:**

1. Moderate MS with severe TR
2. Biatrium dilation
3. Severe pulmonary HTN
4. PVC

**Treatment:**

1. Atenolol 50mg 1/2t po bid for two months (# 60)
2. Furosemide 80mg 1/4t po bid for two months (# 30)

**17. Kul Keung, 61F (Taing Treuk Village)****Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. HCTZ 12.5mg 2t po qd for three months (# 180)
2. ASA 300mg ¼ t po qd for three months (# 24)
3. Captopril 25mg ¼ t po qd for three months (#24)
4. Glibenclamide 5mg 1t po bid for three months (#180)

**18. Lay Lai, 28F (Taing Treuk Village)**

**Diagnosis:**

1. Tachycardia

**Treatment:**

1. Propranolol 40mg 1t po bid for two months (# 120)

**19. Meas Ream, 74F (Taing Treuk Village)**

**Diagnosis:**

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

**Treatment:**

1. HCTZ 12.5mg 2t po qd for two months (# 120tab)
2. ASA 300mg 1/4t po qd for two months (# 15tab)
3. MTV 1t po qd for two months (# 60tab)

**20. 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)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on 09 January, 2009**

Gluc =9.7 [4.2 - 6.4]  
HbA1C =14.2 [4 - 6}

**21. Nung Bopha, 45F (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po qhs for one month (#35)
2. Captopril 25mg 1/4t po bid for one month (#15)
3. ASA 300mg 1/4t po qd for one month (#8)

**22. Nung Chhun, 70F (Ta Tong Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for three months (# 180)
2. Metformin 500mg 2t po qhs for three months (#180)



3. Captopril 25mg 1/2t po bid for three months (# 90)
4. ASA 300mg 1/4t po qd for three months (# 23)

**23. Pang Sidoeun, 31F (Rovieng Tbong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**24. 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)

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

**Diagnosis:**

1. HTN
2. PVC

**Treatment:**

1. Atenolol 50mg 1/2t po bid for two months (# 60)
2. ASA 300mg 1/4t po qd for two months (# 15)

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

**Diagnosis:**

1. Liver cirrhosis with PHTN
2. HTN
3. Hypochromic Microcytic Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure
6. Big toe infected wound

**Treatment:**

1. Spironolactone 12.5mg 1t po qd for two months (#60)
2. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)
3. Folic acid 5mg 1t po qd for two months (#60)
4. MTV 1t po qd for two months (#60)
5. Cephalexin 250mg 2t po tid x 10d (#60)

**27. Rim Sopheap, 32F (Doang Village)**

**Diagnosis:**

1. Dilated Cardiomyopathy with EF 32% with increase RHD
2. Dyspepsia

**Treatment:**

1. Captopril 25mg 1/4t po bid for two months (#30)
2. ASA 300mg 1/4t po qd for two months (#15)
3. MTV 1t po qd for two months (#60)

**28. Ros Oeun, 50F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Glibenclamide 5mg 11/2t po bid for one month (# 90)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Captopril 25mg 1/2t po bid for one month (# 30)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on 09 January, 2009**

Gluc =7.4 [4.2 - 6.4]  
HbA1C =6.8 [4 - 6}

**29. Ros Yeth, 55M (Thnout Malou Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po qd for one month (# 70)
2. Captopril 25mg 1/4t po qd for one month (#10)
3. Draw blood for Gluc, HbA1C at SHCH

**Lab result on January 09, 2009**

Gluc =11.9 [4.2 - 6.4]  
HbA1C =11.3 [4 - 6]

**30. Sa Horn, 68M (Rom Chek Thmey Village)**

**Diagnosis:**

1. HTN
2. Arthritis?

**Treatment:**

1. HCTZ 12.5mg 4t po qd for one month (#120)
2. ASA 300mg 1/4t po qd for one month (#8)
3. Paracetamol 500mg 1t po qid prn pain/fever (#30)

**31. Sam Yom, 60F (Chhnourn Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**32. 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)

**33. Say Soeun, 67F (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN
2. DMII
3. Anemia

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 2t po qhs for one month (# 60)
3. Captopril 25mg 1t po bid for one month (# 60)
4. Atenolol 50mg 1/2t po bid for one month (#35)
5. ASA 300mg ¼t po qd for one month (# 8)
6. MTV 1t po qd for one month (# 30)

**34. Sim Sovannchanpidor, 11M (Rovieng Cheung Village)**

**Diagnosis:**

1. Recurrent Eczema

**Treatment:**

1. Cephalexin 250mg 1t po tid for 10d (#30)
2. Promethazine 25mg 1t po qd prn (# 10)
3. Mupirocin ointment 2% apply bid (#8)

**35. So On, 80F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. Joint pain
3. Anemia

**Treatment:**

1. HCTZ 12.5mg 2t po po qd for two months (# 120)
2. Paracetamol 500mg 1t po qid prn pain/fever for two months (# 30)
3. MTV 1t po qd for two months (#60)
4. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)

**36. So Putheara, 13M (Thnal Keng Village)**

**Diagnosis:**

1. Nephrotic Syndrome?

**Treatment:**

1. Prednisolone 5mg 4t po qd for one month (#120)
2. Draw blood for Lyte, Creat, Gluc, Alb, protein, tot chole at SHCH

**Lab result on 09 January, 2009**

Na	=140	[135 - 145]
K	=3.7	[3.5 - 5.0]
Cl	=99	[95 - 110]
Creat	=65	[53 - 97]
Gluc	=3.3	[4.2 - 6.4]
T. Chol	=6.1	[<5.7]
Albu	=38	[38 - 54]
Prote	=65	[66 - 87]

**37. So Sary, 65F (Koh Pon Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**38. So Sok San, 24F (Thnal Keng Village)****Diagnosis:**

1. Nephrotic Syndrome
2. Anemia

**Treatment:**

1. Prednisolone 5mg 1t po qd for two months (#60)
2. Captopril 25mg 1/4t po bid for two months (#30)
3. MTV 1t po qd for two months (#60)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (#60)
5. Draw blood for Lyte, Creat, Gluc, Alb, protein, tot chole at SHCH

**Lab result on 09 January, 2009**

Na	=140	[135 - 145]
K	=3.8	[3.5 - 5.0]
Cl	=103	[95 - 110]
Creat	=72	[44 - 80]
Gluc	=4.7	[4.2 - 6.4]
T. Chol	=4.7	[<5.7]
Albu	=39	[38 - 54]
Prote	=68	[66 - 87]

**39. Sok Som, 70F (Tourl Rovieng Village)****Diagnosis:**

1. Brachial plexus neuritis

**Treatment:**

1. Paracetamol 500mg 1t po qid prn pain for three months (#70)

**40. Som An, 50F (Rovieng Tbong)****Diagnosis**

1. HTN

**Treatment**

1. Atenolol 50mg 1/2t po bid for four months (# 120)
2. HCTZ 12.5mg 4t po qd for four months (# 480)

**41. Som Thol, 57M (Taing Treuk Village)****Diagnosis:**

1. DMII with PNP

**Treatment:**

1. Glibenclamide 5mg 2t po bid for three months (# 360)
2. Metformin 500mg 2t po qhs for three months (# 180)
3. Captopril 25mg 1/4t po qd for three months (#24)
3. ASA 300mg ¼t po qd for three months (# 24)
4. Amitriptyline 25mg 1t po qhs for three months (#90)

**42. Srey Hom, 62F (Taing Treuk Village)****Diagnosis:**

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

**Treatment:**

1. Glibenclamide 5mg 1 1/2t po bid for three months (# 270)
2. Nifedipine 20mg 1/2t po bid for three months (# 90)
3. ASA 300mg 1/4t po qd for three months (# 24)
4. Amitriptylin 25mg 1/2t po qhs for three months (# 45)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for three months (#90)
6. MTV 1t po qd for three months (#90)

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

1. MDII

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Captopril 25mg 1/4t po qd for one month (# 8)
4. ASA 300mg 1/4t po qd for one month (# 8)

**44. Thorng Phorn, 36F (Bakdoang Village)****Diagnosis:**

1. Peripheral neuropathy due to Vit deficiency?
2. Pott's Disease?

**Treatment:**

1. MTV 1t po qd for three months (#90)
2. Paracetamol 500mg 1t po qid prn pain/fever (#60)

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

1. HTN
2. GERD

**Treatment:**

1. HCTZ 12.5mg 2t po qd for two months (#120)
2. Famotidine 10mg 2t po qhs (#60)

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

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for three months (#60)

**47. Vong Cheng Chan, 52F (Rovieng Cheung Village)****Diagnosis**

1. HTN

**Treatment**

1. Atenolol 50mg 1/2t po bid for three months (#90)

**Patients seen by PA Rithy Chau without sending data****1. Chhay Chheng, 21M (Trapang Tem Village)****Diagnosis**

1. PUD
2. Anemia due to PUD

**Treatment**

1. Amoxicillin 400mg 2.5t po bid x 14d (#70)

2. Clarithromycin 500mg 1t po bid x 14d (#28)
3. Omeprazole 20mg 1t po bid x 14d (#28)
4. MTV 1t po qd with meal (#30)
5. FeSO4/Folate 200/0.25mg 1t po bid (#60)
6. Mebendazole 100mg 5t po qhs (#5)

**2. Kong Hin, 68F (Ton Laep Village)**

**Diagnosis**

1. Prebyopia

**Treatment**

1. Prescription glasses

**3. Srey Mon, 36F (Bos Village)**

**Diagnosis**

1. GERD
2. Parasititis
3. Cachexia due to poor nutrition

**Treatment**

1. Omeprazole 20mg 1t po qsh (#30)
2. Metoclopramide 10mg 1t po qhs (#30)
3. Mebendazole 100mg chew 5t qhs (#5)
4. MTV 1t po qd (#60)
5. Balance diet and exercise regularly

**4. Tieng Chheng, 39M (Sre Village)**

**Diagnosis**

1. Gastritis
2. Parasititis

**Treatment**

1. Famotidine 10mg 2t po qhs (#60)
2. Metoclopramide 10mg 1t po qhs (#30)
3. Albendazole 200mg 2t po bid x 5d (#20)
4. GERD prev education

**5. Khem Khemm, 57F (Chnourn Village)**

**Diagnosis**

1. Vit def
2. Anemia
3. Parasititis

**Treatment**

1. MTV 1t po bid (#100)
2. FeSO4/Folate 200/0.25mg 1t po bid (#100)
3. Albendazole 200mg 2t po bid x 5d (#20)

**6. Kong Hin, 86F (Ton Laep Village)**

**Diagnosis**

1. Vit def
2. Anemia
3. Parasititis

**Treatment**

1. MTV 1t po bid (#100)
2. FeSO4/Folate 200/0.25mg 1t po bid (#100)
3. Albendazole 200mg 2t po bid x 5d (#20)

**7. Som Khieng, 51F (Rovieng Tbong Village)**

**Diagnosis**

1. Muscle strain (Rt pectoralis major)
2. Migraine HA

**Treatment**

1. Ibuprofen 200mg 2t pot id prn pain/HA (#50)
2. Warm compression on affected muscle

**8. Prum Phonn, 53M (Rovieng Cheung Village)****Diagnosis**

1. Dyspepsia
2. Parasititis
3. Viral URI

**Treatment**

1. Famotidine 10mg 1t po qhs (#30)
2. Mebendazole 100mg 5t po qhs (#5)
3. Acet/Dext/Phenyl/Guifen 325/10/5/100mg 2t po qid prn (#20)

**9. Same Lom, 48F (Doang Village)****Diagnosis**

1. Dysentery
2. Vit def

**Treatment**

1. Metronidazole 250mg 2t pot id x 10d (#60)
2. Metoclopramide 10mg 1t po qhs (#30)
3. MTV 1t po qd with meal (#60)
4. Paracetamol 500mg 1t po qid prn HA (#50)
5. Increase water intake and eat more green vegetable

**10. Seng Don, 75F (Thnout Malou Village)****Diagnosis**

1. GERD
2. Parasititis

**Treatment**

1. Omeprazole 20mg 1t po qhs (#30)
2. Metoclopramide 10mg 1t po qhs (#30)
3. Albendazole 200mg 2t po bid x 5d (#20)
4. MTV 1t po qd with meal (#30)

**11. Khun Meng Leang, 1M (Anlong Svay Village)****Diagnosis**

1. Bronchitis
2. Asthma

**Treatment**

1. Augmentin 600mg/5cc 2.5cc po bid x 7d (#1bot)
2. Ibuprofen 200mg/5cc 2.5cc pot id prn fever (#1bot)
3. Salbutamol inhaler 1puff qd (#1vial)

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