

Robib *Telemedicine* Clinic

Preah Vihear Province

J U N E 2 0 0 7

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

On Monday, June 04, 2007, SHCH staff, Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), June 05 & 06, 2007, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new cases and 6 follow-up patients. 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, June 06 & 07, 2007.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston and SHCH, Nurses 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 the PA Rithy Chau 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 [mailto:robibtelemed@yahoo.com]

Sent: Monday, May 28, 2007 11:16 AM

To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Gary Jacques; Cornelia Haener

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau; Seda Seng; Peou Ouk; Mony Mao; Tola Khiev

Subject: Schedule for Robib Telemedicine Clinic June 2007

Dear all,

I would like to inform you that Robib Telemedicine Clinic June 2007 will be starting on June 04, 2007 and coming back on June 08, 2007.

The agenda for the trip are as following:

1. On Monday June 04, 2007, driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihea.
2. On Tuesday June 05, 2007, the clinic opens to see the patients for the whole morning and type patients' data as case in afternoon then send to both partners in Boston and Phnom Penh.
3. On Wednesday June 06, 2007, I do the same as on Tuesday and also download the answers replied from partners.
4. On Thursday June 07, 2007, I download all the answers replied from both partners then make the treatment plan accordingly and prepare the medicine for the patients in afternoon.

5. On Friday June 08, 2007, I 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 Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, June 05, 2007 9:32 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib Telemedicine Clinic June 2007, Case#1, Ros Yeth, 55M (Thnout Malou Village)

Dear all,

Today I am at Rovieng for Robib Telemedicine Clinic June 2007, there are 3 new cases and 3 follow up cases. This is case number 1, Ros Yeth, 55M and photo.

Best regards,
Sovann

History and Physical



Name/Age/Sex/Village: Ros Yeth, 55M (Thnout Malou Village)

Chief Complaint (CC): Polyuria x 6 months

History of Present Illness (HPI): 55M, farmer, came to us complaining of polyuria x 6 months. He presented with symptoms of polyuria, polyphagia, fatigue, and noticed the ants going around his urine so he went to private clinic for gluco check and it was elevated so he bought Metformin 500mg taken 1t po qd. He got better after taking medication but he ran out of money so he didn't take it during this week. He denied of fever, sore throat, cough, dyspnea, palpitation, chest pain, GI complaint, dysuria, hematuria, edema, numbness and tingling.

Past Medical History (PMH): (+) PTB and have been treating for 3 months

Family History: His sister with DMII, and HTN

Social History: smoking 20cig/d, and drinking alcohol 1/2L/d for over 20y, just stopped

Current Medications: Metformin 500mg 1t po qd (he didn't take it during this week), and TB medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 100/58 P: 76 R: 20 T: 37°C Wt: 55Kg

General: Look 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

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: BS: 198mg/dl; UA: protein 1+

Assessment:

1. DMII
2. (+) PTB

Plan:

1. Glibenclamide 5mg 1/2t po bid for one month
2. Captopril 25mg 1/4t po dd for one month
3. Continue TB treatment with local health center
4. Eat on diabetic diet and foot care, regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, 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: June 5, 2007

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

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

Sent: Wednesday, June 06, 2007 7:45 PM

To: Robib Telemedicine; Rithy Chau

Subject: FW: Robib Telemedicine Clinic June 2007, Case#1, Ros Yeth, 55M (Thnout Malou Village)

-----Original Message-----

From: Fang, Leslie S.,M.D.

Sent: Tuesday, June 05, 2007 8:27 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib Telemedicine Clinic June 2007, Case#1, Ros Yeth, 55M (Thnout Malou Village)

The patient has diabetes with ?early nephropathy

I agree with the plans but would watch his tolerance to even the very low dose of captopril since his BP is quite low at baseline

Leslie Fang, MD

From: Lim kruy [mailto:kruylim@yahoo.com]

Sent: Thursday, June 07, 2007 11:41 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007, Case#1, Ros Yeth, 55M (Thnout Malou Village)

Dear Sovann,

I do agree with your plan,

Please add Pyridoxine 25mg qd for INH induce PNP untill Finish PTB treatment. The TB program did have this drug. Or you can ask the patient to buy.

Regards

kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]

Sent: Tuesday, June 05, 2007 9:37 PM

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

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

Subject: Robib Telemedicine Clinic June 2007, Case#2, Phim Sichin, 35F (Taing Treuk Village)

Dear all,

This is case number 2, Phim Sichin, 35F and photo.

Best regards,

Sovann

History and Physical

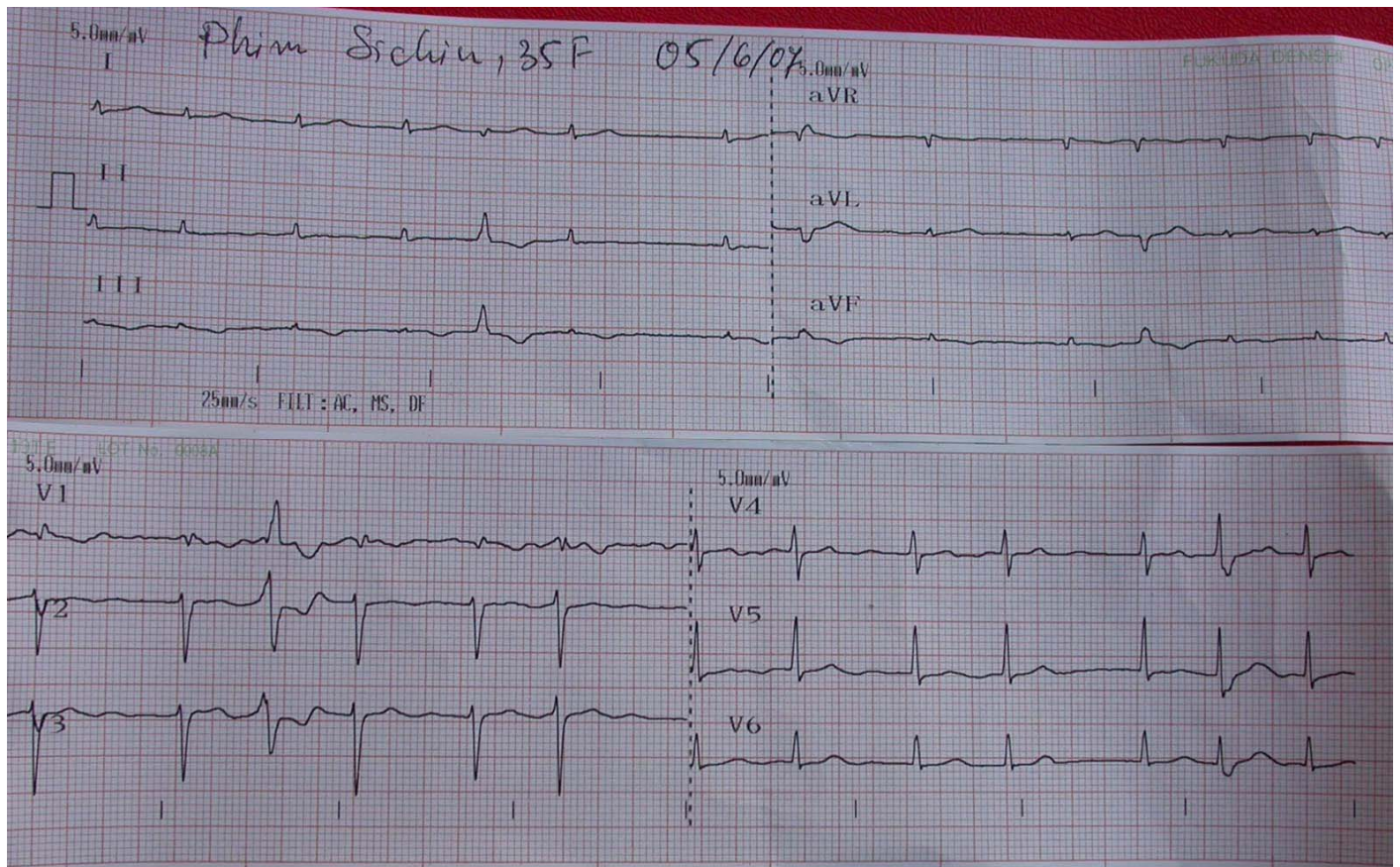


Name/Age/Sex/Village: Phim Sichin, 35F (Taing Treuk Village)

Chief Complaint (CC): Polyuria, and fatigue x 4 months

History of Present Illness (HPI): 35F came to us complaining of polyuria and fatigue x 4 months. She presented with symptoms of polyuria, polyphagia, fatigue, dizziness, palpitation, numbness and tingling on the foot and abdominal discomfort for sometime. She didn't seek medical treatment just taking traditional medication and she doesn't feel better and loose weight 4kg. She denied of fever, sore throat, cough, dyspnea, chest pain, nausea, vomiting, dysuria, hematuria.

Past Medical History (PMH): Malaria in 1985



Family History: Mother with HTN

Social History: Single, no smoking, no alcohol drinking

Current Medications: Traditional medication

Allergies: NKDA

Review of Systems (ROS): Amenorrhea since 2005, no fever, no cough, no chest pain, no hematuria, no dysuria, no stool with blood

PE:

Vitals: BP: 100/60 P: 110 R: 20 T: 37°C Wt: 35Kg

General: Look sick, skinny

HEENT: No oropharyngeal lesion, severe pale conjunctiva, no thyroid enlargement, no lymph node palpable, (+) JVD

Chest: CTA bilaterally, no rales, no rhonchi; H tachycardia, 2+ crescendo systolic murmur loudest at pulmonic area

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

Extremity/Skin: 2+ edema, no rash, no foot wound

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

Rectal exam: good sphincter tone, no mass palpable, (+) cholocheck

Lab/Study: BS: 478mg/dl; UA: protein trace, gluc 4+, Hb: 6g/dl

Assessment:

1. DMII
2. PUD
3. CHF??
4. VHD??

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 25mg 1/4t po bid for one month
3. Amoxicillin 500mg 2t po bid for 2weeks
4. Metronidazole 250mg 2t po bid for 2weeks
5. Omeprazole 20mg 1t po bid for 2weeks
6. Furosemide 20mg 1t po bid for two weeks
7. Eat on diabetic diet and foot care, regular exercise
8. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C, Reticulocyte count, and peripheral smear at SHCH and send to Kg Thom for CXR

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

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

Examined by: Nurse Sovann Peng

Date: June 5, 2007

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

Sent: Wednesday, June 06, 2007 7:46 PM

To: Robib Telemedicine; Rithy Chau

Subject: FW: Robib Telemedicine Clinic June 2007, Case#2, Phim Sichin, 35F (Taing Treuk Village)

-----Original Message-----

From: Fang, Leslie S., M.D.

Sent: Tuesday, June 05, 2007 8:31 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib Telemedicine Clinic June 2007, Case#2, Phim Sichin, 35F (Taing Treuk Village)

Based on the information provided, this 35 year old has diabetes and probably has congestive heart failure (elevated JVD and peripheral edema). She has some proteinuria, worrisome for early diabetic nephropathy. Although the diagnosis of diabetes is easy to establish, it is far more difficult to ascertain the etiology of her congestive heart failure.

I agree with the management plans put in place and would be very interested in progress with respect to evaluation of her congestive heart failure (mostly right-sided, it seems)

Leslie Fang, MD

From: Lim kruy [mailto:kruylim@yahoo.com]

Sent: Thursday, June 07, 2007 11:33 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007, Case#2, Phim Sichin, 35F (Taing Treuk Village)

Dear Sovann,

Please hold furosemide i do not think she had CHF.

Captopril is enough to control her CHF.

Continue omeprazole until next follow up.

According to her facial I would add hemoglobine electrophoresis for work up thasemia (facial pattern). and also ask for family member.

Regards

kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]

Sent: Tuesday, June 05, 2007 10:29 PM

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

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

Subject: Robib Telemedicine Clinic June 2007, Case#3, Sok Thai, 69M (Taing Treuk Village)

Dear all,

This is case number 3, Sok Thai, 69M and photo.

Best regards,
Sovann

History and Physical



Name/Age/Sex/Village: Sok Thai, 69M (Taing Treuk Village)

Chief Complaint (CC): Left side weakness x 10d

History of Present Illness (HPI): 69M, retired village chief, came to us complaining of left side weakness x 10d. First he presented with symptoms pain, numbness, on the legs so he bought the medicine (unknown name) from the pharmacy for 3d then after getting up from the sleep, he couldn't move his left arm and leg, the mouth deviated to one side and unable to speak. His BP taken it was 150/? and treated at home with some medicine (unknown name) for a few days. Now he is able to speak, eat, and move the limb but unable to caught something. He denied of fever, cough, dyspnea, palpitation, chest pain, nausea, vomiting, dysuria, hematuria, edema.

Past Medical History (PMH): bell palsy in last two months

History: Unremarkable

Social History: smoking 4cig/d over 20y, drinking alcohol casually

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): no fever, no cough, no chest pain, no palpitation, no polyuria, no edema

PE:

Vitals: BP: 110/60 P: 70 R: 20 T: 36.5°C Wt: 43Kg

General: Look sick

HEENT: No oropharyngeal lesion, pink conjunctiva, no tongue deviation, no uvular deviation, no thyroid enlargement, no lymph node palpable, no JVD, ear and nose are ok

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

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

Extremity/Skin: No edema, no rash,

MS/Neuro: unable to flexion and extended on left wrist , no abduction and extension of the left fingers, +4/5 MS of the left arm and left leg, sensory intact, DTRs +3/4 on left arm and left leg, the other is intact, swing leg gait on the left

Lab/Study: None

Assessment:

1. Stroke

Plan:

1. Naproxen 375mg 1t po bid prn pain for one month
2. Do the regular exercise of the weak limbs
3. Draw blood for CBC, Lyte, BUN, Creat, Gluco 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: June 5, 2007

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From: Lim kruy [mailto:kruylim@yahoo.com]

Sent: Thursday, June 07, 2007 10:36 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007, Case#3, Sok Thai, 69M (Taing Treuk Village)

Dear Sovann,

Please do EKG to rule out any CAD and cholocek in hight risk of CAD and CA

Lab test work up-- Reticulocyte and cholesterole profile.

Add Boby ASA and small dose atenole 12.5 mg qd for further prevention

Regards

Kruy

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

Sent: Thursday, June 07, 2007 8:24 PM

To: Robib Telemedicine; Rithy Chau

Subject: FW: Robib Telemedicine Clinic June 2007, Case#3, Sok Thai, 69M (Taing Treuk Village)

-----Original Message-----

From: Schwamm, Lee H.,M.D.

Sent: Tuesday, June 05, 2007 6:33 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib Telemedicine Clinic June 2007, Case#3, Sok Thai, 69M (Taing Treuk Village)

It is probably a stroke but no way to know if it was a hemorrhage or an ischemic stroke. If available, try CT scan.

If it was a hemorrhagic stroke, an aspirin or naprosyn should not be given for a few weeks. Agree with rehab

A picture of him trying to smile and lifting up his forehead would be helpful to confirm it is an upper motor neuron facial palsy and to address if it was in fact a prior bell's palsy.

They should screen for diabetes and treat if present, stop smoking and drink < 2 drinks per day.

Best regards,

Lee

Lee H. Schwamm, MD, FAHA

Vice Chairman, Department of Neurology

Director, TeleStroke & Acute Stroke Services

Massachusetts General Hospital

Associate Professor of Neurology, Harvard Medical School

Department of Neurology-VBK915

MGH, 55 Fruit Street, Boston MA 02114

Tel: 617-724-1597 Fax: 617-724-6834

Assistant: sbushfenty@partners.org

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]

Sent: Tuesday, June 05, 2007 9:43 PM

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

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

Subject: Robib Telemedicine Clinic June 2007, Case#4, Neth Ratt, 36M (Otalauk Village)

Dear all,

This is case number 4, Neth Ratt, 36M and photo.

Best regards,

Sovann

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

SOAP Note



Patient Name & Village: Neth Ratt, 36M (Otalauk Village)

Subjective: 36M came to follow up of DMII. He felt much better than before with the symptoms of normal appetite, normal bowel movement, He denied of cough, fever, palpitation, chest pain, nausea, vomiting, oliguria, hematuria, numbness and tingling.

Current Medications:

1. Glibenclamide 5mg 1t po bid
2. Captopril 25mg 1/4t po qd
3. ASA 300mg 1/4t po qd
4. MTV 1t po bid

Allergies: NKDA

Objective:

Vitals: BP: 104/56 P: 80 R: 20 T: 37°C Wt: 39Kg

PE (focused):

General: Look stable

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

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

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

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:

Lab result on May 4, 2007

WBC	=9	[4 - 11x10 ⁹ /L]	Na	=131	[135 - 145]
RBC	=4.3	[4.6 - 6.0x10 ¹² /L]	K	=3.4	[3.5 - 5.0]
Hb	=11.9	[14.0 - 16.0g/dL]	Cl	=99	[95 - 110]
Ht	=35	[42 - 52%]	BUN	=2.1	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=73	[53 - 97]
MCH	=28	[25 - 35pg]	Gluc	=28.4	[4.2 - 6.4]

MHCH =34	[30 - 37%]
Plt =575	[150 - 450x10 ⁹ /L]
Lym =1.6	[1.0 - 4.0x10 ⁹ /L]
Mxd =0.4	[0.1 - 1.0x10 ⁹ /L]
Neut =7.3	[1.8 - 7.5x10 ⁹ /L]
HbA1C =16.1	[4.0 - 6.0]

On June 5, 2007 (today)

RBS: high

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 11/2t po bid for one month
2. Metformin 500mg 1t po qhs for one month
3. MTV 1t po qd for one month
4. FeSO4/Vit C 120/500mg 1t po qd for one month
5. Review patient on diabetic diet and regular exercise, foot care, hypoglycemia sign

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: June 5, 2007

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

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From: Lim kruy [mailto:kruylim@yahoo.com]

Sent: Thursday, June 07, 2007 11:21 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007, Case#4, Neth Ratt, 36M (Otalauk Village)

Dear Sovann,

I would add Metformine 500mg BID.

Please ask him to come back in the next two to see local staff then check BS again if afford for your program. then we can discuss here.
the rest of plan, i do agree with you.

Regards

Kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]

Sent: Tuesday, June 05, 2007 9:48 PM

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

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

Subject: Robib Telemedicine Clinic June 2007, Case#5, Chum Chey, 75M (Ta Tong Village)

Dear all,

This is case number 5, Chum Chey, 75M and photos.

Best regards,

Sovann

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

SOAP Note



Patient Name & Village: Chum Chey, 75M (Ta Tong Village)

Subjective: 75M came to follow up of Pneumonia, COPD, and PTB?. He is better than before with symptoms of less SOB, better appetite, normal bowel movement, HA and neck on/off. He denied of fever, cough, palpitation, chest pain, dysuria, hematuria, stool with blood, edema.

Current Medications:

1. MTV 1t po qd
2. Paracetamol 500mg 1t po qid prn

Allergies: NKDA

Objective:

Vitals: BP: 116/70 P: 69 R: 22 T: 36°C O2sat:(pulse ox no battery) Wt: 36Kg

PE (focused):

General: Look stable

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

Chest: Whizzing on both lower lobes, decreased breath sound on upper lobes; H RRR, no murmur

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

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

MS/Neuro: Unremarkable

Lab/Study done: CXR attached, negative AFB smear

Lab result on May 4, 2007

WBC	=9	[4 - 11x10 ⁹ /L]	Na	=136	[135 - 145]
RBC	=4.5	[4.6 - 6.0x10 ¹² /L]	K	=5.3	[3.5 - 5.0]
Hb	=12.0	[14.0 - 16.0g/dL]	Cl	=105	[95 - 110]
Ht	=39	[42 - 52%]	BUN	=3.1	[0.8 - 3.9]
MCV	=86	[80 - 100fl]	Creat	=109	[53 - 97]



MCH	=26	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=223	[150 - 450x10 ⁹ /L]			
Lym	=2.2	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=2.0	[0.1 - 1.0x10 ⁹ /L]			
Neut	=4.5	[1.8 - 7.5x10 ⁹ /L]			

Assessment:

1. COPD

Plan:

1. Salbutamol Inhaler 2puffs po bid prn SOB for two months
2. MTV 1t po qd for two months

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: June 5, 2007

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

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From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, June 07, 2007 11:15 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Re: Robib Telemedicine Clinic June 2007, Case#5, Chum Chey, 75M (Ta Tong Village)

Dear Sovann,

Yes, i do agree with your plan.

You ask him to repaet the AFB smaer in the next 2-3 weeks.

Regards

kruy

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, June 07, 2007 7:08 PM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com

Cc: tmed_rithy@online.com.kh

Subject: RE: Robib Telemedicine Clinic June 2007, Case#5, Chum Chey, 75M (Ta Tong Village)

Thank you for the followup report.

His clinical response to the antibiotics and the inhalers would indicate that he had an infection and possibly obstructive lung disease (emphysema). He clearly did not receive a full course of treatment for Mycobacteria Tuberculosis.

He may or may not need the inhalers for possible emphysema. It would be interesting to see if he feels better with the inhaler than without the inhaler. If Mr. Chum Chey is like patients in Boston, he will not take the medication all the time (or run out of inhalers) so we will likely find out if the inhalers truly help him or not.

He will need close monitoring of his respiratory status over time.

Good Luck,

Paul Cusick, MD Internal Medicine

-----Original Message-----

From: Fiamma, Kathleen M.

Sent: Tuesday, June 05, 2007 4:37 PM

To: Fiamma, Kathleen M.; Cusick, Paul S., M.D.

Subject: RE: Robib Telemedicine Clinic June 2007, Case#5, Chum Chey, 75M (Ta Tong Village)

By the way, the attached Word document contains the original case presentation and your response.

From: Fiamma, Kathleen M.

Sent: Tuesday, June 05, 2007 4:30 PM

To: Cusick, Paul S., M.D.

Subject: FW: Robib Telemedicine Clinic June 2007, Case#5, Chum Chey, 75M (Ta Tong Village)

Hello Dr. Cusick:

I hope you had a nice vacation. Although I am sending this on Tuesday, I understand that you will not be in the hospital until Wednesday, so I will not expect your response until sometime on Wednesday.

Thank you very much.

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]

Sent: Tuesday, June 05, 2007 9:55 PM

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

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

Subject: Robib Telemedicine Clinic June 2007, Case#6, Khim Sun, 70F (Sanlong Chey Village)

Dear all,

This is the last case for first day Robib TM Clinic June 2007, number 6, Khim Sun, 70F and photo. Please waiting for other cases tomorrow. Thank you very much for your cooperation and support in this project.

Best regards,

Sovann

SOAP Note



Patient Name & Village: Khim Sun, 70F (Sanlong Chey Village)

Subjective: 70F came to follow up of DMII and HTN. She got better with normal appetite, normal bowel movement. In these 10d, she developed with symptoms of fever, right ear pain, neck tension, HA, then the mouth deviated to one side and unable to close her right eye and asked local healer to give her the injection (unknown name medicine). She denied of cough, dyspnea, chest pain, palpitation, nausea, vomiting, dysuria, hematuria, stool with blood, numbness, and tingling, edema.

Current Medications:

1. Glibenclamide 5mg 1/2t po bid
2. Captopril 25mg 1/4t po bid
3. ASA 300mg 1/4t po qd

Allergies: NKDA

Objective:

VS: BP: 130/72 P: 78 R: 20 T: 37 Wt: 45kg

PE (focused):

General: Look sick

HEENT: the ears and nose are ok, the mouth deviated to one side unable to close right eye, can raise only left eyebrow, no tongue deviation, no uvular deviation, no oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable, no JVD

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

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

Extremity/Skin: No edema, no rash

MS/Neuro: MS +5/5, full ROM on all limbs, motor and sensory intact, DTRs +2/4, normal gait

Lab/Study done:

Lab result on May 4, 2007

WBC	=5	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10 ¹² /L]	K	=3.3	[3.5 - 5.0]
Hb	=10.7	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=2.4	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=76	[44 - 80]
MCH	=23	[25 - 35pg]	Gluc	=12.8	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=108	[150 - 450x10 ⁹ /L]			
Lym	=0.9	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.3	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.5	[1.8 - 7.5x10 ⁹ /L]			
HbA1C	=11.8	[4.0 - 6.0]			

On June 5, 2007

RBS: 253mg/dl

Assessment:

1. DMII
2. HTN
3. Bell's palsy

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 5mg 1/4t po bid for one month
3. Naproxen 375mg 1t po bid prn pain
4. review on diabetic diet, regular exercise, foot care, hypoglycemia sign
5. Close the right eye during sleep

Lab/Study Requests: None

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: June 5, 2007

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

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From: Lim kruiy [mailto:kruylim@yahoo.com]

Sent: Thursday, June 07, 2007 11:09 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007, Case#6, Khim Sun, 70F (Sanlong Chey Village)

Dear Sovann,

As she got recent CVA- CN VII palsy

I would increased Glibenclamide 7.5g mg BID. Captoprile to 12.5mg q12h (BP remain hight for DM patient) and also add ASA 300mg for the first 3days then 150mg qd.

You need to do EKG for silent MI if yes, atenole 12.5 mg qd may consider to add.

You can call me if you not clear for EKG reading.

Cholocheck need to do it.

You can add Omeprazole for 1 months

Regards

Kruiy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]

Sent: Wednesday, June 06, 2007 9:08 PM

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

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

Subject: Robib Telemedicine Clinic June 2007 Second Day, Case#7, Khiev Morn, 20F (Otalauk Village)

Dear all,

Today is the second day for Robib Telemedicine Clinic June 2007, there are 4 new cases and 3 follow up cases. This is case number 7, continued from yesterday, Khiev Morn, 20F and photos.

Best regards,

Sovann

History and Physical



Name/Age/Sex/Village: Khiev Morn, 20F (Otalouk Village)

Chief Complaint (CC): Dizziness and fatigue x 1week

History of Present Illness (HPI): 20F came to us complaining of dizziness and fatigue for 1week. She presented with the symptoms of dizziness, fatigue, HA, palpitation, dyspnea on exertion, and her legs became swollen from day to day. She didn't seek any care or treatment because her family is so poor. She denied of fever, chest pain, nausea, vomiting, hematuria, oliguria, stool with mucus or blood.

Past Medical History (PMH): malaria in 2005, her spleen became enlarged

Family History: Unremarkable

Social History: Single, no smoking, and no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular period

PE:

Vitals: BP: 78/40 P: 80 R: 20 T: 37°C Wt: 39Kg

General: Look sick

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

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

Abd: Soft, slightly tender on LUQ, distended, (+) BS, no hepatomegaly, big splenomegaly, (+) spider nivi, no surgical scar, no CVA tenderness, (-) fluid wave

Extremity/Skin: 3+ pitting edema on foot, no rash, no foot wound

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



Rectal Exam: Good sphincter tone, no mass palpable, (-) cholocheck

Lab/Study (today): On June 6, 2007

Hb: 6g/dl, BS: 98mg/dl; UA: protein trace, leukocyte 2+
(-) malaria

Assessment:

1. Severe Anemia
2. UTI
3. Splenomegaly
4. Nethrotic Syndreome??
5. Renal Failure??

Plan:

1. FeSO4/Vit C 500/105mg 1t po bid for one month
2. MTV 1t po qd for one month
3. Ciprofloxacin 750mg 1/2t po bid for three days
4. Furosemide 20mg 1t po bid for two weeks
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Albumin, protein, total cholesterol, Reticulocyte count and peripheral smear at SHCH and send to Kg Thom for Abdominal U/S (We will pay for her because she doesn't have money to pay for)

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: June 5, 2007

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From: Lim kruiy [mailto:kruiylim@yahoo.com]

Sent: Thursday, June 07, 2007 10:26 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007 Second Day, Case#7, Khiev Morn, 20F (Otalauk Village)

Dear Sovann,

Please ask for family history related to big spleen and anemia to rule out thalassemia.

Does she had Jaundice before, you need to record, does her eye had jaundice.

Lab - should add hemoglobine electrophoresis.

I do not think she had UTI, you may need to hold on the ciprofloxacin.

Regards

kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, June 06, 2007 9:13 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib Telemedicine Clinic June 2007 Second Day, Case#8, Nop Sareth, 38F (Kampot Village)

Dear all,

This is case number 8, Nop Sareth, 38F and photos.

Best regards,
Sovann

History and Physical



Name/Age/Sex/Village: Nop Sareth, 38F (Kampot Village)

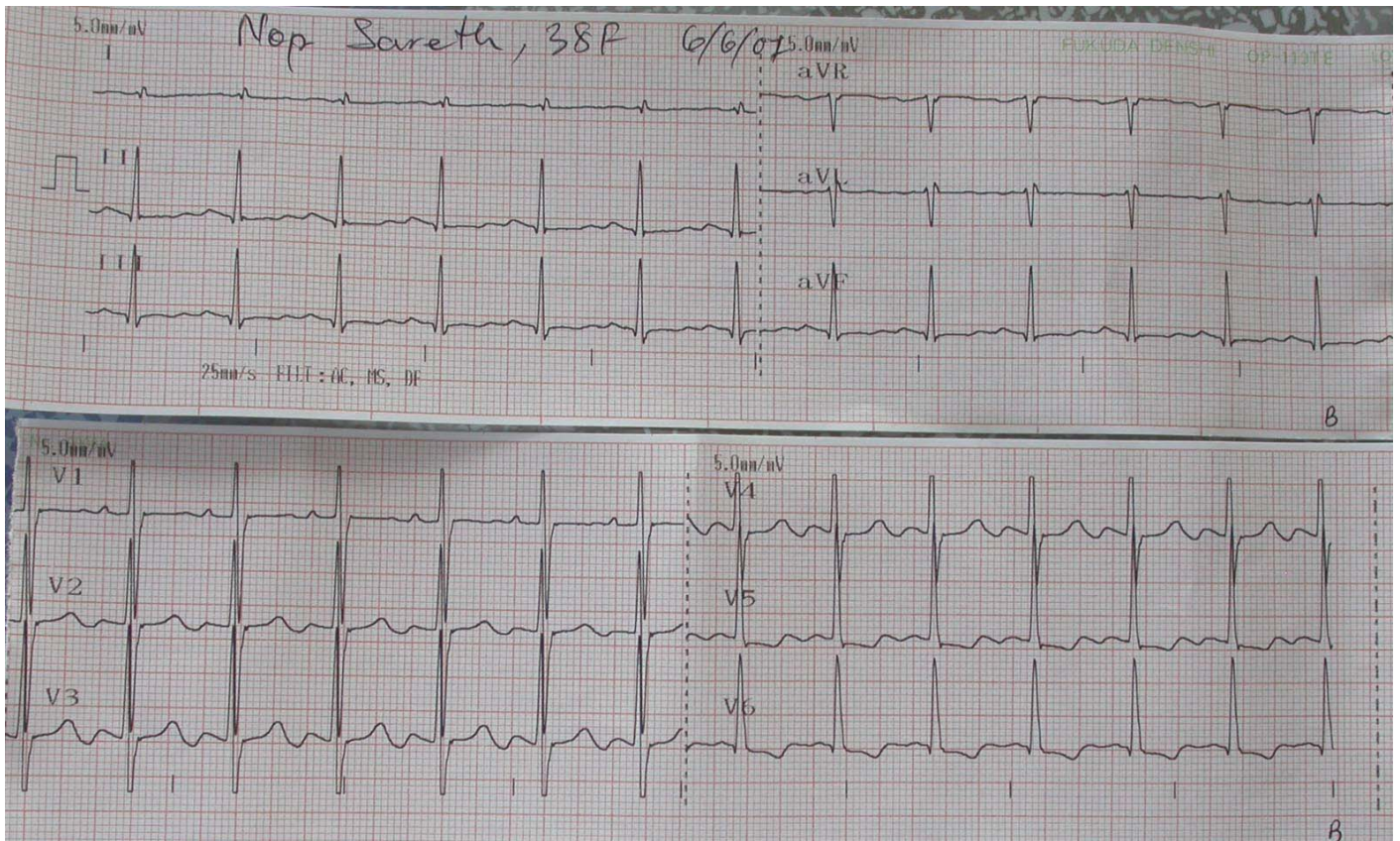
Chief Complaint (CC): Palpitation x 1y

History of Present Illness (HPI): 38F, farmer, came to us complaining of palpitation for 1y. She presented with symptoms of palpitation, insomnia, dyspnea on exertion, dizziness, fatigue. She didn't seek medical care just bought medicine from pharmacy, taking prn but the symptoms still persisted. She denied of fever, cough, chest pain, nausea, vomiting, dysphagia, stool with blood, polyuria, hematuria, edema, heat intolerance and tremor.

Past Medical History (PMH): Unremarkable

Family History: Unremarkable

Social History: no smoking, no alcohol drinking, 5 children



Current Medications: None

Allergies: NKDA

Review of Systems (ROS): regular menstrual period

PE:

Vitals: BP: 102/64 P: 104 R: 20 T: 37°C Wt: 36Kg

General: Look 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, 2+ systolic murmur, loudest at apex area

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical 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 (today): On June 6, 2007

BS: 102mg/dl, Hb: 12g/dl
EKG attached

Assessment:

1. Tachycardia
2. VHD (MR/MS??)
3. Thyroid dysfunction

Plan:

1. Propranolol 40mg ½ t po bid for one month
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH and send to Kg Thom for CXR

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

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

Examined by: Nurse Sovann Peng

Date: June 5, 2007

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From: Lim kruiy [mailto:kruiylim@yahoo.com]

Sent: Thursday, June 07, 2007 10:13 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007 Second Day, Case#8, Nop Sareth, 38F (Kampot Village)

Dear Sovann,

Please reduce propranolole to 10 mg q12h. she is small.

Regards

kruiy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]

Sent: Wednesday, June 06, 2007 9:16 PM

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

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

Subject: Robib Telemedicine Clinic June 2007 Second Day, Case#9, Phim Vann, 61M (Doang Village)

Dear all,

This is case number 9, Phim Vann, 61M and photo.

Best regards,

Sovann

History and Physical



Name/Age/Sex/Village: Phim Vann, 61M (Doang Village)

Chief Complaint (CC): Epigastric pain x 7 months

History of Present Illness (HPI): 61M, farmer, came to us complaining of epigastric pain for 7 months. The epigastric pain started after eating, and relieved with antacid or after two/three hours later, no radiation, burping, and he asked local private clinic treated him with some injection (unknown name), and bought antacid taking prn. He denied of nausea, vomiting, dysphagia, stool with mucus or blood, dysuria, hematuria, edema.

Past Medical History (PMH): Gastric Ulcer diagnosed in 1996 through endoscope in Phnom Penh

Family History: Unremarkable

Social History: Smoking 10cig/d since he was 20y, drinking alcohol casually

Current Medications: Antacid prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 98/60 P: 64 R: 20 T: 36.5°C Wt: 55Kg

General: Look 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

Extremity/Skin: No edema, no rash

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

Lab/Study (today): None

Assessment:

1. Gastritis
2. Parasititis

Plan:

1. Omeprazole 20mg 1t po qhs for two months
2. Mebendazole 100mg 5t po qhs once
3. Smoking cessation

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: June 5, 2007

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From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]

Sent: Thursday, June 07, 2007 4:52 AM

To: Fiamma, Kathleen M.; robibtelemed@yahoo.com

Cc: tmed_rithy@online.com.kh

Subject: RE: Robib Telemedicine Clinic June 2007 Second Day, Case#9, Phim Vann, 61M (Doang Village)

I agree with treating him for acid disorder.

Also, it would be a good idea to check a stool hemoccult since he has had an ulcer before.

The treatments for parasites are fine given the amount of parisotosis in your area.

Best of luck,

Paul

From: Lim kruy [mailto:kruylim@yahoo.com]

Sent: Thursday, June 07, 2007 10:05 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007 Second Day, Case#9, Phim Vann, 61M (Doang Village)

Dear Sovann,

Please check Hb to see if he had anemia. if yes, blood draw for anemia work up.

I would eradicate for H pylory as he is in hight risk and continue omeprazole until next visits.

EKG should be check for rule out ischemia or MI (high risk).

Regards

kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]

Sent: Wednesday, June 06, 2007 9:23 PM

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

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

Subject: Robib Telemedicine Clinic June 2007 Second Day, Case#10, Yin Bunny, 40F (O Village)

Dear all,

This is case number 10, Yin Bunny, 40F and photos.

Best regards,

Sovann

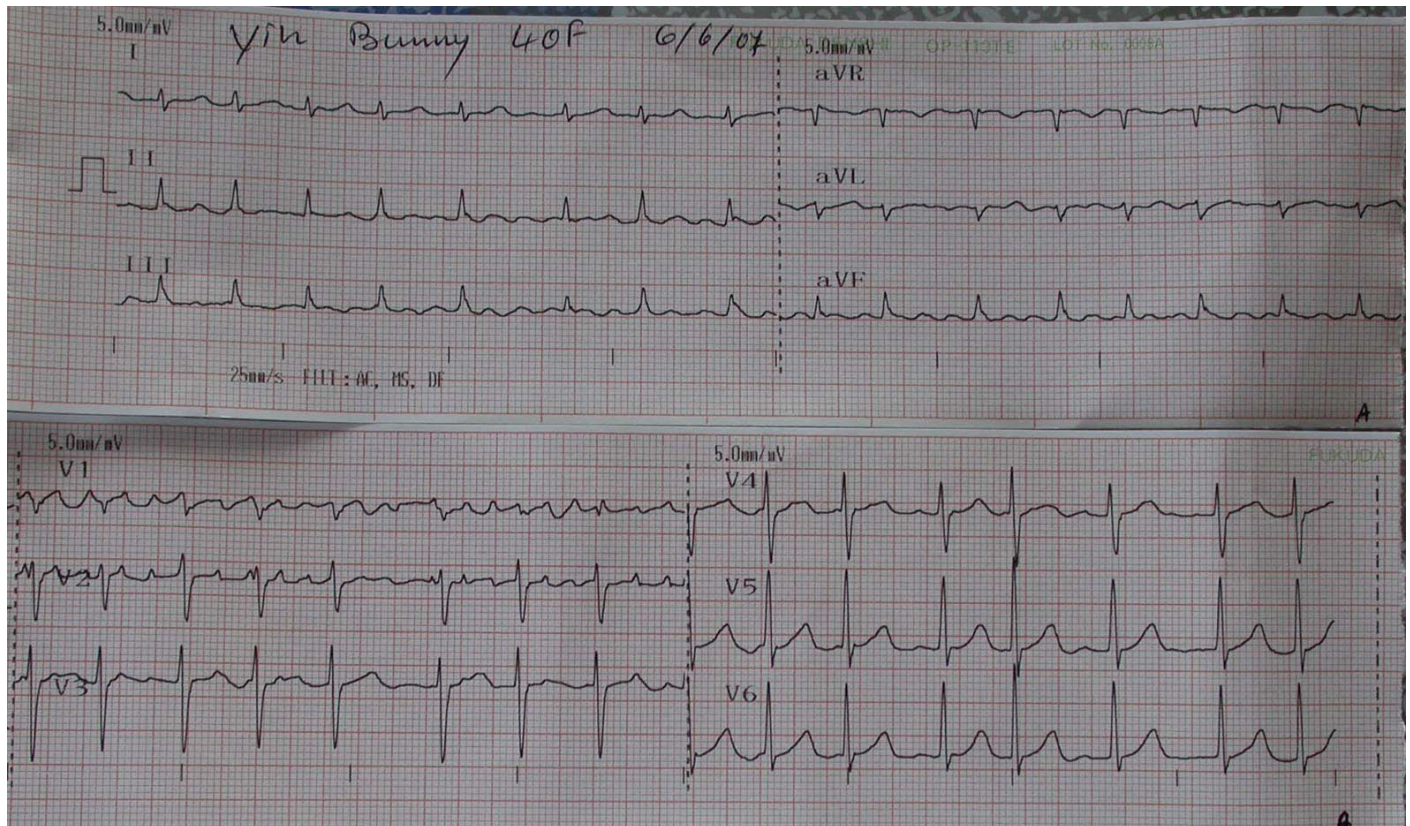
History and Physical



Name/Age/Sex/Village: Yin Bunny, 40F (O Village)

Chief Complaint (CC): Left hand weakness (difficult to flex, extend wrist and carry things) x 8 months

History of Present Illness (HPI): 40F, farmer, came to us complaining of difficult to flex, extend the wrist and carry things. While she was cooking in the kitchen, she fell down with unconsciously, and she was brought to private clinic, and the BP taken is normal, treated her with IV fluid (D5%) and some injections for a few days. When she was awake, she was unable to move the left arm, and symptoms of HA, neck tension. She did notice there was no any symptoms happened before fell down.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: no smoking, no alcohol drinking, 3 children

Current Medications: Injection contraceptive

Allergies: NKDA

Review of Systems (ROS): no menstrual period, no cough, no fever, no palpitation, no chest pain, no nausea, no vomiting, no stool with blood, no edema

PE:

Vitals: BP: 102/64 P: 113 R: 20 T: 36.5°C Wt: 40Kg

General: Look 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

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

MS/Neuro: Left hand, difficult to flex and extend the wrist, abduction and adduction of the finger, no redness, no swelling, decrease MS +4/5 of the left arm, other ROM is intact; sensory intact, DTRs +2/4, normal gait

Lab/Study (today): EKG attached

Assessment:

1. Tachycardia
2. Stroke (left Radio-ulnar nerve defect)

Plan:

1. Propranolol 40mg ½ t po bid for one month
2. Exercise of the left hand

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: June 5, 2007

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From: Lim kruiy [mailto:kruiylim@yahoo.com]
Sent: Thursday, June 07, 2007 9:56 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Re: Robib Telemedicine Clinic June 2007 Second Day, Case#10, Yin Bunny, 40F (O Village)

Dear Sovann,

I would reduce propranolol to 10mg q12h, she is small and BP and HR is not superhigh (for control HR in afib)

Please add ASA and need to draw blood for TSH. if she could afford CXR may consider.

Advised her to continue DMPA injection (contraceptive injection) every 3 months

Regards

Kruiy

From: Schwamm, Lee H., M.D.
Sent: Thursday, June 07, 2007 4:26 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic June 2007 Second Day, Case#10, Yin Bunny, 40F (O Village)

I worry about subarachnoid hemorrhage here if the headache was severe and LOC was real. This has high risk of fatality. It could also be just migraine plus compression neuropathy. If the onset of weakness was sudden, she needs brain imaging and maybe angiography.

Sincerely,

Lee Schwamm, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, June 06, 2007 9:27 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kruiy Lim; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib Telemedicine Clinic June 2007 Second Day, Case#11, Prum Norn, 56F (Thnout Malou Village)

Dear all,

This is case number 11, Prum Norn, 56F and photo.

Best regards,
Sovann

SOAP Note



Patient Name & Village: Prum Norn, 56F (Thnout Malou Village)

Subjective: 56F came to follow up of Liver cirrhosis with PHTN, HTN, hypertrophic Cardiomyopathy, anemia, bradycardia, renal failure. She felt better than the last month with good appetite, normal bowel movement but still presented with symptoms fatigue, HA, palpitation on/off. She denied cough, dyspnea, dizziness, fever, stool with blood, oliguria, dysuria, hematuria, edema.

Current Medications:

1. Spironolactone 25mg 1t po bid
2. HCTZ 50mg 1/2t po qd
3. FeSO4/Folic Acid 200/0.25mg 1t po tid

Allergies: NKDA

Objective:

VS: BP: 96/54 P: 60 R: 20 T: 36.5 Wt: 40kg

PE (focused):

General: Look stable

HEENT: No oropharyngeal lesion, pale on 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

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

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

Lab/Study done:

Lab result on May 4, 2007

WBC	=3	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=3.6	[3.9 - 5.5x10 ¹² /L]	K	=7.2	[3.5 - 5.0]
Hb	=8.8	[12.0 - 15.0g/dL]	Cl	=115	[95 - 110]
Ht	=28	[35 - 47%]	BUN	=6.5	[0.8 - 3.9]
MCV	=78	[80 - 100fl]	Creat	=275	[44 - 80]

MCH =25	[25 - 35pg]	Gluc =4.9	[4.2 - 6.4]
MHCH =32	[30 - 37%]	SGOT =22	[<31]
Plt =66	[150 - 450x10 ⁹ /L]	SGPT =18	[<32]
Lym =0.8	[1.0 - 4.0x10 ⁹ /L]	TSH =1.30	[0.49 - 4.67]
Mxd =0.7	[0.1 – 1.0 x 10 ⁹ /L]	Ca 2+ =1.27	[1.12 - 1.32]
Neut =1.9	[1.8 – 7.5 x 10 ⁹ /L]		

Assessment:

1. Liver cirrhosis with PHTN
2. HTN
3. Hypocromic Microcytic Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure

Plan:

1. Stop HCTZ
2. Spironolactone 25mg 1t po bid for one month
3. FeSO4/Folic Acid 200/0.25mg 1t po tid for one month
4. Folic acid 5mg 1t po qd for one month
5. MTV 1t po qd for one month

Lab/Study Requests: None

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: June 6, 2007

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From: Lim kruiy [mailto:kruiylim@yahoo.com]

Sent: Thursday, June 07, 2007 9:43 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007 Second Day, Case#11, Prum Norn, 56F (Thnout Malou Village)

Dear Sovann,

Please reduce spironolactone to 12.5 mg Qd as the K is very high in may.

You need to do the EKG today then called me, if she had the peak T wave then spironolactone should be stop.

She may need 3 dose of Vitamine K 10mg and B complete QS at the health center, i think they have it everywhere for this drug.

You need to reduce FESO4 to bid because it may accumulated the fer in liver cirrhosis.

The rest of your plan is fine with me

Regards

Krui

From: Paul Heinzelmann [mailto:pheinzelmann@worldclinic.com]

Sent: Thursday, June 07, 2007 9:36 PM

To: Fiamma, Kathleen M.; tmed_rithy@online.com.kh; tmed_rithy@bigpond.com.kh; robibtelemed@yahoo.com

Cc: tmed_rithy@online.com.kh; tmed_rithy@bigpond.com.kh

Subject: RE: Robib Telemedicine Clinic June 2007 Second Day, Case#11, Prum Norn, 56F (Thnout Malou Village)

Dear Sovann,

This woman unfortunately has multi-organ deficits, which makes management extremely difficult and her prognosis poor.

I did have the chance to see Dr Krui's response and I agree that the spironolactone should definitely be reduced or stopped. (Spiranolactone is a potassium-sparing diuretic, htcz is a potassium-losing diuretic). She is hyperkalemic - too much potassium in her blood and this can be life-threatening. If you can, the EKG is a good idea.

Reducing her FE supplement to BID or qd makes sense as dose the Vit B injection .

best,

Paul Heinzelmann, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]

Sent: Wednesday, June 06, 2007 9:36 PM

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

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

Subject: Robib Telemedicine Clinic June 2007 Second Day, Case#12, Prum Thin, 76F (Thnout Malou Village)

Dear all,

This is case number 12, Prum Thin, 76F and photo.

Best regards,
Sovann

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

SOAP Note



Patient Name & Village: Prum Thin, 76F (Thnout Malou Village)

Subjective: 76F came to follow up of DMII and history elevated BP. She felt much better than the last month with normal appetite, normal bowel movement, but complained of HA and blurred vision. She denied of fever, polyphagia, palpitation, chest pain, stool with mucus or blood, edema.

Current Medications:

1. Glibenclamide 5mg 1/2t po bid
2. Captopril 25mg 1/4 t po qd
3. ASA 300mg 1/4t po qd

Allergies: NKDA

Objective:

Vitals: BP: 110/56 P: 74 R: 20 T: 37°C Wt: 55Kg

PE (focused):

General: Look stable

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

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

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

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

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

Lab/Study done:

On June 6, 2007 (today)

FBS: 229mg/dl; UA: protein trace, gluc 1+

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 25mg 1/4t po qd for one month
3. ASA 300mg 1/4t po qd for one month
4. Review patient on diabetic diet and regular exercise, foot care, and hypoglycemia sign
5. Draw blood for CBC, Lyte, BUN, Creat, Gluco, 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: June 6, 2007

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

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From: Lim kruy [mailto:kruylim@yahoo.com]

Sent: Thursday, June 07, 2007 9:23 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007 Second Day, Case#12, Prum Thin, 76F (Thnout Malou Village)

Dear Sovann,

As the FBS is too hight, I Would increased Glibenclamide to 7.5mg BID and the rest management i do agree

You may add TSH for her screening if you never did before.

Regards

Kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, June 06, 2007 9:46 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib Telemedicine Clinic June 2007 Second Day, Case#13, Rim Sopheap, 32F (Doang Village)

Dear all,

This is the last case for Robib TM Clinic June 2007, Case number 13, Rim Sopheap, 32F and photo. Please reply to the cases before Thursday 12:00, which will be easy for me to make treatment plan accordingly.

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

Best regards,
Sovann

SOAP Note



Patient Name & Village: Rim Sopheap, 32F (Doang Village)

Subjective: 32F came to follow up of cardiomegaly and VHD (MR/MS). She took medication for 10d then developed with symptoms of chest tightness, palpitation, dizziness, dyspnea, so she stopped taking medication and seek the local private clinic and treated her with some medicine (unknown name). She doesn't get better with the medicine until now. She denied of fever, cough, nausea, vomiting, hematuria, oliguria, polyuria, edema.

Current Medications: (She didn't take it)

1. Digoxin 0.25mg 1t po qd
2. ASA 300mg 1/4t po qd

Allergies: NKDA

Objective:

Vitals: BP: 92/58 P: 68 R: 20 T: 37°C Wt: 43Kg

PE (focused):

General: Look sick

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

Chest: CTA bilaterally, no rale, no rhonchi; H RRR, 2+ creasendo murmur loudest at pulmonic area

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

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

MS/Neuro: Unremarkable

Lab/Study done:

Lab result on May 4, 2007

WBC	=6	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10 ¹² /L]	K	=3.7	[3.5 - 5.0]
Hb	=12.6	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]

Ht	=39	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=79	[80 - 100fl]	Creat	=82	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=262	[150 - 450x10 ⁹ /L]			
Lym	=3.0	[1.0 - 4.0x10 ⁹ /L]			

Assessment:

1. Cardiomegaly
2. VHD (MR/MS??)

Plan:

1. Refer the patient to SHCH for 2D echo of the heart on June 14, 2007
2. Digoxin 0.25mg 1t po qd for one month
3. ASA 300mg 1/4t po qd for one month

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: June 6, 2007

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

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From: Lim kruy [mailto:kruylim@yahoo.com]

Sent: Thursday, June 07, 2007 9:14 AM

To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

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

Subject: Re: Robib Telemedicine Clinic June 2007 Second Day, Case#13, Rim Sopheap, 32F (Doang Village)

Dear Sovann,

Please instruction why she did not take the medicine, if she continue like that it not work well for her health, even you did 2Decho was not work either.

She need complience.

I do agree with your plan, great

Take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, June 07, 2007 9:12 PM
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib Telemedicine Clinic June 2007 Cases received

Dear Kathy,

I have received 5 cases from you. Below are the cases I received:

Case#1, Ros Yeth, 55M
Case#2, Phim Sichin, 35F
Case#3, Sok Thai, 69M
Case#5, Chum Chey, 75M
Case#9, Phim Vann, 61M

Thank you very much for your answers to the cases in this month.

Best regards,
Sovann

Thursday, June 7, 2007

Follow-up Report for Robib TM Clinic

There were 7 new and 6 follow-up patients seen during this month Robib TM Clinic and the other 31 patients came for medication refills only, and other 3 patients came before follow up. The data of all 13 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 own 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, especially if they are from Thnout Malou Village. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib TM June 2007

1. Ros Yeth, 55M (Thnout Malou Village)

Diagnosis:

1. DMII

- (+) PTB

Treatment:

- Glibenclamide 5mg 1/2t po bid for one month (# 35)
- Captopril 25mg 1/4t po qd for one month (#10)
- Pyridoxine 25mg 1t po qd until TB treatment finished
- Continue TB treatment with local health center
- Educate on diabetic diet and foot care, regular exercise
- Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on June 8, 2007

WBC	=9.4	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=6.1	[4.6 - 6.0x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=13.0	[14.0 - 16.0g/dL]	Cl	=101	[95 - 110]
Ht	=41	[42 - 52%]	BUN	=1.6	[0.8 - 3.9]
MCV	=67	[80 - 100fl]	Creat	=105	[53 - 97]
MCH	=21	[25 - 35pg]	Gluc	=17.9	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	HbA1C	=12.9	[4.0 - 6.0]
Plt	=160	[150 - 450x10 ⁹ /L]			
Lym	=2.6	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=2.3	[0.1 - 1.0x10 ⁹ /L]			
Neut	=4.5	[1.8 - 7.5x10 ⁹ /L]			

2. Phim Sichin, 35F (Taing Treuk Village)

Diagnosis:

- DMII
- PUD
- CHF??
- VHD??
- Anemia

Treatment:

- Glibenclamide 5mg 1t po bid for one month (#70)
- Captopril 25mg 1/4t po bid for one month (#20)
- Amoxicillin 500mg 2t po bid for 2weeks (#56)
- Metronidazole 250mg 2t po bid for 2weeks (#56)
- Omeprazole 20mg 1t po bid for 2weeks then 1t po qhs (#45)
- FeSO4/Vit C 500/105mg 1t po qd for one month (#35)
- educate on diabetic diet and foot care, regular exercise
- Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C, Reticulocyte count, and peripheral smear, hemoglobine electrophoresis at SHCH and send to Kg Thom for CXR

Lab result on June 8, 2007

WBC	=4.0	[4 - 11x10 ⁹ /L]	Na	=133	[135 - 145]
sRBC	=3.1	[3.9 - 5.5x10 ¹² /L]	K	=4.0	[3.5 - 5.0]
Hb	=5.4	[12.0 - 15.0g/dL]	Cl	=98	[95 - 110]
Ht	=23	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=73	[80 - 100fl]	Creat	=64	[44 - 80]
MCH	=17	[25 - 35pg]	Gluc	=25.5	[4.2 - 6.4]
MHCH	=24	[30 - 37%]	HbA1C	=8.8	[4.0 - 6.0]
Plt	=421	[150 - 450x10 ⁹ /L]			
Lym	=1.6	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.3	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.0	[1.8 - 7.5x10 ⁹ /L]			

Reticulocyte count = 3.0 [0.5 - 1.5]

Anisocytosis 2+, Poikilocytosis 2+, Schistocytes 1+, Hypochomic 2+

Hb electrophoresis: unable to perform due to sample coming late

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

Diagnosis:

1. Stroke

Treatment:

1. Naproxen 375mg 1t po bid prn pain for one month (#50)
2. Atenolol 50mg 1/4t po qd for one month (#10)
3. ASA 300mg 1/4t po qd for one month (# 10)
4. Do the regular exercise of the weak limb
5. Draw blood for CBC, Lyte, BUN, Creat, Gluco, Reticulocyte and cholesterole tot, TG at SHCH

Lab result on June 8, 2007

WBC	=7.3	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=5.3	[4.6 - 6.0x10 ¹² /L]	K	=4.6	[3.5 - 5.0]
Hb	=14.3	[14.0 - 16.0g/dL]	Cl	=103	[95 - 110]
Ht	=44	[42 - 52%]	BUN	=4.8	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=149	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=5.5	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=3.1	[<5.7]
Plt	=229	[150 - 450x10 ⁹ /L]	TG	=1.2	[<1.71]
Lym	=1.5	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.6	[0.1 - 1.0x10 ⁹ /L]			
Neut	=5.2	[1.8 - 7.5x10 ⁹ /L]			
Reticulocyte	=0.5	[0.5 - 1.5]			

4. Neth Ratt, 36M (Otalauk Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (#100)
2. Metformin 500mg 1t po bid for one month (#70)
3. MTV 1t po qd for one month (#35)
4. FeSO4/Vit C 500/105mg 1t po qd for one month (#35)
5. Review patient on diabetic diet and regular exercise, foot care, hypoglycemia sign

5. Chum Chey, 75M (Ta Tong Village)

Diagnosis:

1. COPD

Treatment:

1. Salbutamol Inhaler 2puffs po bid prn SOB for two months (#2)
2. MTV 1t po qd for two months (#60)
3. Repeat AFB smears in the next 2-3 months

6. Khim Sun, 70F (Sanlong Chey Village)

Diagnosis:

1. DMII
2. HTN
3. Bell's palsy

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (#100)
2. Captopril 25mg 1/2t po bid for one month (#35)
3. ASA 300mg for 3d then 1/2t po qd for one month (#20)

4. Omeprazole 20mg 1t po qhs for one month (#30)
5. Naproxen 375mg 1t po bid prn pain (#30)
6. Review on diabetic diet, regular exercise, foot care, hypoglycemia sign
7. Close the right eye during sleep

7. Khiev Morn, 20F (Otalouk Village)

Diagnosis:

1. Severe Anemia
2. Splenomegaly
3. Nethrotic Syndreome??
4. Renal Failure??

Treatment:

1. FeSO4/Vit C 500/105mg 1t po qd for one month (#35)
2. MTV 1t po qd for one month (#35)
3. Furosemide 20mg 1t po bid for two weeks (#28)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Albumin, protein, total cholesterol, Reticulocyte count and peripheral smear, hemoglobine electrophoresis at SHCH and send to Kg Thom for Abdominal U/S (Patient didn't come for blood drawing)

8. Nop Sareth, 38F (Kampot Village)

Diagnosis:

1. Tachycardia
2. VHD (MR/MS??)

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (#20)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH and send to Kg Thom for CXR

Lab result on June 8, 2007

WBC	=7.2	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=13.2	[12.0 - 15.0g/dL]	Cl	=102	[95 - 110]
Ht	=40	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=89	[80 - 100fl]	Creat	=93	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=5.1	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	TSH	=2.93	[0.46 - 4.67]
Plt	=185	[150 - 450x10 ⁹ /L]			
Lym	=2.2	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=2.5	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.5	[1.8 - 7.5x10 ⁹ /L]			

9. Phim Vann, 61M (Doang Village)

Diagnosis:

1. Gastritis
2. Parasititis

Treatment:

1. Omeprazole 20mg 1t po bid for two weeks then 1t po qhs (#45)
2. Metronidazole 250mg 2t po bid for two weeks (#56)
3. Amoxicillin 500mg 2t po bid for two weeks (#56)
4. Mebendazole 100mg 5t po qhs once (#5)
5. Smoking cessation

10. Yin Bunny, 40F (O Village)

Diagnosis:

1. Tachycardia
2. Stroke (vs. left Radio-ulna nerve defect)

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (#20)
2. ASA 300mg 1/4t po qd for one month (#10)
3. Exercise of the left hand
4. Draw blood for TSH at SHCH and send to Kg Thom for CXR

Lab result on June 8, 207

TSH =2.25 [0.49 - 4.67]

11. Prum Norn, 56F (Thnout Malou Village)**Diagnosis:**

1. Liver cirrhosis with PHTN
2. HTN
3. Hypochromic Microcytic Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure

Treatment:

1. Stop HCTZ
2. Spironolactone 25mg 1/2t po qd for one month (#20)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#70)
4. Folic acid 5mg 1t po qd for one month (#35)
5. MTV 1t po qd for one month (#35)
6. Vit K 10mg 1A SQ for 3d
7. Vit B complex 1A IM for 3d

12. Prum Thin, 76F (Thnout Malou Village)**Diagnosis:**

1. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (#100)
2. Captopril 25mg 1/4t po qd for one month (#10)
3. ASA 300mg 1/4t po qd for one month (#10)
4. Review patient on diabetic diet and regular exercise, foot care, and hypoglycemia sign

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, HbA1C, TSH at SHCH

Lab result on June 8, 2007

WBC	=6.4	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10 ¹² /L]	K	=4.3	[3.5 - 5.0]
Hb	=12.2	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=2.6	[0.8 - 3.9]
MCV	=74	[80 - 100fl]	Creat	=95	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	HbA1C	=11.1	[4.0 - 6.0]
Plt	=243	[150 - 450x10 ⁹ /L]	TSH	=1.60	[0.49 - 4.67]
Lym	=2.1	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.1	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.3	[1.8 - 7.5x10 ⁹ /L]			

13. Rim Sopheap, 32F (Doang Village)

Diagnosis:

1. Cardiomegaly
2. VHD (MR/MS??)

Treatment:

1. Refer the patient to SHCH for 2D echo of the heart on June 14, 2007
2. Captopril 25mg 1/4t po bid for one month (#20)
3. ASA 300mg 1/4t po qd for one month (#10)

Echocardiography result on June 14, 2007

LVSF: Moderated reduced secondary to Right ventricle flattening
Dilated cardiomyopathy with pulmonary regurgitation

Patients who came to refill medication

1. Nung Sarum, 72F (Thnout Malou Village)

Diagnosis:

1. GERD

Treatment:

1. Famotidine 10mg 2t po qhs for one month (#60)
2. Review GERD prevention education; eat low Na diet, regular exercise

2. So SokSan, 24F (Thnal Keng Village)

Diagnosis:

1. Relapsed Nephrotic Syndrome
2. Anemia

Treatment:

1. Prednisolone 5mg 6t po bid for one month then taper 50mg qd x 2w, 40mg x 2w, 30mg x 2w, 20mg for completing 6 months (#420)
2. Captopril 25mg 1/4t po bid for one month (#20)
3. FeSO4/Vit C 500/120mg 1t po qd for one month (#35)
4. MTV 1t po bid for one month (#70)

Lab/Study Requests: None

3. Thon Mai, 78M (Boeung Village)

Diagnosis:

1. DMII
2. Cachexia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 70)
2. Metformin 500mg 1t po qhs for one month (#35)
3. Captopril 25mg 1/4t po qd for one month (#10)
4. ASA 300mg 1/4t po qd for one month (#10)
5. MTV 1t po qd for one month (# 35)
6. Review patient on diabetic diet and hypoglycemia sign, and foot care

4. Kaov Soeur, 63F (Sangke Roang Village)

Diagnosis:

1. HTN
2. Arthritis
3. Anemia

Treatment:

1. HCTZ 50mg 1/2t po qd for two months # 30
2. Paracetamol 500mg 1t po qid prn pain for two months # 50
3. FeSO4 200mg 1t po bid for two months # 120
4. Eat low Na diet and do regular exercise

Lab/Study Requests: None

5. Pou Limthang, 42F (Thnout Malou Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Propranolol 40mg 1t po bid for one month (#70)
2. Carbimazole 5mg 2t po tid for one month (#200)
3. Draw blood for TSH, Free T4 at SHCH

Lab result on June 8, 2007

TSH	=<0.02	[0.49 - 4.67]
Free T4	=55.15	[9.14 - 23.81]

6. Srey Hom, 62F (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 70)
2. Nifedipine 10mg 1/2t po bid for one month (# 35)
3. ASA 300mg 1/4t po qd for one month (# 10)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 20)
5. Review him on diabetic diet, hypoglycemia sign and foot care

Lab/Study Requests: Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on June 8, 2007

Na	=144	[135 - 145]
K	=4.3	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=3.0	[0.8 - 3.9]
Creat	=250	[44 - 80]
Gluc	=4.9	[4.2 - 6.4]
HbA1C	=7.6	[4.0 - 6.0]

7. Same Kun, 28F (Boeung Village)

Diagnosis:

1. Hyperthyroidism
2. Tachycardia

Treatment:

1. Carbimazole 5mg 2t po tid for one month (#200)
2. Propranolol 40mg 1½t po bid for one month (# 100)

Lab/Study Requests: None

8. Chourb Kimsan, 54M (Rovieng Tbong Village)

Diagnosis:

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

Treatment:

1. Atenolol 50mg ½t po bid for two months (# 60)
2. Trandolapril 0.5mg 1t po qd for two months (# 60)
3. ASA 300mg 1/2t po qd for two months (# 30)
4. Do regular exercise

Lab/Study Requests: None

9. Chhay Chanthy, 43F (Thnout Malou)

Diagnosis

1. Euthyroid Goiter

Treatment

1. Carbimazole 5mg 1/2t po tid for two months (# 90)
2. Propranolol 40mg 1/2t po bid for two months (# 60)

Lab/Study Requests: None

10. Svay Tevy, 42F (Thnout Malou Village)

Diagnosis:

1. MDII
2. Hyperlipidemia

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 140)
2. Metformin 500mg 2t po bid for one month (# 140)
3. Captopril 25mg 1/4t po qd for one month (# 10)
4. ASA 300mg 1/4t po qd for one month (# 10)
5. Restrict pt on diabetic diet and do regular exercise

Lab/Study Requests: Draw blood for HbA1C at SHCH

Lab result on June 8, 2007

HbA1C =9.5 [4.0 - 6.0]

11. Lang Da, 45F (Thnout Malou Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#30)

12. Prum Rim, 44F (Pal Hal Village)

Diagnosis:

1. Post Operative transabdominal hysterectomy
2. Anemia

Treatment:

1. MTV 1t po bid for one month (#70)
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#70)

13. Heng Pheary, 30F (Thkeng Village)

Diagnosis:

1. Asthma

Treatment:

1. Salbutamol Inhaler 2puffs po bid prn severe SOB for three months (# 3)

14. Chea Bunseang, 60M (Phnom Dek Village)

Diagnosis:

1. DMII with PNP
2. Anemia

Treatment:

1. Glibenclamide 5mg 11/2t po bid for two months (# 180)
2. Metformin 500mg 1t po qhs for two months (# 60)
3. Captopril 25mg 1/4t po qd for two months (# 15)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. FeSO4/Folic acid 200/0.25mg 1t po qd for two months (# 60)
6. Amitriptylin 25mg 1/2t po qhs for two months (# 30)

Lab/Study Requests: Draw blood for Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

Lab result on June 8, 2007

Na	=128	[135 - 145]
K	=4.6	[3.5 - 5.0]
Cl	=94	[95 - 110]
BUN	=2.6	[0.8 - 3.9]
Creat	=193	[53 - 97]
Gluc	=8.3	[4.2 - 6.4]
HbA1C	=10.0	[4.0 - 6.0]

15. Chhim Paov, 50M (Boeung Village)

Diagnosis:

1. GOUT
2. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Diflunisal 500 mg 1t po bid for three months (#70)
3. Paracetamol 500mg 1t po qid prn pain for three months (#80)

Lab/Study Requests: None

16. Vong Yan, 72F (Boeung Village)

Diagnosis:

1. HTN

2. Anemia

Treatment:

1. HCTZ 50mg 1t po qd for three months (# 90)
2. FeSO₄/Folic Acid 200/0.25mg 1t po qd for three months (# 90)
3. Do regular exercise and eat low Na diet

Lab/Study Requests: None

17. Tann Kin Horn, 51F (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 (# 60)
3. Captopril 25mg 1/4t po qd for two months (# 15)
4. Review patient about DMII diet and regular exercise

Lab/Study requested: Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on June 8, 2007

Na	=140	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=103	[95 - 110]
BUN	=1.7	[0.8 - 3.9]
Creat	=95	[44 - 80]
Gluc	=9.1	[4.2 - 6.4]
HbA1C	=9.4	[4.0 - 6.0]

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

Diagnosis

1. Hyperthyroidism

Treatment

1. Propranolol 40mg 1t po bid for one month (#70)
2. Carbimazole 5mg 1/2t po tid for one month (# 50)

Lab/Study Requests: Draw blood for Free T4 at SHCH

Lab result on June 8, 2007

Free T4	=27.56	[9.14 - 23.81]
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19. Ros Oeun, 50F (Thnout Malou Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (# 240)
2. Metformin 500mg 2t po bid for two months (# 240)
3. Captopril 25mg 1/2t po bid for two months (# 60)
4. ASA 300mg 1/4t po qd for two months (# 15)

Lab/Study Requests: Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Na	=139	[135 - 145]
K	=3.7	[3.5 - 5.0]
Cl	=104	[95 - 110]
BUN	=1.3	[0.8 - 3.9]
Creat	=72	[44 - 80]
Gluc	=4.1	[4.2 - 6.4]
HbA1C	=7.3	[4.0 - 6.0]

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

Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (# 120)
2. Metformin 500mg 1t po bid for two months (# 120)
3. Captopril 25mg 1t po bid for two months (# 120)
4. HCTZ 50mg ½t po qd for two months (# 30)
5. ASA 300mg ¼t po qd for two months (# 15)
6. FeSO4 200mg 1t po qd for two months (# 60)
7. MTV 1t po qd for two months (# 60)
8. Review patient on hypoglycemia sign and regular exercise

Lab/Study Requests: CBC, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on June 8, 2007

WBC	=7.0	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=3.3	[3.9 - 5.5x10 ¹² /L]	K	=5.3	[3.5 - 5.0]
Hb	=9.1	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=28	[35 - 47%]	BUN	=4.3	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=140	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=8.4	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	HbA1C	=6.4	[4.0 - 6.0]
Plt	=326	[150 - 450x10 ⁹ /L]			
Lym	=2.1	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.9	[0.1 - 1.0x10 ⁹ /L]			
Neut	=4.0	[1.8 - 7.5x10 ⁹ /L]			

21 Nung Chhun, 70F (Ta Tong Village)

Diagnosis:

1. HTN
2. DMII
3. Anemia

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 bid for two months (# 30)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (# 60)
6. Review patient hypoglycemia sign, regular exercise

Lab/Study Requests: Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on June 8, 2007

Na	=140	[135 - 145]
K	=2.6	[3.5 - 5.0]
Cl	=101	[95 - 110]
BUN	=3.0	[0.8 - 3.9]
Creat	=90	[44 - 80]
Gluc	=4.3	[4.2 - 6.4]
HbA1C	=7.5	[4.0 - 6.0]

22. Lim Samnang, 26M (Bos Pey Village)

Diagnosis:

1. Anemia secondary to PUD

Treatment:

1. FeSO₄/Folic Acid 200/0.25mg 1t po tid for three months (# 270)
2. MTV 1t po bid for three months (# 180)

Lab/Study Requests: None

23. Kong Nareun, 31F (Taing Treuk Village)

Diagnosis:

1. VHD (Mitral Stenosis/Regurgitation)
2. PVC

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (# 60)
2. Furosemide 20mg 1t po bid for two months (# 120)
3. ASA 300mg 1/4t po qd for two months (# 15)

Lab/Study Requests: None

24. Lay Lai, 28F (Taing Treuk Village)

Diagnosis:

1. Post partum cardiomegaly?

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (# 60)

Lab/Study Requests: None

25. Thorng Khourn, 70F (Bak Dong Village)

Diagnosis:

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

Treatment:

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

3. MTV 1t po bid for two months (# 60)
4. Folic Acid 5mg 1t po qd for two months (# 60)

Lab/Study Requests: Draw blood for CBC at SHCH

Lab result on June 8, 2007

WBC	=5.0	[4 - 11x10 ⁹ /L]
RBC	=3.5	[3.9 - 5.5x10 ¹² /L]
Hb	=10.4	[12.0 - 15.0g/dL]
Ht	=32	[35 - 47%]
MCV	=92	[80 - 100fl]
MCH	=30	[25 - 35pg]
MHCH	=32	[30 - 37%]
Plt	=107	[150 - 450x10 ⁹ /L]
Lym	=0.8	[1.0 - 4.0x10 ⁹ /L]
Mxd	=2.9	[0.1 - 1.0x10 ⁹ /L]
Neut	=1.3	[1.8 - 7.5x10 ⁹ /L]

26. Chheuk Norn, 52F (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for three months (# 270)
2. Metformin 500mg 1t po qhs for three months (# 90)
3. ASA 300mg 1/4t po qd for three months (# 25)
4. MTV 1t po qd for three months (# 90)
5. Educate patient about hypoglycemia sign

Lab/Study Requests: Draw blood for HbA1C at SHCH

Lab result on June 8, 2007

HbA1C=9.2 [4.0 - 6.0]

27. Prum Sourn, 64M (Taing Treuk Village)

Diagnosis:

1. HTN
2. Ischemic Cardiomyopathy
3. LVH
4. LBBB

Treatment:

1. Captopril 25mg 1t po bid for three months (# 180)
2. HCTZ 50mg 1/2t po qd for three months (# 45)
3. ASA 300mg 1/4t po qd for three months (# 24)

Lab/Study Requests: None

28. Leng Hak, 70M (Thnout Malou Village)

Diagnosis:

1. HTN
2. Stroke

3. Muscle Tension
4. CHF??

Treatment:

1. Nifedipine 10mg 1t po q8h for four months (# 360)
2. Atenolol 50mg 1t po q12h for four months (# 240)
3. HCTZ 50mg 1/2t po qd for four months (# 60)
4. ASA 300mg 1/4t po qd for four months (# 30)
5. MTV 1t po qd for four months (# 120)
6. Paracetamol 500mg 1t po qid prn for four months (# 50)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on June 8, 2007

WBC	=7.4	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=4.9	[4.6 - 6.0x10 ¹² /L]	K	= 3.3	[3.5 - 5.0]
Hb	= 13.0	[14.0 - 16.0g/dL]	Cl	=105	[95 - 110]
Ht	= 40	[42 - 52%]	BUN	=3.4	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	= 168	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	= 123	[150 - 450x10 ⁹ /L]			
Lym	=1.4	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.0	[0.1 - 1.0x10 ⁹ /L]			
Neut	=5.0	[1.8 - 7.5x10 ⁹ /L]			

29. Moeung Srey, 42F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. Trandolapril 0.5mg 1t po qd for four months (# 121)

30. Chan Khem, 58F (Taing Treuk Village)

Diagnosis

1. HTN

Treatment

1. HCTZ 50mg 1t po qd for four months (# 120)

31. Som An, 50F (Rovieng Tbong)

Diagnosis

1. HTN

Treatment

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

Lab/Study Requests: None

Patients who came before appointment

1. Dourng Sunly, 50M (Taing Treurk Village)

Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Lisinopril 20mg 1/2t po qd for three months
2. ASA 300mg 1/4t po qd for three months
3. Diflunisal 500mg 1t po bid prn severe pain for three months (# 53)
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for three months

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

1. HTN
2. Dyspepsia
3. Anemia

Treatment

1. HCTZ 50mg 1/2t po qd for four months
2. MTV 1t po qd for four months
3. Famotidine 10mg 2t po qhs for one month (#60)

3. Ros Im, 53F (Taing Treuk Village)**Diagnosis:**

1. Euthyroid Goiter
2. Hypochromic Microcytic Anemia
3. Dyspepsia
4. UTI

Treatment:

1. FeSO₄ 200mg 1t po qd for three months
2. MTV 1t po qd for three months
3. Famotidine 10mg 2t po qhs (#60)
4. Ciprofloxacin 875mg 1t po qd for 5d (#5)