

Robib *Telemedicine* Clinic

Preah Vihear Province

J U N E 2 0 1 0

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

On Monday, June 7, 2010, 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), June 8 & 9, 2010, the Robib TM Clinic opened to receive the patients for evaluations. There were 5 new and 2 follow up cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, June 9 & 10, 2010.

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 Sovann Peng at SHCH who compiled and sent for website publishing.

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

From: [Robib Telemedicine](#)

To: '[Kruy Lim](#)'; [Kathy Fiamma](#) > ; [Paul J. M.D. Heinzelmann](#) ; [Joseph Kvedar](#) ; [Cornelia Haener](#) ; [Rithy Chau](#)

Cc: [Bernie Krisher](#) ; [Kevin O' brien](#) ; [Sothero Noun](#) ; [Laurie & Ed Bachrach](#) ; [Peou Ouk](#) ; [Sochea Monn](#) ; [Samoeurn Lanh](#) ; [Eang Tea](#)

Sent: Monday, May 31, 2010 7:09 AM

Subject: Schedule for Robib TM Clinic June 2010

Dear all,

I would like to inform you that Robib TM Clinic for June 2010 will be starting on June 7 to 11, 2010.

The agenda for trip is as following:

1. On Monday June 7, 2010, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday June 8, 2010, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file and send to both partners in Boston and Phnom Penh.
3. On Wednesday June 9, 2010, the activity is the same as on Tuesday
4. On Thursday June 10, 2010, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday June 11, 2010, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: [Robib Telemedicine](#)

To: [Cornelia Haener](#) ; [Rithy Chau](#) ; ['Kruy Lim'](#) ; [Paul J. M.D. Heinzelmann](#) ; [Kathy Fiamma >](#) ; [Joseph Kvedar](#)

Cc: [Bernie Krisher](#) ; [Sothero Noun](#) ; [Laurie & Ed Bachrach](#)

Sent: Tuesday, June 08, 2010 7:39 PM

Subject: Robib TM Clinic June 2010 Case#1, Chhiv Sok Kea, 54F

Dear all,

There are three new cases and one follow case for first day of Robib TM Clinic June 2010. Case number 1, Chhiv Sok Kea, 54F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note



Patient: Chhiv Sok Kea, 54F (Thnout Malou Village)

Subject: 54F with diagnosis of DMII presented with 3w of left breast enlargement, pain, warmth and serofibrinous discharge through ulcerated nipple. She didn't seek medical consultation just come to Telemedicine today and denied of trauma, insect bite on the breast, wt loss, lymph node. She has normal appetite, bowel movement, urination and 10y post menopause.

Medication:

1. Metformin 500mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. ASA 300mg 1/4t po qd

Allergies: NKDA

Object:

PE:

Vitals: BP: 122/77 P: 86 R: 20 T: 37°C Wt: 65Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no JVD



Breast: Left breast, palpable mass about 5 x 6cm on middle on the breast, firm, tender, mobile, retracted nipple lesion with serofibrinous discharge, no axillary lymph node palpable; Right breast with nipple retraction, no mass palpable, no tender



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

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

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

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

Lab/study:

Lab result on April 9, 2010

Gluc =6.9 [4.2 - 6.4]
HbA1C=10.0 [4 - 6]



Assessment:

1. Breast tumor??
2. DMII

Plan:

1. Refer to SHCH for surgical evaluation
2. Cephalexin 250mg 2t po qid x 10d
3. Naproxen 220mg 1t po bid x 7d
4. Metformin 500mg 1t po bid
5. Captopril 25mg 1/4t po bid
6. ASA 1/4t po qd



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 8, 2010

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

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From: [Cornelia Haener](#)

To: '[Robib Telemedicine](#)'; '[Rithy Chau](#)'; '[Kruy Lim](#)'; '[Paul J. M.D. Heinzemann](#)'; '[Kathy Fiamma >](#)'; '[Joseph Kvedar](#)'

Cc: '[Bernie Krisher](#)'; '[Sothero Noun](#)'; '[Laurie & Ed Bachrach](#)'

Sent: Wednesday, June 09, 2010 2:33 PM

Subject: RE: Robib TM Clinic June 2010 Case#1, Chhiv Sok Kea, 54F

Dear Sovann,
Thanks so much for sending this case. It looks like an advanced cancer of the left breast and I would suggest sending her to the SHCH as soon as possible.

Kind regards
Cornelia

From: Hughes, Kevin S., M.D.
Sent: Tuesday, June 08, 2010 11:29 AM
To: Fiamma, Kathleen M.
Cc: Smulders-Meyer, Olga, M.D.
Subject: Re: Robib TM Clinic June 2010 Case#1, Chhiv Sok Kea, 54F

Agree with plan

If surgeon not seeing pt soon, might put needle in mass to confirm it is not an abscess (more likely cancer, depends on your assessment)

Kevin Hughes, MD

From: [Robib Telemedicine](#)
To: [Paul J. M.D. Heinzelmann](#) ; [Kathy Fiamma >](#) ; [Joseph Kvedar](#) ; [Cornelia Haener](#) ; ['Kruy Lim'](#) ; [Rithy Chau](#)
Cc: [Bernie Krisher](#) ; [Sothero Noun](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, June 08, 2010 7:41 PM
Subject: Robib TM Clinic June 2010, Case#2, Sourn Rithy, 18M

Dear all,

This is case number 2, Sourn Rithy, 18M 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: Sourn Rithy, 18M (Thnal Keng Village)

Chief Complaint (CC): Chest tightness on exertion x 3w

History of Present Illness (HPI): 18M, farmer, presented with symptoms of low grade fever, night sweating, fatigue, tremor and 3kg weight loss, productive cough white color and noticed chest tightness on exertion. He went to private clinic in Kg Thom province, CXR done and told he had lung problem and treated with 2 kinds of medicine (unknown name) x 5d and became a bit better. He noted an enlargement of anterior neck about 2 months before he presented with the symptoms.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Single, no alcohol drinking, no cig smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 118/83** **P: 120** **R: 20** **T: 37°C**
Wt: 49Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, Thyroid enlargement about 3x4cm, smooth, soft, no tender, no bruit, mobile on swallowing, no lymph node palpable

Chest: Fine crackle on lower lobe, clear on upper, no wheezing, no rhonchi; H Tachycardia, Regular Rhythm, no murmur

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

Extremity: Tremor of both hands, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

CXR done on 23 May 2010

Assessment:

1. Pneumonia
2. PTB?
3. Hyperthyroidism (diffuse goiter)

Plan:

1. Clarithromycin 500mg 1t po bid x 10d
2. Propranolol 40mg 1/4t po bid
3. Do AFB smear in local health center
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH, and Free T4 at SHCH



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

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

Examined by: Nurse Sovann Peng

Date: June 8, 2010

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

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From: "Sung Han Kim" <sungkim17@gmail.com>

To: <robibtelem@gmail.com>; <rithychau@sihosp.org>; <paul.heinzelmann@gmail.com>; "Garry Choy" <garryc@gmail.com>

Sent: Tuesday, June 08, 2010 10:38 PM

Subject: CXR interpretation

Hi Sovann,

My name is Sung Kim. I am also working with iRadX who you contacted through Garry. I have interpretations of the two CXR you sent us.

1. Sourn Rithy, 18M.

Findings: There are streaky opacities in the right upper lobe. There is no effusion. The heart appears normal in size.

Impression: These findings can be seen with tuberculosis.

Thank you very much for these cases. Please email me if you have any questions or additional information.

Sung

From: Crocker, J.Benjamin,M.D.

Sent: Tuesday, June 08, 2010 2:14 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic June 2010, Case#2, Sourn Rithy, 18M

Assessment sounds reasonable -- I do not know what "PTB" is but presume it is short for "pulmonary TB". If this is the case, would NOT treat with clarithromycin (unless you feel he has active community acquired pneumonia -- as he was recently presumptively treated, and his CXR does not show consolidation). You'd probably be better off treating empirically for TB until he is ruled out. Was he only given 5days of treatment, or was this all he took?

AFB's are essential.

Re: the goiter --- very important that this be closely followed. If hyperthyroid by testing -- needs endocrine eval and treatment for ?thyroiditis vs grave's dz, as thyrotoxicosis can cause all of his symptoms (fever, fatigue, tremor and wt loss) except for his cough. Propanolol will not treat his hyperthyroidism, but only potential symptoms of his hyperthyroidisms (tremor, etc).

Hope this helps,

Benjamin Crocker, MD

From: [Cornelia Haener](#)
To: ['Robib Telemedicine'](#) ; ['Paul J. M.D. Heinzelmann'](#) ; ['Kathy Fiamma >'](#) ; ['Joseph Kvedar'](#) ; ['Kruy Lim'](#) ; ['Rithy Chau'](#)
Cc: ['Bernie Krisher'](#) ; ['Sothero Noun'](#) ; ['Laurie & Ed Bachrach'](#)
Sent: Wednesday, June 09, 2010 2:37 PM
Subject: RE: Robib TM Clinic June 2010, Case#2, Sourn Rithy, 18M

Dear Sovann,

Thanks for submitting this case. I agree with your assessment and plan.

Kind regards
Cornelia

From: [Robib Telemedicine](#)
To: [Paul J. M.D. Heinzelmann](#) ; [Kathy Fiamma >](#) ; [Joseph Kvedar](#) ; [Kruy Lim](#) ; [Cornelia Haener](#) ; [Rithy Chau](#)
Cc: [Bernie Krisher](#) ; [Sothero Noun](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, June 08, 2010 7:43 PM
Subject: Robib TM Clinic June 2010, Case#3, Som Sim, 35F

Dear all,

This is case number 3, Som Sim, 35F 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: Som Sim, 35F (Ta Tong Village)

Chief Complaint (CC): Neck mass x 3y

History of Present Illness (HPI): 35F, farmer, presented with neck mass about 4 x 5cm and symptoms of fatigue, HA, palpitation and weight loss and bought medicine (unknown name) from local pharmacy but not better and her menstruation became irregular (2-3 times per month) with normal amount. She denied of cough, dyspnea, diaphoresis, chest pain, diarrhea/constipation, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No alcohol drinking, no cig smoking, 3 children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Epigastric burning pain before and after full eating with radiation to right scapula, relieved with Antacid

PE:

Vitals: BP: 135/83 P: 65 R: 20 T: 37°C Wt: 48Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, Thyroid enlargement about 4x5cm, smooth, mobile on swallowing, no tender, no bruit, 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

Extremity: No tremor, no lesion, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None

Assessment:

1. Diffuse goiter
2. Dyspepsia

Plan:

1. Ranitidine 150mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. Draw blood for TSH and Free T4 at SHCH



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

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

Examined by: Nurse Sovann Peng

Date: June 8, 2010

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

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From: [Cornelia Haener](#)

To: '[Robib Telemedicine](#)'; '[Paul J. M.D. Heinzelmann](#)'; '[Kathy Fiamma >](#)'; '[Joseph Kvedar](#)'; '[Kruy Lim](#)'; '[Rithy Chau](#)'

Cc: '[Bernie Krisher](#)'; '[Sothero Noun](#)'; '[Laurie & Ed Bachrach](#)'

Sent: Wednesday, June 09, 2010 2:38 PM

Subject: RE: Robib TM Clinic June 2010, Case#3, Som Sim, 35F

Dear Sovann,

Thanks for submitting this case. I agree with your assessment and plan.

Kind regards
Cornelia

From: [Robib Telemedicine](#)

To: '[Kruy Lim](#)'; '[Rithy Chau](#)'; '[Joseph Kvedar](#)'; '[Kathy Fiamma >](#)'; '[Paul J. M.D. Heinzelmann](#)'

Cc: '[Bernie Krisher](#)'; '[Sothero Noun](#)'; '[Laurie & Ed Bachrach](#)'

Sent: Tuesday, June 08, 2010 7:46 PM

Subject: Robib TM Clinic June 2010, Case#4, Ek Rim, 47F

Dear all,

This is case number 4, Ek Rim, 47F and photo. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Ek Rim, 47F (Rovieng Chheung Village)

Chief Complaint (CC): Dizziness x 1y

History of Present Illness (HPI): 47F, farmer, presented with symptoms of dizziness in awhile after exertion and got better with rest, associated with fatigue, HA, neck tension, blurred vision, she asked local health care worker to see her, BP checked 190/? and treated with antihypertensive (unknown name). Because she does not have money to buy medicine, she got treatment with traditional medicine and she still presented with the symptoms so she come to Telemedicine for help. She denied of cough, dyspnea, CP, palpitation, GI problem, olirugia, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No alcohol drinking, no cig smoking, 5 children

Current Medications: Traditional medicine for hypertension

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: Lt 192/104, Rt 173/89 P: 64 R: 20 T: 37°C Wt: 42Kg

General: Stable

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

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

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

Extremity: No edema, no lesion, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

Done on June 8, 2010

RBS: 109mg/dl; U/A normal

Assessment:

1. HTN

Plan:

1. HCTZ 50mg 1/2t po qd
2. Eat low salt diet, and do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole and 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: June 8, 2010

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

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From: "Cusick, Paul S.,M.D." <PCUSICK@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>; <robibtelemed@gmail.com>
Cc: <rithychau@sihosp.org>
Sent: Wednesday, June 09, 2010 9:25 AM
Subject: RE: Robib TM Clinic June 2010, Case#4, Ek Rim, 47F

Thank you for your consult
she has dizziness without any focal neurological symptoms to suggest a stroke.
Also, she has no anginal symptoms.to suggest cardiac ischemia.

I agree with the treatment for hypertension. She needs to eat a diet low in sodium. Please check electrolytes after using the hydrochlorothiazide to check potassium and renal function.

Best of luck

Paul Cusick

From: [Robib Telemedicine](#)
To: [Cornelia Haener](#) ; ['Kruy Lim'](#) ; [Rithy Chau](#) ; [Kathy Fiamma](#) > ; [Joseph Kvedar](#) ; [Paul J. M.D. Heinzelmann](#)
Cc: [Bernie Krisher](#) ; [Sothero Noun](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, June 09, 2010 3:50 PM
Subject: Robib TM Clinic June 2010, Case#5, Hang Korn, 40M

Dear all,

For the second day of Robib TM Clinic June 2010, there are two new cases and one follow up case. This is case number 5, continued from Yesterday, Hang Korn, 40M 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: Hang Korn, 40M (Sre Thom Village)

Chief Complaint (CC): Infected wound on right foot x 2 months

History of Present Illness (HPI): 40M, farmer, was bitten on by snake on medial side of right ankle and immediately his leg became swollen with severe pain, and he was brought to see traditional healer and apply with traditional medicine on the bitten area. A month later, the leg swelling became better but the bitten area still swelling, pain, discharge drainage so

he went to local health center. The HC staff incises and drains the bitten area with pus come out and treated him with 3 times of injection and IV fluid x 7w and today his medicine is changed to Cloxacillin 500mg po tid.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 5cig/d, drinking alcohol casually

Current Medications:

Medicine from local health center (injection then po)



Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 105/73 P: 100 R: 20 T: 37°C Wt: 37Kg

General: Stable, walking with crutches

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

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

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

Extremity: On right foot, swelling, warmth, tender, with pustular discharge, foul odor, no inguinal lymph node palpable

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

Lab/study: None

Assessment:

1. Chronic infected wound on right foot due to snake bite

Plan:

1. Cloxacillin 500mg 1t po qid x 14d
2. Naproxen 220mg 1t po bid x 10d
3. Clean the wound every day

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 9, 2010

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

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From: [Cornelia Haener](#)
To: '[Robib Telemedicine](#)'; '[Kruy Lim](#)'; '[Rithy Chau](#)'; '[Kathy Fiamma >](#)'; '[Joseph Kvedar](#)'; '[Paul J. M.D. Heinzelmann](#)'
Cc: '[Bernie Krisher](#)'; '[Sothero Noun](#)'; '[Laurie & Ed Bachrach](#)'
Sent: Wednesday, June 09, 2010 5:04 PM
Subject: RE: Robib TM Clinic June 2010, Case#5, Hang Korn, 40M

Dear Sovann,
Thanks for submitting this case. Does the patient have pedal pulses? Is his blood sugar normal?
As you write that he has foul smelling discharge, it might be good to add an antibiotic to cover anaerobics such as lincomycin or metronidazole or even better give Augmentin Monotherapy.

Kind regards
Cornelia

From: Robib Telemedicine [<mailto:robibtelemed@gmail.com>]
Sent: Thursday, June 10, 2010 12:06 PM
To: Cornelia Haener; '[Kruy Lim](#)'; '[Rithy Chau](#)'; '[Kathy Fiamma >](#)'; '[Joseph Kvedar](#)'; '[Paul J. M.D. Heinzelmann](#)'
Cc: '[Bernie Krisher](#)'; '[Sothero Noun](#)'; '[Laurie & Ed Bachrach](#)'
Subject: Re: Robib TM Clinic June 2010, Case#5, Hang Korn, 40M

Dear Dr. Cornelia,

This patients has strong dorsalis pedis and posterior tibial pulse and RBS: 120mg/dl and I will use Augmentin for his wound infection.

Thanks for the reply to the cases.

Best regards,
Sovann

From: [Cornelia Haener](#)
To: '[Robib Telemedicine](#)'; '[Kruy Lim](#)'; '[Rithy Chau](#)'; '[Kathy Fiamma >](#)'; '[Joseph Kvedar](#)'; '[Paul J. M.D. Heinzelmann](#)'
Cc: '[Bernie Krisher](#)'; '[Sothero Noun](#)'; '[Laurie & Ed Bachrach](#)'
Sent: Thursday, June 10, 2010 4:34 PM
Subject: RE: Robib TM Clinic June 2010, Case#5, Hang Korn, 40M

Dear Sovann,

Thanks so much for your feedback. I hope the wounds will heal quickly.

Kind regards
Cornelia

From: [Cusick, Paul S., M.D.](#)
To: [Fiamma, Kathleen M.](#); robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Thursday, June 10, 2010 4:53 AM
Subject: RE: Robib TM Clinic June 2010, Case#5, Hang Korn, 40M

Thank you for the consult.

It sounds like he had an abscess that resulted from the snake bite.

The most important treatment was the incision and drainage to remove the pus.

At this point, he needs local wound care and I agree with treatment with dicloxacillin.

He should also try to keep his leg elevated above the level of his heart to reduce swelling and use naproxen for pain.

Paul Cusick MD

From: [Robib Telemedicine](#)

To: [Paul J. M.D. Heinzelmann](#) ; [Kathy Fiamma](#) > ; [Joseph Kvedar](#) ; ['Kruy Lim'](#) ; [Rithy Chau](#)

Cc: [Bernie Krisher](#) ; [Sothero Noun](#) ; [Laurie & Ed Bachrach](#)

Sent: Wednesday, June 09, 2010 3:51 PM

Subject: Robib TM Clinic June 2010, Case#6, Khim Nisa, 8F

Dear all,

This is case number 6, Khim Nisa, 8F 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: Khim Nisa, 8F (Taing Treuk Village)

Chief Complaint (CC): A lump on left preauricular area x 20d

History of Present Illness (HPI): 8F, grade 2 student, presented with a lump on left preauricular area, with swelling, warmth, erythema, severe pain, and fever, Her mother brought her to local health center and treated with 3 kinds of medicine (unknown name) and apply with traditional medicine. A few days after treatment, she got a bit better with less pain and swelling. Her mother said she developed this kind of lump on right side in the past two

years.

Past Medical History (PMH): Unremarkable

Family History: None

Current Medications: 3 kinds of medicine from health center (unknown name)

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 90/50 P: 110 R: 24 T: 37°C Wt: 25Kg

General: Stable

HEENT: A mass on left preauricular area, firm, redness, warmth, tender, left ear canal can not be visualized, no lymph node palpable; Right ear drum and canal mucosa normal; No oropharyngeal lesion



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

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

Extremity: Unremarkable

MS/Neuro: Unremarkable

Lab/study: None

Assessment:

1. Left preauricular abscess

Plan:

1. Augmentin 125mg/5cc 5cc tid x 10d
2. Naproxen 220mg 1/2t po bid x 5d

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 9, 2010

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

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From: [Paul Heinzelmann](#)

To: [Fiamma, Kathleen M.](#) ; [Robib Telemedicine](#) ; rithychau@sihosp.org

Sent: Thursday, June 10, 2010 4:10 AM

Subject: Re: FW: Robib TM Clinic June 2010, Case#6, Khim Nisa, 8F

In a child, with swelling in this area is at first suggestive of mumps (its not always bilateral). However, 20 days is a bit longer than usual course ... So it could be other viruses (ex. Epstein Barr, Coxsackie, HIV) and

possible a bacterial infection - though the later is more common in adults. A true abscess seems less likely and could require I&D.

Your empirical plan seems OK, but if this persists beyond another 10 days, she should be seen at that time. If it is indeed Epstein Barr - we could expect a rash to develop from the use of Augmentin.

Paul Heinzelmann, MD

From: Cornelia Haener [mailto:corneliahaener@sihosp.org]
Sent: Thursday, June 10, 2010 11:02 AM
To: 'rithy chau'
Subject: RE: Robib TM Clinic June 2010, Case#6, Khim Nisa, 8F

Dear Rithy,

Thanks for submitting this case. It looks like she would benefit from an I&D. Is it possible to refer her to a pediatric hospital, may be Angkor Hospital for children?

Thanks
Cornelia

From: [Robib Telemedicine](#)
To: [Paul J. M.D. Heinzelmann](#) ; [Kathy Fiamma >](#) ; [Joseph Kvedar](#) ; ['Kruy Lim'](#) ; [Rithy Chau](#)
Cc: [Bernie Krisher](#) ; [Sothero Noun](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, June 09, 2010 3:55 PM
Subject: Robib TM Clinic June 2010, Case#7, Phim Sichin, 39F

Dear all,

This is the last case for Robib TM clinic June 2010, case number 7, Phim Sichin, 39F and photos. Please try to reply the cases before Thursday afternoon then the treatment plan can be made accordingly.

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

Best regards,
Sovann

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

SOAP Note



Patient Name & Village: Phim Sichin, 39F (Taing Treuk Village)

Subjective: 39F with diagnosis of DMII, PNP, LVH, TR/MS and Thalassemia complaining of two months of shin and abdominal skin lesion. First she noticed echymosis developed on her shin and abdomen without pain, swelling, warmth and a week later the pain developed with warmth, redness around the edge of lesion and discharge. She bought

Amoxicillin 500mg bid for 5d, the lesion became better without discharge, less pain, but not complete healed.

Current Medications:

1. Glibenclamide 5mg 2t po bid
2. Metformin 500mg 3t qAM, 2t po qPM
3. Captopril 25mg 1/4t po bid
4. MTV 1t po bid
5. Amitriptylin 25mg 1/2t po qhs

Allergies: NKDA



Objective:

Vitals: BP: 90/60 P: 90 R: 20 T: 37°C Wt: 36Kg

PE (focused):

General: Stable

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

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

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

Extremity/Skin: Skin lesion on RLQ and right shin, redness, tender, no pustule, (+) dorsalis pedis and posterior tibial pulse

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



Lab/Study:

Lab result on October 9, 2009

Gluc =15.2 [4.2 - 6.4]
HbA1C=8.2 [4 - 6]

Lab result on March 5, 2010

Na =131 [135 - 145]
K =4.5 [3.5 - 5.0]
BUN =2.7 [0.8 - 3.9]
Creat =77 [44 - 80]
Gluc =14.5 [4.2 - 6.4]
HbA1C=9.1 [4 - 6]

Finger stick FBS: 204mg/dl (done on June 8, 2010)
Finger stick RBS: 502mg/dl (done on June 9, 2010)

Assessment:

1. DMII
2. LVH
3. TR/MS
4. Thalasemia
5. Dermatitis on shin and abdomen

Plan:

1. Glibenclamide 5mg 2t po bid
2. Metformin 500mg 3t qAM, 2t po qPM
3. Captopril 25mg 1/4t po bid
4. MTV 1t po bid
5. Amitriptylin 25mg 1/2t po qhs
6. Cephalexin 250mg 2t po qid x 7d

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 9, 2010

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

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From: [rithychau](mailto:rithychau@sihosp.org)
To: corneliahaener@sihosp.org
Cc: 'Robib Telemedicine'
Sent: Wednesday, June 09, 2010 5:59 PM
Subject: FW: Robib TM Clinic June 2010, Case#7, Phim Sichin, 39F

Dear Cornelia,

Here is another case that you may be able to provide us with your opinion since the wound is infected for 2 months already.

Thanks,
Rithy

From: [Cornelia Haener](mailto:corneliahaener@sihosp.org)
To: 'rithychau'
Cc: 'Robib Telemedicine'
Sent: Thursday, June 10, 2010 11:13 AM
Subject: RE: Robib TM Clinic June 2010, Case#7, Phim Sichin, 39F

Dear Rithy,

Thanks for submitting this case. It is worth a try to give her cephalexin. If the infection continues, we might have to include Melioidosis in our differential diagnosis. I guess there is no pus collection you could puncture and bring back to the laboratory?

Kind regards
Cornelia

From: [Robib Telemedicine](#)
To: [Kathy Fiamma >](#)
Cc: [Bernie Krisher](#) ; [Sothero Noun](#) ; [Laurie & Ed Bachrach](#) ; [Rithy Chau](#)
Sent: Thursday, June 10, 2010 4:28 PM
Subject: Robib TM Clinic June 2010 Cases received

Dear Kathy,

I have received reply of four cases from you and below are cases received:

Case# 2, Sourn Rithy, 18M
Case#4, Ek Rim, 47F
Case#5, Hang Korn, 40M
Case#6, Khim Nisa, 8F

Please send me reply of remaining cases

Case#1, Chhiv Sok Kea, 54F
Case#3, Som Sim, 35F
Case#7, Phim Sichin, 39F

Thank you very much for the reply to the cases during Robib TM Clinic June 2010.

Best regards,
Sovann

Thursday, June 10, 2010

Follow-up Report for Robib TM Clinic

There were 5 new patients and 2 follow up patients seen during this month Robib TM Clinic, other 49 patients came for medication refills only and 40 new patients seen by PA Rithy Chau 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 Telemedic Clinic June 2010

1. Chhiv Sok Kea, 54F (Thnout Malou Village)

Diagnosis:

1. Breast tumor
2. DMII

Treatment:

1. Refer to SHCH for surgical evaluation on June 14, 2010
2. Augmentin 600mg/5cc 7.5cc bid x 10d (#1)
3. Naproxen 220mg 1t po bid x 7d (#10)
4. Metformin 500mg 1t po bid
5. Captopril 25mg 1/4t po bid
6. ASA 1/4t po qd

2. Sourn Rithy, 18M (Thnal Keng Village)

Diagnosis:

1. Pneumonia
2. PTB
3. Hyperthyroidism (diffuse goiter)

Treatment:

1. Clarithromycin 500mg 1t po bid x 10d (#20)
2. Propranolol 40mg 1/4t po bid (#20)
3. TB treatment from local health center
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH, Free T4 and Free T3 at SHCH

Lab result on June 11, 2010

WBC	=4.7	[4 - 11x10 ⁹ /L]	Na	=134	[135 - 145]
RBC	=4.3	[4.6 - 6.0x10 ¹² /L]	K	=3.5	[3.5 - 5.0]
Hb	=11.5	[14.0 - 16.0g/dL]	BUN	=1.9	[0.8 - 3.9]
Ht	=34	[42 - 52%]	Creat	=69	[53 - 97]
MCV	=79	[80 - 100fl]	Gluc	=10.0	[4.2 - 6.4]
MCH	=27	[25 - 35pg]	TSH	=0.005	[0.27 - 4.20]
MHCH	=34	[30 - 37%]	Free T4	=>100	[12.00 - 22.00]
Plt	=353	[150 - 450x10 ⁹ /L]	Free T3	=>32.55	[2.02 - 4.43]
Lym	=2.3	[1.0 - 4.0x10 ⁹ /L]			

3. Som Sim, 35F (Ta Tong Village)

Diagnosis:

1. Diffuse goiter
2. Dyspepsia

Treatment:

1. Ranitidine 150mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Draw blood for TSH and Free T4 at SHCH

Lab result on June 11, 2010

TSH	=0.59	[0.27 - 4.20]
Free T4	=18.11	[12.00 - 22.00]

4. Ek Rim, 47F (Rovieng Chheung Village)

Diagnosis:

1. HTN

Treatment:

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

Lab result on June 11, 2010

WBC	=6.6	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=4.3	[3.9 - 5.5x10 ¹² /L]	K	=4.3	[3.5 - 5.0]
Hb	=11.3	[12.0 - 15.0g/dL]	BUN	=1.6	[0.8 - 3.9]
Ht	=34	[35 - 47%]	Creat	=72	[44 - 80]
MCV	=79	[80 - 100fl]	Gluc	=4.5	[4.2 - 6.4]
MCH	=26	[25 - 35pg]			
MHCH	=33	[30 - 37%]			
Plt	=346	[150 - 450x10 ⁹ /L]			
Lym	=2.2	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=2.0	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.4	[1.8 - 7.5x10 ⁹ /L]			

5. Hang Korn, 40M (Sre Thom Village)

Diagnosis:

1. Chronic infected wound on right foot due to snake bite

Treatment:

1. Augmentin 600mg/5ml 5cc bid x 14d (#1)
2. Naproxen 220mg 1t po bid x 10d (#20)
3. Clean the wound every day
4. Send Pus of wound for Culture, gram stain and AFB smear at SHCH

Result on June 30, 2010

AFB smear negative

Bacterial Culture

Culture result: positive

Isolate name: Escherichia Coli, Isolate information: many colonies

ESBL_result: Positive

Antibiotic	Susceptibility
Ceftriaxone	Resistant
Amox/Clavulanic acid	Resistant
Amoxicillin	Resistant
Cotrimoxazole	Resistant
Ceftazidime	Resistant
Meropenem	Sensitive

6. Khim Nisa, 8F (Taing Treuk Village)

Diagnosis:

1. Left preauricular abscess

Treatment:

1. Augmentin 125mg/5cc 5cc tid x 10d (#1)
2. Naproxen 220mg 1/2t po bid x 5d (#5)

7. Phim Sichin, 39F (Taing Treuk Village)

Diagnosis:

1. DMII

2. LVH
3. TR/MS
4. Thalasemia
5. Dermatitis on shin and abdomen

Treatment:

1. Glibenclamide 5mg 2t po bid (#240)
2. Metformin 500mg 3t qAM, 2t po qPM (#300)
3. Captopril 25mg 1/4t po bid (#30)
4. MTV 1t po bid (#120)
5. Amitriptylin 25mg 1/2t po qhs (#30)
6. Augmentin 600mg/5cc 5cc bid x 7d (#1)

Patients who came for follow up and refill medicine

1. Be Samphorn, 73M (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Amlodipine 5mg 1/2t po qd for one month (#15)
2. Metformin 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1/4t po qd for one month (buy)

2. Bon Phon, 64F (Thkeng Village)

Diagnosis:

1. Abdominal Aortic aneurysm

Treatment:

1. Atenolol 25mg 1/2t po qd for one month (#15)
2. ASA 300mg 1/4t po qd for one month (#8)

3. Bun Kry, 39M (Bakdoang Village)

Diagnosis:

1. Epilepsy

Treatment:

1. Phenytoin 100mg 2t po qd for one month (#70)

4. Chhay Chanthy, 45F (Thnout Malou Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for two months (#60)
2. Propranolol 40mg 1/4t po bid for two months (#30)

5. Chheak Leangkry, 65F (Rovieng Cheung)

Diagnosis

1. DMII with PNP
2. HTN

Treatment

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

6. Chourb Kimsan, 56M (Rovieng Tbong Village)

Diagnosis:

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

Treatment:

1. Atenolol 50mg 1/2t po bid
2. Captopril 25mg 1t po tid
3. ASA 300mg 1/4t po qd
4. Metformin 500mg 1t po bid
5. Glibenclamide 5mg 1t po qd
6. Prednisolone 10mg 6t po qd x 1w (#80)
7. Albendazole 200mg 1t po bid x 5d (#10)
8. Draw blood for CBC, Lyte, BUN, Crea, Gluc and HbA1C, Uric acid at SHCH

Lab result on June 11, 2010

WBC	=15.2	[4 - 11x10 ⁹ /L]	Na	=132	[135 - 145]
RBC	=5.0	[4.6 - 6.0x10 ¹² /L]	K	=4.6	[3.5 - 5.0]
Hb	=11.2	[14.0 - 16.0g/dL]	BUN	=13.0	[0.8 - 3.9]
Ht	=37	[42 - 52%]	Creat	=244	[53 - 97]
MCV	=75	[80 - 100fl]	Gluc	=21.3	[4.2 - 6.4]
MCH	=23	[25 - 35pg]	Uric acid	=834	[200 - 420]
MHCH	=30	[30 - 37%]	HbA1C	=8.0	[4 - 6]
Plt	=229	[150 - 450x10 ⁹ /L]			
Lym	=1.6	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.9	[0.1 - 1.0x10 ⁹ /L]			
Neut	=12.7	[1.8 - 7.5x10 ⁹ /L]			

7. Heng Chan Ty, 49F (Ta Tong Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for one month (#45)
2. Propranolol 40mg ¼ t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on June 11, 2010

Free T4=40.26 [12.00 – 22.00]

8. Kheng Ka, 28M (Ta Tong Village)

Diagnosis:

1. Lower back contusion

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#30)

9. Keth Chourn, 55M (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for three months (# 90)

10. Khorn Davy, 20F (Backdoang Village)

Diagnosis:

1. Left distal femoral neck fracture

Treatment:

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

11. Kim Yat, 28F (Sre Thom Village)

Diagnosis:

1. Anemia
2. Dyspepsia

Treatment:

1. FeSO4/Folate 200/0.25mg 1t po bid for two months (#120)
2. MTV 1t po qd for tow months (#60)
3. Ranitidine 150mg 1t po qhs (#30)
4. Mebendazole 100mg 5t po qhs (#5)

12. Kong Hin, 86F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd for one month (#40)

13. Kong Narann, 10F (Taing Treuk Village)

Diagnosis:

1. Chronic Otitis media

Treatment:

1. Augmentin 600mg/5cc 5cc po bid x 10d (#1)

14. Kong Nareun, 34F (Taing Treuk Village)

Diagnosis:

1. Moderate MS with severe TR
2. Atria dilation
3. Severe pulmonary HTN

Treatment:

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

15. Kong Sam On, 53M (Thkeng Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for one month (#60)
2. Glibenclandie 5mg 1t po bid for one month (buy)
3. Atenolol 100mg 1/2t po qd for one month (#15)
4. Captopril 25mg 1/2t po bid for one month (buy)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on June 11, 2010

Na	=135	[135 - 145]
K	=4.8	[3.5 - 5.0]
BUN	=5.6	[0.8 - 3.9]
Creat	=220	[53 - 97]
Gluc	=5.9	[4.2 - 6.4]
HbA1C	=6.1	[4 - 6]

16. Kouch Be, 76M (Thnout Malou Village)

Diagnosis

1. HTN
2. COPD

Treatment

1. Amlodipine 5mg 1t po qd for four months (# 120)
2. Salbutamol Inhaler 2 puffs prn SOB for four months (# 2)

17. Kul Chheung, 78F (Taing Treuk)

Diagnosis:

1. HTN
2. COPD

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (#60)
2. Salbutamol inhaler 2puffs prn SOB for four months (#2)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on June 11, 2010

WBC	=11.6	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10 ¹² /L]	K	=3.8	[3.5 - 5.0]
Hb	=11.1	[12.0 - 15.0g/dL]	BUN	=3.4	[0.8 - 3.9]
Ht	=34	[35 - 47%]	Creat	=118	[44 - 80]
MCV	=87	[80 - 100fl]	Gluc	=4.9	[4.2 - 6.4]
MCH	=29	[25 - 35pg]			
MHCH	=33	[30 - 37%]			
Plt	=357	[150 - 450x10 ⁹ /L]			
Lym	=2.7	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.0	[0.1 - 1.0x10 ⁹ /L]			
Neut	=7.9	[1.8 - 7.5x10 ⁹ /L]			

18. Kul Keung, 61F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII
3. Pneumonia

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg ¼ t po qd for three months (# buy)
3. Captopril 25mg ¼ t po qd for three months (# buy)
4. Glibenclamide 5mg 1t po bid for three months (# buy)
5. Metformin 500mg 1t po bid for three months (#180)
6. Erythromycin 500mg 1t po bid x 7d (#14)

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

Diagnosis:

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

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg 1/4t po qd for three months (# 24)
3. MTV 1t po qd for three months (# 90)

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

Diagnosis

1. HTN
2. Anemia
3. Dyspepsia

Treatment

1. Enalapril 5mg 1t po qd for two months (# 60)
2. MTV 1t po qd for two months (#60)
3. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)
4. Ranitidine 150mg 1t po qhs (#30)

21. Nhem Heum, 65F (Doang Village)

Diagnosis:

1. Vit deficiency
2. Essential Parkinson

Treatment:

1. MTV 1t po bid for one month (#60)
2. Folic acid 5mg 1t po qd for one month (#30)

22. Nong Khon, 59F (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#30)
2. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)

23. 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 1t po bid for three months (#180)
3. Enalapril 5mg 1/2t po qd for three months (#45)
4. ASA 300mg 1/4t po qd for three months (buy)

24. Pang Then, 51F (Thnal Keng Village)

Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. Enalapril 5mg 1t po qd for one month (#30)
2. HCTZ 50mg 1/2t po qd for one month (#15)
3. CaCO3/Mg(OH)2 550/110mg 2t chew qhs (#50)
4. Eat low Fats/Salt diet, do regular exercise

25. Pech Huy Keung, 48M (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (#180)
2. Captopril 25mg 1/4t po bid one month (buy)
3. ASA 300mg 1/4t po qd three months (#23)

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

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1/2t po tid for three months (#45)

27. Prum Vandy, 49F (Taing Treuk Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for one month (#60)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on June 11, 2010

Free T4=19.79 [12.00 – 22.00]

28. Prum Yet, 46F (Bos Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1/2t po tid for one month (#45)

29. Ros Oeun, 50F (Thnout Malou Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1 1/2t po bid for two months (buy)
2. Metformin 500mg 2t po bid for two months (# 240)
3. Enalapril 5mg 1/2t po qd for two months (# 30)
4. ASA 300mg 1/4t po qd for two months (buy)

30. Ros Sokun, 41F (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for three months (#180)
2. Captopril 25mg 1/4t po bid for three months (buy)

31. Sam Khim, 50F (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1 1/2t po bid for three months (#270)
2. Glibenclamide 5mg 1t po qd for three months (#100)
3. Captopril 25mg 1/4t po bid for three months (buy)

32. Sam Thourng, 29F (Thnal Keng Village)

Diagnosis:

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm²)

Treatment:

1. Atenolol 25mg 2t po qd for two months (#120)
2. ASA 300mg 1/2t po qd for two months (#30)
3. HCTZ 50mg 1/2t po qd (#30)

33. Sam Yom, 60F (Chhnourn Village)**Diagnosis:**

1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. CaCO₃/Mg(OH)₂ 550/110mg 2t chew qhs (#50)
3. MTV 1t po qd for three months (#90)

34. Same Kun, 27F (Beung Village)**Diagnosis:**

1. Hyperthyroidism

Treatment:

1. Propranolol 40mg 1t po bid for one month (#70)

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

1. HTN
2. DMII
3. Dyspepsia

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (# 120)
2. Metformin 500mg 1t po bid for two months (# 120)
3. Enalapril 5mg 1t po qd for two months (# 60)
4. Atenolol 100mg 1/2t po qd for two months (# 30)
5. ASA 300mg ¼t po qd for two months (# 15)
6. MTV 1t po qd for two months (# 60)
7. CaCO₃/Mg(OH)₂ 550/110mg 2t chew qhs (#50)

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

1. Gouty arthritis

Treatment:

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

37. Sim Lor, 60M (Pal Hal Village)**Diagnosis:**

1. Lichen planus

Treatment:

1. Fluocinonide cream 0.1% apply bid on the lesion until the rashes gone (#1)

38. Som Hon, 50F (Thnal Keng Village)**Diagnosis:**

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Eat low salt/fats diet, do regular exercise

39. Sok Tem Ra, 25M (Thnal Keng Village)**Diagnosis:**

1. Anemia

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po bid for two months (#120)
2. MTV 1t po qd for two months (#60)

40. Som Then, 34M (Rom Chek Village)**Diagnosis:**

1. NS

Treatment:

1. Prednisolone 10mg 6t po qd (#180)

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

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

Treatment:

1. Propranolol 40mg 1/2t po bid (#70)
2. ASA 300mg 1/4t po qd for one month (# 8)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)
4. MTV 1t po qd for one month (#30)
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on June 11, 2010

WBC	=17.8	[4 - 11x10 ⁹ /L]	Na	=127	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10 ¹² /L]	K	=4.5	[3.5 - 5.0]
Hb	=9.9	[12.0 - 15.0g/dL]	BUN	=22.1	[0.8 - 3.9]
Ht	=28	[35 - 47%]	Creat	=1658	[44 - 80]
MCV	=72	[80 - 100fl]	Gluc	=9.8	[4.2 - 6.4]
MCH	=25	[25 - 35pg]	HbA1C	=6.0	[4 - 6]
MHCH	=35	[30 - 37%]			
Plt	=441	[150 - 450x10 ⁹ /L]			
Lym	=2.7	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.8	[0.1 - 1.0x10 ⁹ /L]			
Neut	=13.3	[1.8 - 7.5x10 ⁹ /L]			

42. Sun Ronakse, 40F (Sre Thom Village)**Diagnosis:**

1. HTN

Treatment:

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

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

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (#180)

2. Metformin 500mg 1t po bid for three months (#180)
3. Captopril 25mg 1/4t po bid for three months (buy)
4. ASA 300mg 1/4t po qd for three months (#24)

44. Tann Sophannary, 24F (Thnout Malou Village)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1/2t po qd (buy)
2. Draw blood for Free T4 at SHCH

Lab result on June 11, 2010

Free T4=14.38 [12.00 – 22.00]

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

Diagnosis:

1. DMII

Treatment:

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

Lab result on June 11, 2010

Gluc =8.3 [4.2 - 6.4]
HbA1C =7.8 [4 – 6]

46. Teav Vandy, 63F (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

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

47. Thorng Khun, 43F (Thnout Malou Village)

Diagnosis:

1. Hyperthyroidsism
2. Sciatica
3. Vit Deficiency

Treatment:

1. Carbimazole 5mg 1t po bid for two months (#60)
2. Paracetamol 500mg 1t po qid prn pain for two months (#40)
3. MTV 1t po qd for two months (#60)

48. Tith Hun, 56F (Ta Tong Village)

Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. Enalapril 5mg 2t po qd for two months (# 60)
2. Atenolol 100mg 1/2t po qd for two months (# 30)
3. CaCO3/Mg(OH)2 550/110mg 2t chew qhs (#50)

49. Un Chhorn, 45M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

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

Lab result on June 11, 2010

Gluc	=9.6	[4.2 - 6.4]
HbA1C	=7.6	[4 - 6]

**The next Robib TM Clinic will be held on
July 5 - 9, 2010**