Robib *Telemedicine* Clinic

Preah Vihear Province

M A Y 2 0 0 7

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

On Monday, April 30, 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), May 01 & 02, 2007, the Robib TM Clinic opened to receive the patients for evaluations. There were 9 new cases and 4 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, May 02 & 03, 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, April 23, 2007 7:18 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev
Subject: Schedule for Robib Telemedicine Clinic May 2007

Dear all,

I would like to inform you that Robib Telemedicine Clinic May 2007 will be starting on April 30, 2007 and coming back on May 04, 2007.

The agenda for the trip are as following:

1. On Monday April 30, 2007, driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihea.
2. On Tuesday May 01, 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 May 02, 2007, I do the same as on Tuesday and also download the answers replied from partners.
4. On Thursday May 03, 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 May 04, 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: Wednesday, May 02, 2007 6:36 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case# 1, Rim Sopheap, 32F (Doang Village)

Dear all,

Because the internet was not working last night, all the cases are being sent to you in the morning. There are seven cases for Robib TM Clinic May 2007, this is case number 1, Rim Sopheap, 32F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

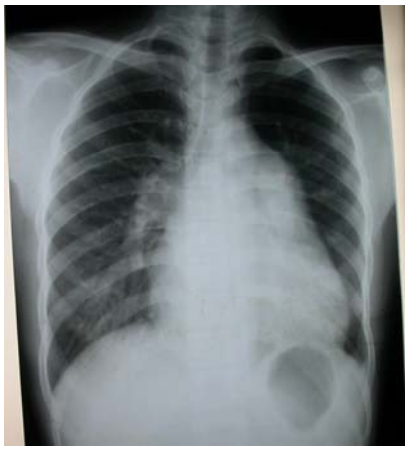
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Rim Sopheap, 32F (Doang Village)

Chief Complaint (CC): Dyspnea and palpitation x 2y

History of Present Illness (HPI): 32F, farmer, came to us complaining of dyspnea and palpitation for 2y. In two years before, she presented with symptoms of dyspnea, palpitation, fatigue, dizziness, and treated with IV fluid (D5% 500ml and IV medication (unknown name) for a few days, she got better and in January 2007, she presented with palpitation, dizziness, orthorpnea, fatigue and went to Siem Reap hospital and told she have VHD, advised seeking treatment at Phnom Penh. On March 2007, she went to Kg Thom hospital and told she have VHD, prescribed with Digoxin 0.25mg 1/2t bid and ASA, and advised to Calmette hospital in Phnom Penh. Because she doesn't have enough money, she didn't go and came to us today. She denied of HA, cough, fever, nausea, vomiting, oliguria, polyuria, edema.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: No smoking, no alcohol drinking, four children

Current Medications: Digoxin 0.25mg 1/2t bid (stopped 2d)
ASA 300mg 1/2t qd (stopped 2d)

Allergies: NKDA

Review of Systems (ROS): regular period, LMP on April 22, 2007, (+) dyspnea, (+) palpitation, (-) fever, (-) edema, sleep on two pillows

PE:

Vitals: BP: 100/56 P: 75 R: 20 T: 37^{o}C O2sat: 98% Wt: 45Kg

General: Look stable

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

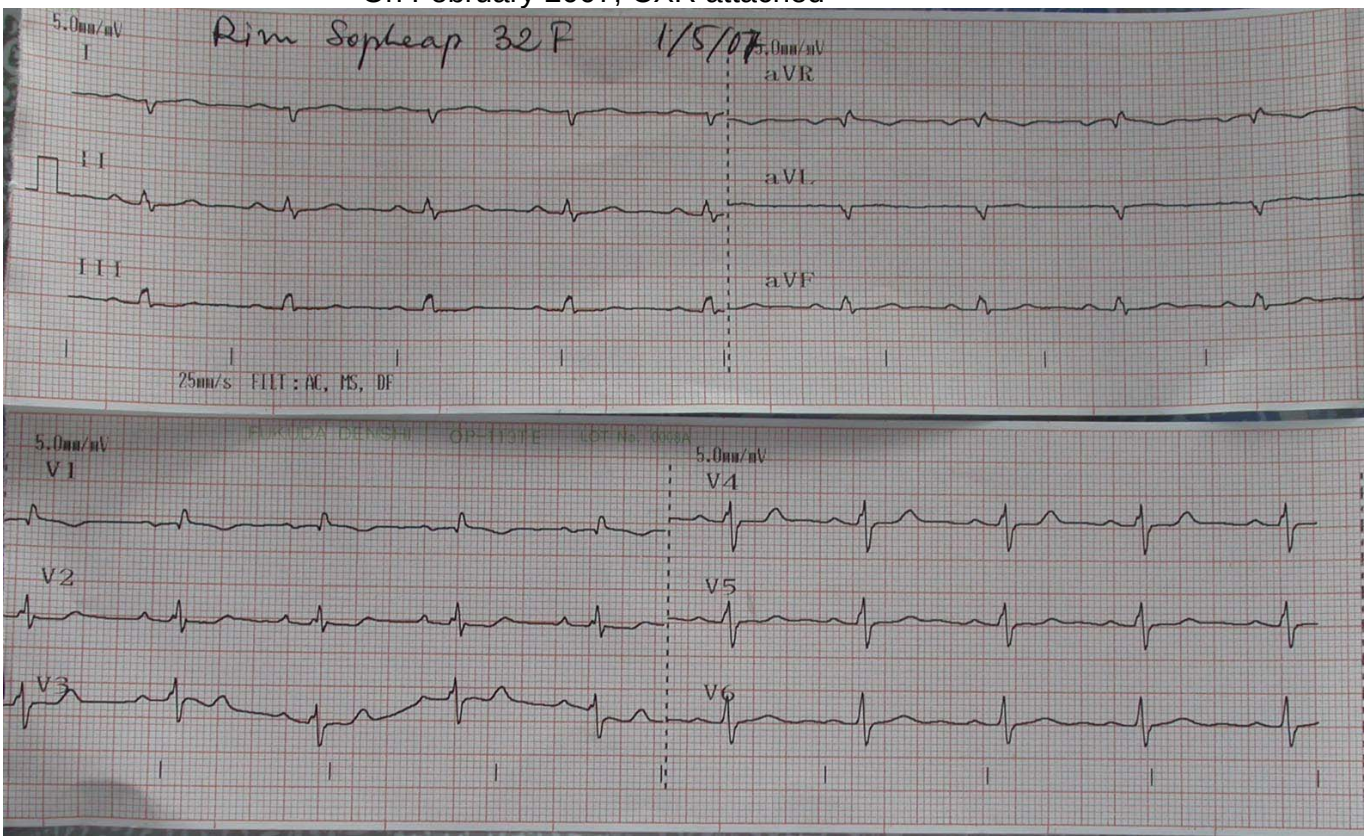
Chest: CTA bilaterally, no rale, no rhonchi; H RRR, 2+ creasendo murmur loudest at pulmonic area

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 done: On May 1, 2007, EKG attached
On February 2007, CXR attached



Assessment:

1. Cardiomegaly
2. VHD??

Plan:

1. Should I refer her to SHCH for cardiac 2D echo?

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 Peng Sovann **Date: May 1, 2007**

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

From: Guiney, Timothy E.,M.D. [mailto:TGUINEY@PARTNERS.ORG]
Sent: Thursday, May 03, 2007 2:33 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh; Fiamma, Kathleen M.
Subject: Cardiology consultation

The patient's symptoms are rather nonspecific but they have been quite persistent and she has distinct abnormalities both of the electrocardiogram and of the chest x-ray.

Her electrocardiogram demonstrates normal sinus rhythm with first-degree AV block, a vertical axis and incomplete right bundle branch block.

The chest film shows cardiomegaly, some hilar fullness and prominence of the left pulmonary artery.

The next step would clearly be an echocardiogram.

The information thus far suggests that an atrial septal defect or possibly even pulmonic stenosis would be the major possibilities. I would favor an ASD

Timothy E. Guiney M.D.
Massachusetts General Hospital

From: "Rithy Chau" <tmed_rithy@online.com.kh>
To: "'Robib Telemedicine'" <robibtelemed@yahoo.com>,
"'Kruy Lim'" <kruylim@yahoo.com>
CC: "'Bernie Krisher'" <bernie@media.mit.edu>,
"'Thero Noun'" <thero@cambodiadaily.com>,
"'Laurie & Ed Bachrach'" <lauriebachrach@yahoo.com>,
"'Paul J. M.D. Heinzelmann'" <pheinzelmann@partners.org>,
"'Joseph Kvedar'" <jkvedar@partners.org>,
"'Kathy Fiamma'" <kfiamma@partners.org>
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 1, Rim Sopheap, 32F (Doang Village)
Date: Thu, 3 May 2007 07:11:21 +0700

Dear Bong,

Can you please help to reply to this case since you are the one to make decision for 2D echo at our hospital? I think she needs to have this done to determine her specific condition of the heart.

Sovann, it looks like she may suffer from a VHD or possibly ASD and need 2D echo to determine the problem. On her CXR it showed cardiomegaly with right atrial enlargement and possible left ventricular enlargement which may result from MR/MS. I would suggest that you step down her digoxin ¼ po bid and ASA 300mg ¼ po qd. I will ask Dr. Kruy to give her opinion on this case since she is much more well-trained with cardiology.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 11:16 AM
To: 'Robib Telemedicine'

Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kruy Lim'
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 1, Rim Sopheap, 32F (Doang Village)

Dear Sovann,

I talked with Dr. Kruy and she said that there won't be an opening to do 2D echo until June. You can return and look at the schedule yourself and book the date for her and arrange for her to come to SHCH in June after your next TM trip. Also please give Digoxin 1 tab po qd instead of bid. If HR less than 70 may want to stop using it.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 6:44 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case# 2, Chum Chey, 75M (Ta Tong Village)

Dear all,

This is case number 2, Chum Chey, 75M and photo.

Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: Chum Chey, 75M (Ta Tong Village)

Chief Complaint (CC): Dyspnea on exertion x 5y

History of Present Illness (HPI): 75M, farmer, came to us complaining of dyspnea on exertion for 5y. In five years before, he presented with symptoms of dyspnea on exertion (walking 50m), cough, fever, night sweet, and hemoptysis and went to provincial hospital and diagnosed with PTB and completely treated (1year). Three years later, He presented with the same symptoms and the sputum smear was positive with TB and got complete treatment again. In this year, he presented with dyspnea on exertion (especially with cold weather), fatigue, poor appetite. He denied of fever, cough, night sweating, palpitation, chest pain, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 5cig/d for 10y, stopped 20y; alcohol drinking casually

Current Medications: MTV 1t po tid

Allergies: NKDA

Review of Systems (ROS):

PE:

Vitals: BP: 124/60 P: 69 R: 24 T: 36.4°C O2sat:99% Wt: 35Kg

General: Look sick

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

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

Lab/Study done: None

Assessment:

1. Pneumonia
2. COPD
3. PTB??

Plan:

1. Clarithromycin 500mg 1t po bid for a week
2. Salbutamol Inhaler 2puffs po bid prn SOB for one month
3. Draw blood for CBC, Lyte, BUN, Creat, Gluco, 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 Peng Sovann **Date: May 1, 2007**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 7:25 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 2, Chum Chey, 75M (Ta Tong Village)

Dear Sovann,

I agree with your ddx. Please ask him to do AFB sputum smear again and if positive then tx locally. Ask him to do CXR at K Thom and bring back next month. You may want to hold off the salbutamol for now since O2 sat looks good. How did he do on the spirometer? Tx Clarithromycin for 10-14 days and can add MTV 1 qd for him and para if necessary. Did you check his Hb finger stick? Inform him about good balance diet.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, May 03, 2007 7:04 PM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 2, Chum Chey, 75M (Ta Tong Village)

Thank you for this consult.

His symptoms of dyspnea on exertion fatigue and poor appetite and the abnormal findings on lung exam are concerning for a return of pulmonary TB or another infection or cancer. He does not have any symptoms or findings to suggest congestive heart failure or coronary artery disease.

I agree with your managment at present.
You are treating him for possible infection and for reactive airway disease with the inhaler.
The chest xray and a sputum sample would be helpful in further management

Best of luck,

Paul Cusick MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 6:47 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case# 3, Nung Sarum, 72F (Thnout Malou Village)

Dear all,

This is case number 3, Nung Sarum, 72F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Nung Sarum, 72F (Thnout Malou Village)

Chief Complaint (CC): Epigastric pain x 2y

History of Present Illness (HPI): 72F, farmer, came to us complaining of epigastric pain for 2y. She presented with epigastric discomfort, floating after eating without nausea, vomiting, radiation, and seek treatment from local health with antacid for a few days. She got better but a few months later the epigastric pain appeared again and she bought antacid, taken prn. In this month, the epigastric became severe with nausea, vomiting, burping with sour taste, radiated to the back. She denied of dysphagia, stool with blood or mucus, edema.

Past Medical History (PMH): History HTN and took Antihypertensive medication when HA, neck tension, dizziness appeared

Family History: None

Social History: No smoking, no alcohol drinking, five children

Current Medications: Antacid prn and Antihypertension (unknown name)

Allergies: NKDA

Review of Systems (ROS): no fever, no cough, no dyspnea, no dysphagia, no palpitation, no chest pain, no stool with blood or mucus, no edema

PE:

Vitals: BP: 120/56 P: 67 R: 20 T: 37^{o}C Wt: 54Kg

General: Look sick

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

Chest: CTA bilaterally, no rale, 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 lesion

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

Lab/Study done: On May 1, 2007
RBS: 135mg/dl

Assessment:

1. GERD
2. Parasititis
3. History HTN

Plan:

1. Famotidine 10mg 2t po qhs for one month
2. Mebendazole 100mg 1t po bid for three days
3. Stopped Antihypertensive and check BP in next follow up
4. GERD prevention education, eat low Na diet, regular exercise
5. 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 Peng Sovann **Date: May 1, 2007**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 7:30 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'; 'Paul J. M.D. Heinzelmann'
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 3, Nung Sarum, 72F (Thnout Malou Village)

Dear Sovann,

I agree with your ddx. As for tx, can give mebendazole 100mg chew 5 tab po qhs once and no need for bloodwork. She did not seem to have HTN and thus agree with your plan to recheck her BP next month (both arms) just to be sure and ask her to stop meds for HTN is an excellent idea.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, May 03, 2007 9:44 PM
To: Rithy Chau; Robib Telemedicine
Subject: FW: Robib Telemedicine Clinic May 2007, Case# 3, Nung Sarum, 72F (Thnout Malou Village)

From: Healey, Michael J.,M.D.
Sent: Wednesday, May 02, 2007 9:43 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 3, Nung Sarum, 72F (Thnout Malou Village)

Your plan sounds good. In a patient of this age, I'd also suggest stool for occult blood, and if positive or if unexplained anemia is present, further workup for an ulcer or gastric cancer would be indicated.

Michael J Healey, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 6:52 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case# 4, Khim Sun, 70F (Sanlong Village)

Dear all,

This is case number 4, Khim Sun, 70F and photo.

Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: Khim Sun, 70F (Sanlong Village)

Chief Complaint (CC): Dizziness and polyuria x 1y

History of Present Illness (HPI): 70F, farmer, came to us complaining of dizziness and polyuria x 1y. She presented with symptoms of dizziness, fatigue, HA, polyuria, polyphagia, she didn't seek medical treatment, just got treatment with traditional medication, and she felt a bit better. She denied of fever, cough, dyspnea, palpitation, chest pain, GI problem, oliguria, hematuria edema, numbness and tingling.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No smoking, no alcohol drinking

Current Medications: Traditional medication, stopped 1month

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 170/80 (both arms) P: 76 R: 20 T: 37°C Wt: 45Kg

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, 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 done: On May 1, 2007
RBS: 517mg/dl (asked her drinking a liter of water); UA: Gluco 4+, protein trace

Assessment:

1. DMII
2. HTN

Plan:

1. Glibenclamide 5mg 1/2t po bid for one month
2. Captopril 5mg 1/4t po bid for one month
3. Diabetic diet education, regular exercise, foot care, hypoglycemia sign
4. 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 Peng Sovann Date: May 1, 2007

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

From: Fang, Leslie S.,M.D. [mailto:LFANG@PARTNERS.ORG]
Sent: Thursday, May 03, 2007 6:25 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: Kim Sun

Agree that the patient has diabetes out of control with hypertension and probably microalbuminuria.
Agree that the goal is to get his blood sugar under control with oral regimen. He may well need more oral hypoglycemics for control.
Agree also that Captopril is an excellent choice for his hypertension, particularly in view of concern that he may already have microalbuminuria

Leslie S.T. Fang, MD PhD
Chief, Walter Bauer Firm
Medical Services
Massachusetts General Hospital
Harvard Medical School

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 7:35 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 4, Khim Sun, 70F (Sanlong Village)

Dear Sovann,

If this pt was dx for the first time for HTN then repeat the BP again today and if still elevates then agree with your plan. Add ASA for her as well.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 6:54 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case# 5, So SokSan, 24F (Thnal Keng Village)

Dear all,

This is case number 5, So SokSan, 24F and photo.

Best regards,
Sovann

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

SOAP Note

Patient Name & Village: So SokSan, 24F (Thnal Keng Village)

Subjective: 24F came to follow up of recurrent Nephrotic Syndrome and pregnancy?. She still presented with symptoms of headache, palpitation, poor appetite, fatigue, oliguria (100ml/d), edema, and drink about a liter per day. She denied of fever, cough, chest pain, nausea, vomiting, stool with blood and hematuria, no menstrual period.

Current Medications:
1. Captopril 25mg 1/2t po qd
2. Furosemide 20mg 1t po bid

Allergies: NKDA

Objective:

VS: BP: 98/56 P: 106 R: 20 T: 37 Wt: 64kg

PE (focused):

General: Look sick, pale

HEENT: Moon face, no oropharyngeal lesion, slightly pale 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 CVA tenderness

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

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

Labs/Studies done:
On May 1, 2007: Pregnancy test (-); UA: protein 4+

Assessment:

1. Recurrent Nephrotic Syndrome
2. Tachycardia
3. Anemia

Plan:

1. Prednisolone 5mg 6t po bid for one month

2. Captopril 25mg 1/2t po qd for one month
3. Furosemide 20mg 1t po bid for one month
4. Drink 1L/d of water and eat one banana per day

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 Peng Sovann **Date: May 1, 2007**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 7:40 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 5, So SokSan, 24F (Thnal Keng Village)

Dear Sovann,

I agree with starting her prednisolone. Please give captopril ¼ bid and increase furosemide 20mg 2 tab po bid for 2 weeks instead. Add MTV and iron supplement bid.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 6:59 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case#6, Prum Norn, 56F (Thnout Malou Village)

Dear all,

This is case number 6, Prum Norn, 56F and photos.

Best regards,
Sovann

SOAP Note

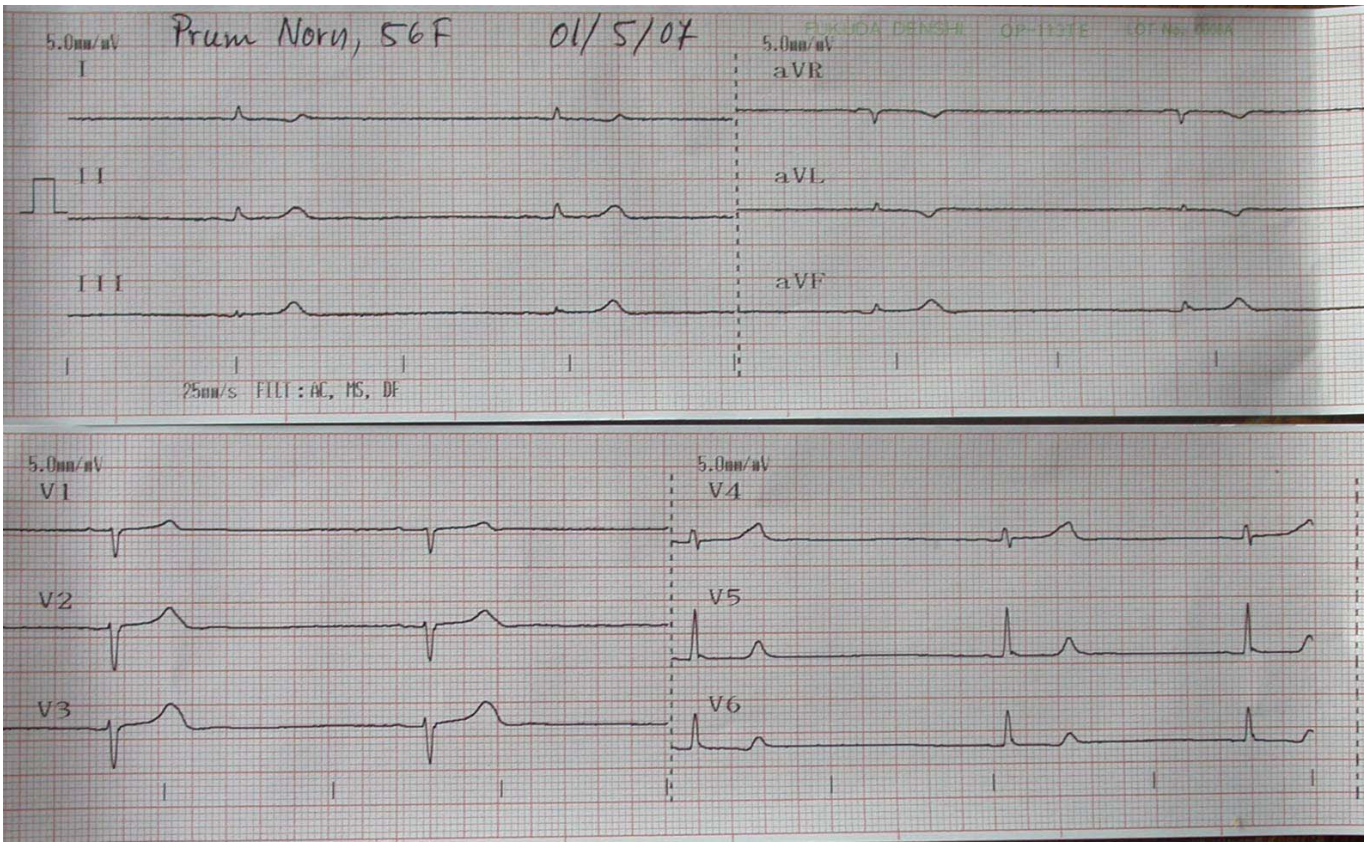
Patient Name & Village: Prum Norn, 56F (Thnout Malou Village)

Subjective: 56F came to follow up of Liver cirrhosis with PHTN, HTN, hypertrophic, Cardiomyopathy, anemia, bradycardia. Three weeks before, she presented with dizziness, palpitation, fainting, and fatigue and ask local healer give her IV fluid (D5% 1L). She felt better but still presented with symptoms. She denied cough, fever, stool with blood, oliguria, dysuria, hematuria, edema.

Current Medications:

1. Propranolol 40mg 1/2t po bid
2. Spironolactone 25mg 1t po bid
3. HCTZ 50mg 1/2t po qd
4. FeSO4/Folic Acid 200/0.25mg 1t po tid

Allergies: NKDA



Objective:

VS: BP: 110/60 P: 46 R: 22 T: 37 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 bradycardia, RR, no murmur

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

Skin/Extremity: No edema, no rash, no lesion, (+) dorsalis pedis but weak

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

Lab/Study done: On May 1, 2007: EKG attached

Assessment:

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

Plan:

1. Stop Propranolol
2. Spironolactone 25mg 1t po bid for one month
3. HCTZ 50mg 1/2t po qd for one month
4. FeSO4/Folic Acid 200/0.25mg 1t po tid 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 Peng Sovann **Date: May 1, 2007**

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

From: Paul Heinzelmann [mailto:pheinzelmann@worldclinic.com]
Sent: Thursday, May 03, 2007 3:19 AM
To: Fiamma, Kathleen M.; Heinzelmann, Paul J.,M.D.; Paul Heinzelmann

Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib Telemedicine Clinic May 2007, Case#6, Prum Norn, 56F (Thnout Malou Village)

Sovann,

She does indeed have a bradycardia...it wasn't clear from your history if she had or is currently having symptoms though. It would also be helpful if we had her weight as it compares tp previous visits.

Stopping the propanolol makes sense , but she should be monitored with BPs at the health center as some patients get rebound hypertension when beta blockers like propanolol are stopped abruptly.

Best wishes,

Paul

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 7:59 AM
To: 'Robib Telemedicine'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib Telemedicine Clinic May 2007, Case#6, Prum Norn, 56F (Thnout Malou Village)

Dear Sovann,

I agree that this pt must stop her propranolol for now and recheck her HR again. What is her HR now? If she can walk around a bit (without any problem) can you ask her to do this and see if her HR increase at all? Her EKG showed bradycardia but no block. Does she look dehydrate to you? check her skin and oral mucosa to see if if she is dry. Ask her to drink enough water 2L/day. Can you check her U/A and BS? Draw some lab: CBC, LFT, chem, BUN, Creat, gluc, Ca2+, TSH.

Rithy

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 7:04 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case#7, Thon Mai, 78M (Boeung Village)

Dear all,

This is case number 7, Thon Mai, 78M and photo. Please waiting for other cases tonight, and reply to the cases before tomorrow afternoon (Thursday afternoon). Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

SOAP Note

Patient Name & Village: Thon Mai, 78M (Boeung Village)

Subjective: 78M came to follow up of DMII and cachexia. He is better than before with symptoms of HA and fatigue on/off, normal bowel movement and denied of fever, cough, dyspnea, dizziness, palpitation, chest pain, polyuria, oliguria, edema, numbness, and tingling.

Current Medications:

1. Glibenclamide 5mg 1/2t po bid
2. ASA 300mg 1/4t po qd
3. MTV 1t po qd
4. FeSO4/Folic Acid 200/0.25mg 1t po qd

Allergies: NKDA

Objective:

VS: BP: 120/62 P: 78 R: 20 T: 37 Wt: 45kg

PE (focused):

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

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

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

Labs/Studies done:
On May 1, 2007:

FBS: 326mg/dl

Lab result on April 6, 2007

WBC	=7	[4 - 11x10^9/L]	Na	=129	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10^{12}/L]	K	=3.8	[3.5 - 5.0]
Hb	=14.1	[14.0 - 16.0g/dL]	Cl	=105	[95 - 110]
Ht	=42	[42 - 52%]	BUN	=1.7	[0.8 - 3.9]

MCV	=82	[80 - 100fl]	Creat	=98	[53 - 97]
MCH	=28	[25 - 35pg]	Gluc	=18.8	[4.2 - 6.4]
MHCH	=34	[30 - 37%]			
Plt	=180	[150 - 450x10^9/L]			
Lym	=1.9	[1.0 - 4.0x10^9/L]			
Mxd	=0.7	[0.1 - 1.0x10^9/L]			
Neut	=3.9	[1.8 - 7.5x10^9/L]			

Assessment:

1. DMII
2. Cachexia

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 25mg 1/4t po qd for one month
3. ASA 300mg1/4t po qd for one month
4. MTV 1t po qd for one month
5. Review patient on diabetic diet and hypoglycemia sign, and foot care

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 Peng Sovann **Date: May 1, 2007**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 8:09 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case#7, Thon Mai, 78M (Boeung Village)

Dear Sovann,

Agree with your plan. Ask the pt to take the DM med 30mins before meal time and drink 2-3L H2O/day. Please do U/A on all uncontrolled DMII patient since we have plenty of the strips left. Did you get his HbA1c yet? If not yet, please draw blood for this and check his chem again also. Educate him on the well-balance diet and do not forget about the regular exercise.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 8:54 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case# 8, Som Pat, 63M (Taing Treuk Village)

Dear all,

Today is the second day for Robib TM Clinic May 2007, There are six cases. This is case number 8, continued from first day, Som Pat, 63M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

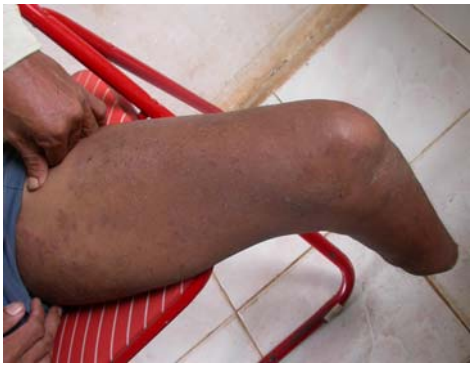
History and Physical

Name/Age/Sex/Village: Som Pat, 63M (Taing Treuk Village)

Chief Complaint (CC): Left BKA stump infected wound x 7months

History of Present Illness (HPI): 63M came to us complaining of left BKA stump infected wound x 7 months. His left BKA stump became infected with redness, pain, exudates coming out, and bad smell, and using crutches for walking instead of prosthesis. He went to local health center and treated with antibiotic for two weeks and applied on it with traditional medicine. It was not better.

Past Medical History (PMH): P/S Left BKA in Phnom Penh due to mine explosive in 1984



Family History: None

Social History: No smoking, drinking alcohol casually

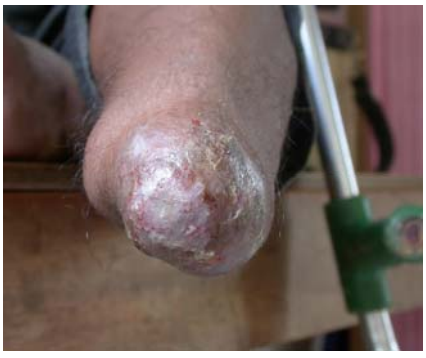
Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 120/68 P: 72 R: 20 T: 37°C Wt: 57Kg



General: Look stable, walking with crutches

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: On left BKA Stump, infected wound, necrotizing tissue, redness, mild tender, bad smell, no puss, exudate coming out around the wound

Skin: On Left thigh, maculo-papular rash, scaly skin, central clearing, irregular border, pruritis, no vesicle, no pustule

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

Lab/Study done: None

Assessment:

1. Left BKA Stump Infected Wound
2. Tinea Cruris

Plan:

1. Cephalexin 250mg 2t po tid for two weeks
2. Clean wound with NSS qd
3. Clothrimazole 1% apply on rash bid until completely healed(1tube)
4. Should patient be referred to SHCH for surgical consultation for BKA stump repairing

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 Peng Sovann **Date: May 2, 2007**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 8:21 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'; 'Cornelia Haener'
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 8, Som Pat, 63M (Taing Treuk Village)

Dear Sovann,

I think we should wait until the wound heal first before reassessing his condition of amputation whether needing for surgical consult or not. Can you check his BS? Also see if you can get some pus on the swabs to bring back for organism id. Can you also add Cotrim 480mg 2 po bid for 1 mo and tx with the cephalexin for 1 mo also. Can give him some ibuprofen 400mg tid or naproxen 375 1 bid for pain/inflammation for 5 days and then prn. The rashes on his thigh and leg look more like an eczema. I would give him also some fluocinolone or other steroid cream to use bid for 2 weeks (wash hands with soap after application). Get a CBC on him also.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, May 03, 2007 5:03 PM
To: 'Rithy Chau'; 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 8, Som Pat, 63M (Taing Treuk Village)

Dear all,
this is a usual problem that we see after amputations for mine accident. Often, we fibula is not short enough, and these wounds never heal. I would suggest that this patient gets and X-ray of his stump. He most possibly needs a revision of his stump. However, I think it is good to get some pus for gram stain and culture. As it is a chronic wound, we might see MRSA or other multiresistant bacteria.
Thanks
Cornelia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 8:58 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case#9, Srey Cheng, 77M (Doang Village)

Dear all,

This is case number 9, Srey Cheng, 77M and photos.

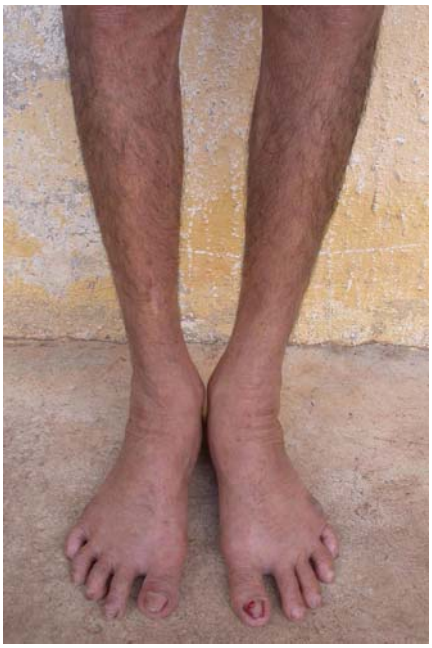
Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: **Srey Cheng, 77M (Doang Village)**

Chief Complaint (CC): Dyspnea on exertion x 10y

History of Present Illness (HPI): 77M, farmer, came to us complaining of dyspnea on exertion x 10y. First presented with symptoms of dyspnea on exertion (walking 50m), cough, white sputum, fever, wheezing, and went to provincial hospital, treated with some medication (unknown name). Three years later, the symptoms of dyspnea, cough, fatigue, dizziness appeared again, he went to Kg Thom hospital and treated with a few medicine (unknown name). In this year, the symptoms of dyspnea, cough, fatigue, palpitation, poor appetite, and bought Asthmacort from pharmacy taking 2t bid, it help him but not much. He denied of chest pain, nausea, vomiting, oliguria, polyuria,



Past Medical History (PMH): No PTB was diagnosed

Family History: None

Social History: Smoking 10cig/d for 20y and stopped 5y, drinking alcohol casually

Current Medications: Asmacort 2t po bid and traditional medication

Allergies: NKDA

Review of Systems (ROS): (+) palpitation, (+) dyspnea, (+) edema, (-) chest pain

PE:

Vitals: **BP: 150/60** **P: 90** **R: 24** **T: 37^{o}C** **Wt: 32Kg**

General: Look sick, tachypnea

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

Chest: Decrease breath sound on upper lobes and wheezing on lower lobes, no crackle; H RRR, no murmur

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

Extremity/Skin: 1+ pitting edema on the feet, dorsalis pedis intact, no rash, no lesion

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

Lab/Study done: On May 2, 2007
RBS: 133mg/dl, Hb: 12g/dl; UA: protein trace

Assessment:

1. Asthma
2. Borderline HTN

Plan:

1. Salbutamol inhaler 2 puffs po bid for two weeks then bid prn SOB for one month
2. HCTZ 50mg 1/2t po qd for one month
3. Eat low Na diet and do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluco 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 Peng Sovann **Date: May 2, 2007**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 8:40 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case#9, Srey Cheng, 77M (Doang Village)

Dear Sovann,

What was his O2 sat? Did you measure his BP both arms—standard protocol for dx HTN: elevated BP both arms with three readings at least two different times not on same day. Did you do this? Also a man with chronic cough with white sputum in Cambodia—think TB! Please get AFB sputum smears and manage accordingly at local HC. Can go ahead and give him a course of tx for pneumonia and ask to do CXR at K Thom as suggested. I am not sure about asthma for him, possibly lung tumor of some sort to give decrease BS and wheeze, any rhonchi (snoring sound), wt loss, decrease appetite, lymphadenopathy? Was the reported lung sounds bilateral to only one side—which side? As him to stop his previous meds and can use the salbutamol inhaler up to 4x/day if severe SOB. Can give him some MTV as well. Agree with blood work.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, May 03, 2007 7:19 PM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib Telemedicine Clinic May 2007, Case#9, Srey Cheng, 77M (Doang Village)

Thank you for this consult.

From your history and exam, you are describing a 77 yo man with a history of smoking who has had 10 years of dyspnea that has not responded to unknown interventions at 2 different hospitals.

His exam indicates that his has mild hypertension and abnormal lung sounds. He also has some edema of the ankles.

It is not clear if his dyspnea is from cardiac source (congestive heart failure) or from a pulmonary source (obstructive lung disease from smoking or infection)

You are treating him for high blood pressure with the HCTZ which will also treat edema in ankles and with the inhaler for possible reversible airway disease.

Since the cause of his dyspnea is unknown, I would agree that a chest xray would be helpful.
Further intervention will depend on his response to your treatments and the chest xray and blood testing.

Best of luck

Paul Cusick, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 9:00 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case# 10, Neth Ratt, 36M (Otalauk Village)

Dear all,

This is case number 10, Neth Ratt, 36M and photos.

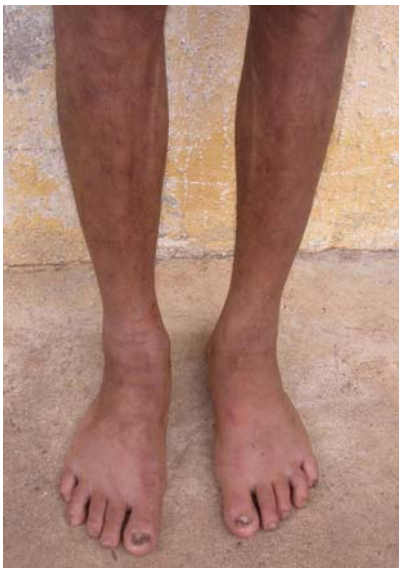
Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: **Neth Ratt, 36M (Otalauk Village)**

Chief Complaint (CC): Polyuria x 4y

History of Present Illness (HPI): 36M, farmer, came to us complaining of polyuria x 4y. In last 4y, he presented with symptoms of fatigue, dizziness, polyphagia, polyuria, and noticed the ants coming around his urine. He sought treatment with private clinic at Preah Vihea province for a month but it didn't help him so he came back home and got treatment with traditional medication. He presented with the symptoms on/off until now and didn't seek another treatment. Now he presented with symptoms of polyphagia, fatigue, dizziness, palpitation, polyuria, weight loss and denied of cough, fever, chest pain, nausea, vomiting, oliguria, numbness and tingling.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 10cig/d for 10y and stopped 1y, drinking alcohol 1/4L/d for 10y and stopped 4y

Current Medications: Traditional medication

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 90/50** **P: 80** **R: 20** **T: 37^{o}C** **Wt: 39Kg**

General: Look sick, Cachexia

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: 2+ pitting edema on the feet, (+) dorsalis pedis, no rash, no foot wound

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

Lab/Study done: On May 2, 2007
RBS: high, Hb: 12g/dl; UA: protein trace, gluco 4+

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. MTV 1t po qd for one month
3. Educate on diabetic diet and regular exercise, foot care
4. 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 Peng Sovann **Date: May 2, 2007**

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

From: Fang, Leslie S.,M.D. [mailto:LFANG@PARTNERS.ORG]
Sent: Thursday, May 03, 2007 6:31 AM
To: robibtelemed@yahoo.com
Cc: mailto:tmed_rithy@bigpond.com.kh>.
Subject: Nath rett

Agree that the patient has diabetes, newly diagnosed with significant symptoms
Agree that the primary goal should be to rapidly lower the blood sugar
Agree also with the use of ACEI in this setting, particularly in view of the tr
proteinuria noted on urinalysis which may be indicative of early
microalbuminuria related to diabeic nephropathy

Leslie S.T. Fang, MD PhD
Chief, Walter Bauer Firm,
Medical Services
Massachusetts General Hospital
Harvard Medical School

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 9:00 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 10, Neth Ratt, 36M (Otalauk Village)

Dear Sovann,

I agree with your dx and tx plan, but please add ASA and low dose captopril for him. Did you ask him to drink 1-2L water during the assessment? Also, all newly dx DM II patient need HbA1c (and a U/A) besides other routine lab works. Can give MTV bid.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 9:04 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case#11, Prum Thin, 76F (Thnout Malou Village)

Dear all,

This is case number 11, Prum Thin, 76F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Prum Thin, 76F (Thnout Malou Village)

Chief Complaint (CC): Dizziness x 2y

History of Present Illness (HPI): 76F came to us complaining of dizziness x 2y. She presented with symptoms of dizziness, fatigue, palpitation, HA and asked local healer check her BP (BP: 140/?) and treated with antihypertensive since then when she presented with symptoms of dizziness, HA, palpitation, she took antihypertensive drugs. In these two months, she presented more often of dizziness, fatigue, palpitation, HA, and blurred vision. She denied of fever, cough, chest pain, GI problem, oliguria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No smoking, no alcohol drinking

Current Medications: Antihypertensive medication prn (when dizziness and HA appeared), she didn't take it during this week

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 120/58 P: 72 R: 20 T: 37°C Wt: 56Kg

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: On May 2, 2007
RBS: 349mg/dl

Assessment:

1. DMII
2. History elevated BP

Plan:

1. Glibenclamide 5mg 1/2t po bid for one month
2. Educate on diabetic diet and regular exercise, foot care
3. Stopped Antihypertensive medication and recheck BP in next follow up
4. 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 Peng Sovann **Date: May 2, 2007**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 9:04 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case#11, Prum Thin, 76F (Thnout Malou Village)

Dear Sovann,

Agree with plan. Do not forget UA and HbA1c! no dx of HTN until found to have HTN as protocol.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 9:05 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case#11, Prum Thin, 76F (Thnout Malou Village)

Sovann,

Add ASA and captopril if available.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, May 03, 2007 9:37 PM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib Telemedicine Clinic May 2007, Case#11, Prum Thin, 76F (Thnout Malou Village)

From: Guiney, Timothy E.,M.D.
Sent: Wednesday, May 02, 2007 5:47 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic May 2007, Case#11, Prum Thin, 76F (Thnout Malou Village)

It would be good if the folks in Cambodia would avoid acronyms. I don't know what RBS means either. That having been said, the problem seems to be well handled by them. Their suspicion is probably correct that the antihypertensive medicine was causing this lady's symptoms. Her blood pressure is quite normal without having taken any blood pressure medications in the several days before her examination.

They should ask her to define the dizziness which comes in two types: One of these is vertigo in which the room appears to be rotating and is often accompanied by nausea. That is usually caused by an inner ear problem or some cerebellar difficulties. The fact that her gait is all right tends to eliminate cerebellar problems. The other type of dizziness is more common and usually leads the patient to want to put her hand on something to steady herself.

The next thing is to ask her if the dizziness is more likely to occur when she changes position from lying or sitting to standing, which would further implicate the antihypertensive medications.

Since she has type 2 diabetes, it is also possible that she has some peripheral neuropathy which is contributing to the dizziness. That also tends to present as postural dizziness. Some very simple tests with a tuning fork and a feather can determine whether she has significant sensory neuropathy as well.

Timothy E. Guiney M.D.
Massachusetts General Hospital

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 9:10 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case# 12, Thon Bampen, 29M (Ta Tong Village)

Dear all,

This is case number 12, Thon Bampen, 29M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Thon Bampen, 29M (Ta Tong Village)

Chief Complaint (CC): Epigastric pain x 1y

History of Present Illness (HPI): 29M, teacher, came to us complaining of epigastric pain for 1y. Last year, he presented with symptoms of epigastric pain, burning sensation before and after meal, released about 20mn after, radiated to the back and scapula, He went to local health center and treated with Mg/Al(OH)3 prn then all the symptoms had gone. In these two months, he presented with the same symptoms epigastric pain before and after meals, burning pain, burping with sour taste and he denied of nausea, vomiting, stool with blood/mucus, palpitation, chest pain, dysphagia, oliguria, hematuria, edema.

Past Medical History (PMH): Malaria in 2001

Family History: None

Social History: No smoking, drinking alcohol casually

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 114/62 P: 68 R: 20 T: 36.5^{o}C Wt: 53Kg

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 lesion

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

Lab/Study done: None

Assessment:

1. GERD
2. Parasititis

Plan:

1. Famotidine 10mg 2t po bid for two months
2. Mebendazole 100mg 1t po bid for 3d
3. GERD prevention education

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 Peng Sovann **Date: May 2, 2007**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 9:09 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 12, Thon Bampen, 29M (Ta Tong Village)

Sovann,

I think this is an old patient that I have seen previously for same problem. Please look up the old history and if tx with same med already, I would suggest that you do colocheck to see if positive for PUD problem and tx accordingly otherwise a course of omeprazole is better. If repeated in future may need endoscopy if sx severe.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, May 03, 2007 9:44 PM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib Telemedicine Clinic May 2007, Case# 12, Thon Bampen, 29M (Ta Tong Village)

From: Healey, Michael J.,M.D.
Sent: Wednesday, May 02, 2007 9:42 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 12, Thon Bampen, 29M (Ta Tong Village)

Your plan sounds good.

Michael J Healey, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 02, 2007 9:13 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2007, Case#13, Kaov Soeur, 63F (Sangke Roang Village)

Dear all,

This is last case for Robib TM Clinic May 2007, case number 13, Kaov Soeur, 63F and photo. Please reply to the cases before tomorrow afternoon (Thursday afternoon). Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

SOAP Note

Patient Name & Village: Kaov Soeur, 63F (Sangke Roang Village)

Subjective: 63F came to follow up of Arthritis, Anemia, history elevated BP. She is better than before with symptoms of less joint pain, HA, dizziness on/off, normal appetite, normal bowel movement and denied of fever, cough, dyspnea, palpitation, chest pain, nausea, vomiting, oliguria, dysuria, edema

Current Medications:

1. FeSO4 200mg 1t po qd
2. Paracetamol 500mg 1t po qid prn pain

Allergies: NKDA

Objective:

VS : BP : 150/82 (April 2007)

VS: BP: 150/90 P: 80 R: 20 T: 37 Wt: 52kg (May 2, 2007)

PE (focused):

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

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

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

Labs/Studies done:

On May 2, 2007

Hb: 12g/dl, UA: protein trace

Lab result on March 16, 2007

WBC	=5	[4 - 11x10^9/L]	Na	=142	[135 - 145]	RBC
=4.5	[3.9 - 5.5x10^{12}/L]		K	=4.0	[3.5 - 5.0]	
Hb	=10.7	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]	
Ht	=35	[35 - 47%]	BUN	=4.0	[0.8 - 3.9]	
MCV	=77	[80 - 100fl]	Creat	=65	[44 - 80]	
MCH	=34	[25 - 35pg]	Glu	=5.3	[4.2 - 6.4]	
MHCH	=31	[30 - 37%]				

Plt	=242	[150 - 450x10^9/L]
Lym	=2.3	[1.0 - 4.0x10^9/L]
Mxd	=1.2	[0.1 - 1.0x10^9/L]
Neut	=1.6	[1.8 - 7.5x10^9/L]

Assessment:

1. HTN
2. Arthritis
3. Anemia

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. Paracetamol 500mg 1t po qid prn pain for one month
3. FeSO4 200mg 1t po qd for one month
4. Eat low Na diet and do regular exercise

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 Peng Sovann **Date: May 2, 2007**

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

From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Thursday, May 03, 2007 4:08 AM
To: Fiamma, Kathleen M.; Paul Heinzelmann
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh; tmed_rithy@bigpond.com.kh
Subject: RE: Robib Telemedicine Clinic May 2007, Case#13, Kaov Soeur, 63F (Sangke Roang Village)

Sovann,

Nice job. It sounds like she has no significant copmplaints at this time. Typically 3 bp readings over a couple weeks is gathered before diagnosing someone with hypertension. One could argue to wait and see if dietary changes actually make a difference. If you prefer not to wait, I would recommend starting with 12.5mg po qd initially if possible.

Paul Heinzelmann, MD, MPH
Project Leader - Operation Village Health
Center for Connected Health
Partners HealthCare
25 New Chardon St.
Boston, MA 02114

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 03, 2007 9:11 AM
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathy Fiamma'
Subject: RE: Robib Telemedicine Clinic May 2007, Case#13, Kaov Soeur, 63F (Sangke Roang Village)

Sovann,

I agree with plan but can increase her iron to bid. Make sure you report BP for both arms if you did measure both.

Rithy

From: "Rithy Chau" <tmed_rithy@online.com.kh>
To: "'Robib Telemedicine'" <robibtelemed@yahoo.com>
Subject: RE: Robib Telemedicine Clinic May 2007, Case#13, Kaov Soeur, 63F (Sangke Roang Village)
Date: Thu, 3 May 2007 09:13:08 +0700

Dear Sovann,

I hope you get all replies. The first case if no answer from Dr. Kruy please call her on the phone to ask about 2D echo and confirm tx plan.

Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia

From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Wednesday, May 02, 2007 7:00 AM
To: Robib Telemedicine; Rithy Chau; Kvedar, Joseph Charles,M.D.; Kruy Lim; Fiamma, Kathleen M.
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 5, So SokSan, 24F (Thnal Keng Village)

Dear Sovann,

Please note that the loss of Internet connectivity on your end will unfortunately result in our responses being returned to you 15-24 hours from the time they are now being sent. Our coordinator will begin to send the cases out to physicians in Boston in approximately 12 hours when she returns to the office on Wednesday am and physicians are in the hospital.

Sincerely,

Paul Heinzelmann, MD, MPH
Project Leader - Operation Village Health
Center for Connected Health
Partners HealthCare
25 New Chardon St.
Boston, MA 02114

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, May 02, 2007 7:23 PM

To: Heinzelmann, Paul J.,M.D.; Robib Telemedicine; Rithy Chau; Kvedar, Joseph Charles,M.D.; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: RE: Robib Telemedicine Clinic May 2007, Case# 5, So SokSan, 24F (Thnal Keng Village)

Thank you Paul.

Sovann: I'll do my best to get these done today and tomorrow. Unfortunately, many of the physicians who were available on Tuesday are not available on Wednesday.

Are we receiving additional cases from Wednesday's clinic?

Kathy Fiamma
617-726-1051

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, May 03, 2007 9:08 PM
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib TM Clinic May 2007 Cases received

Dear Kathy,

I have received the answer of 8 cases from you and below are the cases received:

Case# 1, Rim Sopheap, 32F
Case# 2, Chum Chey, 75M
Case# 4, Khim Sun, 70F
Case# 5, So SokSan, 24F
Case# 6, Prum Norn, 56F
Case# 9, Srey Cheng, 77M
Case# 10, Neth Ratt, 36M
Case# 13,Kaov Soeur, 63F

Thank you very much for the answers to the cases for Robib TM Clinic May 2007.

Best regards,
Sovann
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Friday, May 04, 2007 12:28 AM
To: Robib Telemedicine
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: RE: Robib TM Clinic May 2007 Cases received

Hi Sovann:

Thank you for your message.

By now, you should have all, but two of the remaining responses.

With the delay in delivery, the physician-availability changed significantly, so I ran into problems triaging the cases. I expect the last two responses (one follow-up and one new case) by the end of the day.

With kind regards.

Kathy Fiamma
617-726-1051

Thursday, May 3, 2007

Follow-up Report for Robib TM Clinic

There were 9 new and 4 follow-up patients seen during this month Robib TM Clinic and the other 25 patients came for medication refills only, and three patients (one died) missed appointment. 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 May 2007

1. Rim Sopheap, 32F (Doang Village)
Diagnosis:

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

Treatment:

1. Digoxin 0.25mg 1t po qd for one month (#35)
2. ASA 300mg 1/4t po qd for one month (#10)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

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]			

2. Chum Chey, 75M (Ta Tong Village)
Diagnosis:

1. Pneumonia
2. COPD
3. PTB??

Treatment:

1. Clarithromycin 500mg 1t po bid for 14d (#28)
2. MTV 1t po qd for one month (#40)
3. Paracetamol 500mg 1t po qid prn for one month (#30)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, and Send to Kg Thom for CXR
5. Do AFB smear in Local Health Center

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]			

3. Nung Sarum, 72F (Thnout Malou Village)
Diagnosis:

1. GERD
2. Parasititis
3. History HTN

Treatment:

1. Famotidine 40mg 1t po qhs for one month #30
2. Mebendazole 100mg chew 5t po qhs once #5
3. Stopped Antihypertensive and check BP in next follow up
4. GERD prevention education, eat low Na diet, regular exercise

4. Khim Sun, 70F (Sanlong Chey Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1/2t po bid for one month#40
2. Captopril 25mg 1/4t po bid for one month #20
3. ASA 300mg ¼t po qd for one month #10
4. Diabetic diet education, regular exercise, foot care, hypoglycemia sign
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

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]

5. So SokSan, 24F (Thnal Keng Village)
Diagnosis:

1. Recurrent Nephrotic Syndrome
2. Tachycardia
3. Anemia

Treatment:

1. Prednisolone 5mg 6t po bid for one month#420
2. Captopril 25mg 1/4t po bid for one month #20
3. Furosemide 20mg 2t po bid for two weaks #56
4. FeSO4/Vit C 500/120mg 1t po qd for one month #40
5. MTV 1t po bid for one month #70
6. Drink 1L/d of water and eat one banana per day

Lab/Study Requests: None

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

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

Treatment:

1. Stop Propranolol
2. Spironolactone 25mg 1t po bid for one month #70
3. HCTZ 50mg 1/2t po qd for one month #20
4. FeSO4/Folic Acid 200/0.25mg 1t po tid for one month #100
5. Drink 2-3L water per day

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, LFT, Ca 2+, and TSH at SHCH
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 - 1.0x10^{9}/L]	Ca 2+	=1.27	[1.12 - 1.32]
Neut	=1.9	[1.8 - 7.5x10^{9}/L]			

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

1. DMII
2. Cachexia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month # 70

2. Captopril 25mg 1/4t po qd for one month #10
3. ASA 300mg1/4t po qd for one month #10
4. MTV 1t po qd for one month # 35
5. Review patient on diabetic diet and hypoglycemia sign, and foot care
6. Draw blood for Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

Lab result on May 4, 2007

Na	=141	[135 - 145]
K	=3.7	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=2.2	[0.8 - 3.9]
Creat	=53	[53 - 97]
Gluc	=5.5	[4.2 - 6.4]
HbA1C	=13.6	[4.0 - 6.0]

8. Som Pat, 63M (Taing Treuk Village)
Diagnosis:

1. Left BKA Stump Infected Wound
2. Tinea Cruris

Treatment:

1. Cephalexin 250mg 2t po tid for one month #180
2. Cotrimoxazol 480mg 2t po bid for one month #120
3. Naproxen 375mg 1t po bid for 5d then prn pain #30
4. Clothrimazole 1% apply on rash bid until completely healed(1tube) #1
5. Fluocinolone apply bid on rash bid for two weeks #1
6. Draw blood for CBC at SHCH

Lab result on May 4, 2007

WBC	=7	[4 - 11x10^9/L]
RBC	=5.4	[4.6 - 6.0x10^{12}/L]
Hb	=13.4	[14.0 - 16.0g/dL]
Ht	=43	[42 - 52%]
MCV	=80	[80 - 100fl]
MCH	=25	[25 - 35pg]
MHCH	=31	[30 - 37%]
Plt	=141	[150 - 450x10^9/L]
Lym	=2.8	[1.0 - 4.0x10^9/L]
Mxd	=1.0	[0.1 - 1.0x10^9/L]
Neut	=2.9	[1.8 - 7.5x10^9/L]

9. Srey Cheng, 77M (Doang Village)
Diagnosis:

1. Asthma??
2. Borderline HTN

Treatment:

1. Salbutamol inhaler 2 puffs po qid for two weeks then bid prn SOB for one month #2
2. MTV 1t po qd for one month #35
3. Eat low Na diet and do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluco at SHCH and send to Kg Thom for CXR
5. Do AFB smear in local health center

Lab result on May 4, 2007

WBC	=15	[4 - 11x10^{9}/L]	Na	=141	[135 - 145]
RBC	=6.0	[4.6 - 6.0x10^{12}/L]	K	=2.9	[3.5 - 5.0]
Hb	=11.0	[14.0 - 16.0g/dL]	Cl	=107	[95 - 110]
Ht	=37	[42 - 52%]	BUN	=2.4	[0.8 - 3.9]
MCV	=62	[80 - 100fl]	Creat	=85	[53 - 97]
MCH	=19	[25 - 35pg]	Gluc	=5.2	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=518	[150 - 450x10^{9}/L]			
Lym	=1.1	[1.0 - 4.0x10^{9}/L]			
Mxd	=0.7	[0.1 - 1.0x10^{9}/L]			
Neut	=13.4	[1.8 - 7.5x10^{9}/L]			

10. Neth Ratt, 36M (Otalauk Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month # 70
2. Captopril 25mg 1/4t po qd for one month # 10
3. ASA 300mg 1/4t po qd for one month # 10
4. MTV 1t po bid for one month # 70
5. Educate on diabetic diet and regular exercise, foot care
6. Draw blood for CBC, Lyte, BUN, Creat, Gluco, HbA1C at SHCH

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]			

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

1. DMII
2. History elevated BP

Treatment:

1. Glibenclamide 5mg 1/2t po bid for one month #40
2. Captopril 25mg 1/4t po qd # 10
3. ASA 300mg 1/4t po qd #10
4. Educate on diabetic diet and regular exercise, foot care
5. Stopped Antihypertensive medication and recheck BP in next follow up
6. Draw blood for CBC, Lyte, BUN, Creat, Gluco, HbA1C at SHCH (She didn't come for blood drawing)

12. Thon Bampen, 29M (Ta Tong Village)
Diagnosis:

1. GERD
2. Parasititis

Treatment:

1. Omeprazol 20mg 1t po qhs for two months # 60
2. Mebendazole 100mg 5t po qhs once #5
3. GERD prevention education

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

1. HTN
2. Arthritis
3. Anemia

Treatment:

1. HCTZ 50mg 1/2t po qd for one month # 20
2. Paracetamol 500mg 1t po qid prn pain for one month # 30
3. FeSO4 200mg 1t po bid for one month # 70
4. Eat low Na diet and do regular exercise

Lab/Study Requests: None

Patients who came to refill medication

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

1. Hyperthyroidism

Treatment:

1. Propranolol 40mg 1t po bid for one month (#60)
2. Carbimazole 5mg 6t po qd for one month (#180)
3. Draw blood for TSH and Free T4 next month

Lab/Study Requests: None

2. Chhorn Sophorn, 60M (Taing Treuk Village)
Diagnosis:

1. Arthritis
2. Right Knee Frozen Joint
3. Both Knee deformity

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (# 50)
2. Follow up prn

3. Chan Oeung, 57M (Sangke Roang Village)
Diagnosis:

1. HTN
2. Rhumatoid arthritis
3. Tinea Psoriasis

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (# 30)
2. Diflunisal 500mg 1t po bid prn severe pain for two months (# 30)
3. Paracetamol 500mg 1t po qid prn pain for two months (# 50)

Lab/Study Requests: None

4. Bonn Sophen, 30F (Ta Tong Village)
Diagnosis:

1. Arthritis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for one month (# 50)
2. Follow up prn

5. 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 (# 60)
2. Nifedipine 10mg 1/2t po bid for one month (# 30)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 15)
5. Review him on diabetic diet, hypoglycemia sign and foot care

Lab/Study Requests: None

6. Deng Thin, 53M (Chhnoun Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (# 30)
2. Do regular exercise and eat low Na diet

Lab/Study Requests: None

7. Same Kun, 28F (Boeung Village)
Diagnosis:

1. Hyperthyroidism
2. Tachycardia

Treatment:

1. Carbimazole 5mg 2t po tid for one month (#180)
2. Propranolol 40mg 1½t po bid for one month (# 90)

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

Lab Result on May 4, 2007

TSH	=0.04	[0.49 - 4.67]
Free T4	=20.82	[9.14 - 23.81]

8. Ros Lai, 65F (Taing Treuk Village)
Diagnosis:

1. Subclinical Hyperthyroidism
2. Nodular Goiter
3. Anemia
4. Tachycardia

Treatment:

1. Propranolol 40mg 1/4t po bid for two months (# 30)
2. FeSO4 200mg 1t po qd for two months (#60)
3. MTV 1t po qd for two months (#60)

Lab/Study Requests: None

9. Sim Sophea, 29F (Ta Tong Village)
Diagnosis:

1. Hypothyroidism
2. Pregnancy

Treatment:

1. L-thyroxin 100mg 1/4 t po qd for two months (# 15)

Lab/Study Requests: None

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

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (# 30)
2. Do regular exercise and eat low Na diet

Lab/Study Requests: None

11. Kim Lorm, 73M (Thnout Malou Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (# 30)
2. Do regular exercise, eat low Na and fat diet

Lab/Study Requests: None

12. Kouch Hourn, 60F (Sangke Roang Village)
Diagnosis:

1. COPD

Treatment:

1. Salbutamol Inhaler 2puffs bid for three months (# 3)

Lab/Study Requests: None

13. 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 one month (# 40)
2. Trandolapril 0.5mg 1t po qd for one month (# 35)
3. ASA 300mg 1/2t po qd for one month (# 20)
4. Do regular exercise

Lab/Study Requests: None

14. Chhay Chanthy, 43F (Thnout Malou)
Diagnosis

1. Hyperthyroidism

Treatment

1. Carbimazole 5mg 1/2t po tid for one month (# 45)
2. Propranolol 40mg 1/2t po bid for one month (# 30)

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

Lab Result on May 4, 2007

Free T4=12.33 [9.14 - 23.81]

15. Yoeung Chanthorn, 35F (Doang Village)
Diagnosis:

1. Epilepsy

Treatment:

1. Phenytoin 100mg 2t po qd for two months (120tab)
2. Folic Acid 5mg 1t po bid for two months (120tab)

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

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Lisinopril 20mg 1/2t po qd for three months (# 45)
2. ASA 300mg 1/4t po qd for three months (# 25)
3. Diflunisal 500mg 1t po bid prn severe pain for three months (# 50)
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for three months (# 100)

Lab/Study Requests: None

17. 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: None

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

1. HTN
2. DMII
3. Hyperlipidemia

Treatment:

1. HCTZ 50mg ½ t po qd for four months (# 60)
2. ASA 300mg ¼ t po qd for four months (# 30)
3. Captopril 25mg ¼ t po qd for four months (#30)
4. Glibenclamide 5mg 1t po qd for four months (#120)
5. Do regular exercise and eat on diabetes diet

Lab/Study requested: None

19. Phim Chourn, 78M (Sangke Roang Village)
Diagnosis:

1. COPD
2. Anemia

Treatment:

1. Salbutamol Inhaler 2puff po bid prn for four months (# 4)
2. FeSO4 200mg 1t po qd for four months (# 120)

Lab/Study Requests: None

20. 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 (#4vials)
3. MTV 1t po qd for four months (#120)

Labs/Studies: none

21. Meas Thoch, 78F (Ta Tong Village)
Diagnosis:

1. HTN
2. Anemia due to Vit deficiency

Treatment:

1. Atenolol 50mg 1/2t po bid for four months (#120)
2. HCTZ 50mg 1/2t po qd for four months (#60)
3. MTV 1t po qd for four months (#120)

Lab/Study Requests: None

22. Meas Lone, 58F (Ta Tong)
Diagnosis

1. COPD
2. Anemia due to vit/iron dificiency

Treatment

1. Salbutamol Inhaler 2 puff prn SOB for four months (#4vial)
2. FeSO4 200mg 1t po qd for four months (#120)

3. MTV 1t po qd for four months (#120)

23. Vong Cheng Chan, 52F (Rovieng Cheung)
Diagnosis
1. HTN

Treatment
1. Atenolol 50mg 1/2t po q12h for four months (#120)

24. Lang Da, 45F (Thnout Malou Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for one month (#20)

25. Prum Rim, 44F (Pal Hal Village)
Diagnosis:
1. Post Operative transabdominal hysterectomy
2. Anemia

Treatment:
1. MTV 1t po bid for one month (#60)
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#60)

Patients who missed appointment

1. Tum Lam, 57M (Reusey Srok Village)
Diagnosis:
1. Gouty Arthritis
2. HTN
3. Hyperlipidemia
4. Dyspepsia

2. Touch Run, 61F (Thnout Malou Villae)
Diagnosis:
1. HTN

3. Ros Yearn, 56F (Bakdoang Village) (Died on April 20, 2007)
Diagnosis:
1. Ascitis
2. Liver cirrhosis
3. HCV positive

The next Robib TM Clinic will be held on
June 04- June 08, 2007