

Robib *Telemedicine* Clinic

Preah Vihear Province

OCTOBER 2010

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

On Monday, October 11, 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), October 12 & 13, 2010, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new and 1 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, October 13 & 14, 2010.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston and 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: [Cornelia Haener](#) ; [Rithy Chau](#) ; 'Kruy Lim' ; [Paul J. M.D. Heinzelmann](#) ; [Joseph Kvedar](#) ; [Kathy Fiamma >](#)
Cc: [Bernie Krisher](#) ; [Kevin O' brien](#) ; [Sothero Noun](#) ; [Laurie & Ed Bachrach](#) ; [Peou Ouk](#) ; [Savooun Chhun](#) ; [Sochea Monn](#) ; [Samoeurn Lanh](#)
Sent: Friday, October 01, 2010 3:59 PM
Subject: Schedule for Robib Telemedicine Clinic October 2010

Dear all,

I would like to inform you that Robib TM Clinic for October 2010 will be starting from October 11 to 15, 2010.

The agenda for trip is as following:

1. On Monday October 11, 2010, PA Rithy, driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday October 12, 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 October 13, 2010, the activity is the same as on Tuesday
4. On Thursday October 14, 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 October 15, 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 the project.

Best regards,
Sovann

From: [Robib Telemedicine](#)

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

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

Sent: Tuesday, October 12, 2010 4:34 PM

Subject: Robib TM Clinic October 2010, Case#1, Keng Sang, 43F

Dear all,

There are four new cases for first day of Robib TM Clinic October 2010. Case number 1, Keng Sang, 43F 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: Keng Sang, 43F (Doang Village)

Chief Complaint (CC): Subrapubic pain with vaginal discharge for 1y

History of Present Illness (HPI): 43F, farmer, presented with symptoms of vaginal discharge, pruritus, and came to consult with local health center and treated with Amoxicillin 500mg 1t po tid for 3d. The discharge still presented and in a few months, she had subrapubic pain, and noticed thick discharge with fishy swelling, and dyspareunia. She never got pelvic exam but only got treatment with Amoxicillin from health center and unknown name from local pharmacy for a few days.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No alcohol drinking, no cig smoking, 7 children

Current Medications: Amoxicillin prn

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on 20/9/2010

PE:

Vitals: BP: 92/60 P: 100 R: 20 T: 37°C Wt: 34Kg

General: Stable

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

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

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

Extremity/Skin: No edema, no skin lesion

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

Lab/study:

U/A normal

Assessment:

1. Bacterial vaginosis

Plan:

1. Metronidazole 250mg 2t po bid for 10d

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: October 12, 2010

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

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From: Goodman, Anne Kathryn, M.D.

Sent: Wednesday, October 13, 2010 5:04 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic October 2010, Case#1, Keng Sang, 43F

Dear Nurse Sovann Peng,

I agree with your plan for 10 days of metronidazole. I would recommend a follow up pelvic exam to look at the cervix after the antibiotic therapy.

While bacterial vaginosis is a common and easily treated condition, your patient is at the age where cervical cancer is common.

A careful inspection of the vagina and cervix to rule out a tumor mass is important.

Respectfully

Annekathryn Goodman

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: Tuesday, October 12, 2010 4:37 PM

Subject: Robib TM Clinic October 2010, Case#2, Nung Sory, 62F

Dear all,

This is case number 2, Nung Sory, 62F 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 Sory, 62F (Thkeng Village)

Chief Complaint (CC): Dizziness, palpitation x 4y

History of Present Illness (HPI): 62F, farmer, presented with symptoms of dizziness, palpitation, blurred vision, HA and neck tension. The symptoms frequently presented after she had poor sleep and got treatment with unknown name medicine from local pharmacy and. In the past two months, She got BP checked 150/70 but has not taken antihypertensive. She denied of fever, cough, SOB, chest pain, oliguria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No alcohol drinking, no cig smoking, 4 children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Epigastric pain, burning sensation, worse with full eating and spicy food, relieved by antacid, no vomiting, black stool

PE:

Vitals: BP: Rt 161/94 Lt 165/93 P: 87 R: 20 T: 37°C Wt: 46Kg

General: Stable

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

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

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

Extremity/Skin: 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:

U/A normal

Assessment:

1. HTN
2. Dyspepsia

Plan:

1. HCTZ 50mg 1/2t po qd
2. Famotidine 40mg 1t po qhs for one month
3. Eat low salt diet, and do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG and Tot chole 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: October 12, 2010

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

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From: Healey, Michael J.,M.D.

Sent: Wednesday, October 13, 2010 5:25 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic October 2010, Case#2, Nung Sory, 62F

The plan sounds good. Despite the lack of chest pain or shortness of breath, an EKG could be helpful to look for the cause of palpitations, assess for any evidence of prior myocardial infarction, and to assess for the presence of left ventricular hypertrophy. The choice of blood pressure medication may be guided by that information. In addition, if the glucose results show evidence of Diabetes, an ACE-inhibitor (in place of, or in addition to, HCTZ) would be appropriate if available. I would recommend repeating lytes and renal function in 2 weeks, which is the time frame in which most patients would develop hypokalemia due to HCTZ if they are going to have a problem with that.

Mike Healey, MD

From: [Robib Telemedicine](#)

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

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

Sent: Tuesday, October 12, 2010 4:38 PM

Subject: Robib TM Clinic October 2010, Case#3, Prum Sinviyo, 8M

Dear all,

This is case number 3, Prum Sinviyo, 8M 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: Prum Sinviyo, 8M (Doang Village)

Chief Complaint (CC): Infected wound on right thigh for 5d

History of Present Illness (HPI): 8M was brought to Telemedicine clinic complaining of infected wound on right thigh. While he jumped up and down, his right thigh was lacerated by a stick about 3cm long and was brought to local health center and sutured with two stitches and treated with Ampicillin 500mg 1t po tid and Paracetamol 500mg 1/2t po tid for 5d. The wound became infected with redness around, pain, and exudate.



Past Medical History (PMH): Unremarkable

Family History: None

SH: First grade student

Current Medications:

1. Ampicilline 500mg 1t po tid x 5d
2. Paracetamol 500mg 1/2t po tid x 5d

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP:** 90/40 **P:** 120 **R:** 22 **T:** 37°C **Wt:** 20Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva

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

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

Extremity/Skin: Wound on right thigh, about 1 x 3cm, necrotizing tissue, redness around the wound edge and 2 stitches of suture, no inguinal lymph node palpable

Lab/study: None

Assessment:

1. Infected wound on right thigh

Plan:

1. Remove suture and Clean wound with NSS
2. Augmentin 125mg/5cc 5cc bid for 10d
3. Paracetamol 500mg 1/2t po qid prn

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: October 12, 2010

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

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No answer replied

From: [Robib Telemedicine](#)

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

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

Sent: Tuesday, October 12, 2010 4:42 PM

Subject: Robib TM Clinic October 2010, Case#4, Srey Sam, 60F

Dear all,

This is case number 4, Srey Sam, 60F 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: Srey Sam, 60F (Ta Tong Village)

Chief Complaint (CC): Joint pain x 2y

History of Present Illness (HPI): 60F, farmer, presented pain, swelling, warmth and stiffness on right knee joint. The symptoms got worse in the morning and better during day time and got treatment with NSAIDs (unknown name) prn and one IM injection of steroid then the symptoms gone. Several months later, the symptoms of pain, swelling, warmth and stiffness developed again and also attacked to other joint as wrist, ankle then she got IM steroid injection again, prn NSAIDs and Ampicilline 500mg 1t

qd for several day from local health care worker. She denied of trauma, attack on other joint as DIP, PIP, MCP, elbow, toes.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No alcohol drinking, no cig smoking, no tobacco chewing

Current Medications: Traditional medicine and Ampicillin 500mg 1t po qd for several days

Allergies: NKDA

Review of Systems (ROS): No fever, no cough, no SOB, no palpitation, no GI complaint, no hematuria, oliguria, dysuria

PE:

Vitals: BP: 102/76 P: 103 R: 20 T: 37°C Wt: 42Kg

General: Stable

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

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

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

Extremity/Joint: No joint deformity, no stiffness, no swelling, no warmth

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

Lab/study: None

Assessment:

1. OA
2. RA??

Plan:

1. Paracetamol 500mg 1t po qid prn pain/fever
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: October 12, 2010

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

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From: [Fiamma, Kathleen M.](#)

To: [Robib Telemedicine](#)

Cc: [Rithy Chau](#)

Sent: Friday, October 15, 2010 8:31 PM

Subject: FW: Robib TM Clinic October 2010, Case#4, Srey Sam, 60F

This does not sound like RA and is definitely not osteoarthritis. The recurrent episodes of pain and swelling in different joints - both knees, wrist, ankle, etc. that get better spontaneously or with NSAIDs or steroids sounds like gout and less likely pseudogout. Can we get a serum uric acid level? He can be treated with almost any NSAID for an acute episode and depending on the uric acid level, we might consider treatment with allopurinol.

George L. Cohen, M.D.

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, October 13, 2010 4:50 PM

Subject: Robib TM Clinic October 2010, Case#5, Keo Sovann, 12M

Dear all,

Today there are four new cases and one follow up case. This is case number 5, continued from yesterday, Keo Sovann, 12M and photos

Best regards,
Sovann

Robib Telemedicine Clinic

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

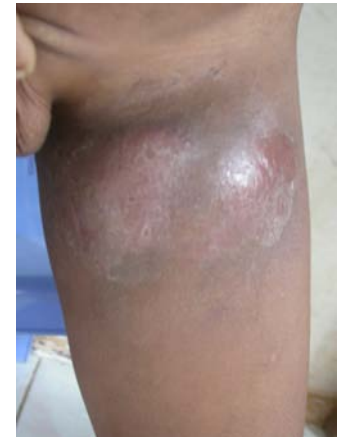
History and Physical



Name/Age/Sex/Village: Keo Sovann, 12M (Thnal Keng Village)

Chief Complaint (CC): Mass on left groin x 2 months

History of Present Illness (HPI): 12M, fourth grade student, presented with a thumb size mass on left groin with pain, and applied with traditional medicine by healer. The mass progressively developed in size and erythema, warmth and he was brought to local health center and treated with two kinds of medicine (unknown name) taking bid for 1 week. His mother denied of trauma, insect bite.



Past Medical History (PMH): Unremarkable

Family History: None

Current Medications: Unknown name medicine taking bid and it is gone for 4d

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 96/50 P: 120 R: 24 T: 37°C Wt: 20Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, normal ear canal mucosa, intact eardrum

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

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

Extremity/Skin: On left groin, mass about 6 x 8cm, erythema, mild tender, no fluctuation, no discharge, no pustule, no inguinal lymph node palpable

Lab/study: None

Assessment:

1. Abscess on left groin

Plan:

1. Augmentin 600mg/5cc 5cc po bid for two weeks
2. Ibuprofen 200mg 1t po bid for 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: October 13, 2010

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

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No answer replied

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, October 13, 2010 4:52 PM

Subject: Robib TM Clinic October 2010, Case#6, Luch Lok, 51M

Dear all,

This is case number 6, Luch Lok, 51M 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: Luch Lok, 51M (Doang Village)

Chief Complaint (CC): Burning pain on both feet x 2y

History of Present Illness (HPI): 51M got explosive in 1984 then became both eyes blind then he started to drink white wine several glasses per day due to stress with his blinds. In these several years, he increased in drinking and heat the stuffs in his home if his relative didn't buy wine for him. In these two years, he presented with progressive burning pain sensation on both feet and tremor. He got

some medicine from local health center not his burning pain still presented.

Past Medical History (PMH): Both eye blind due to explosive in 1984

Family History: None

SH: Heavy alcohol drinking for over 20y, and smoking 10cig/d for over 20y

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 123/90** **P: 110** **R: 22** **T: 37°C** **Wt: 38Kg**

General: Sick

HEENT: both eyes blind, no oropharyngeal lesion, no neck lymph node, no JVD

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

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

Extremity/Skin: No leg edema, dorsalis pedis and posterior tibial pulse palpable

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

Lab/study:

RBS: 107mg/dl

Assessment:

1. Alcoholism
2. Vit deficiency

Plan:

1. Vit B complex 10mL IV qd for 3d
2. MTV 1t po bid
3. Alcohol and smoking cessation
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: October 13, 2010

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

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From: Healey, Michael J.,M.D.
Sent: Wednesday, October 13, 2010 5:20 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic October 2010, Case#6, Luch Lok, 51M

The plan sounds good. I wonder what medications may be available locally to treat painful peripheral neuropathy (in the US we use tricyclic antidepressants such as amitriptyline, gabapentin, and others). Medication choices, doses, and dose frequency might depend on his renal or hepatic function in addition to availability. Other causes of peripheral neuropathy should be considered (such as Diabetes). The exam sounds like sensation was normal, but by his history it sounds like a length-dependent peripheral neuropathy (which generally effects the feet and legs before the upper extremities). Would be worth trying to elicit a more detailed neurologic exam for sensory deficits, including vibration sense using a tuning fork which is sometimes the earliest form of sensation to go.

Michael J. Healey, M.D.

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: Wednesday, October 13, 2010 4:54 PM
Subject: Robib TM Clinic October 2010, Case#7, Mao Hin, 71F

Dear all,

This is case number 7, Mao Hin, 71F 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: Mao Hin, 71F (Doang Village)

Chief Complaint (CC): HA and Dizziness x 5y

History of Present Illness (HPI): 71F presented with symptoms of tension HA, neck tension, dizziness, palpitation and was brought to local health center, BP checked 160/? and treated with antihypertensive (unknown name) for a few days then take traditional medicine. She bought antihypertensive drugs prn when her symptoms became worse. She denied of fever, cough, SOB, CP, oliguria, dysuria,

hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No alcohol drinking, no cig smoking, no tobacco chewing, 6 children

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Epigastric pain, burning sensation, worse with full eating and spicy food and relieved with antacid, no black stool, no bloody stool

PE:

Vitals: **BP: 163/98 (both arms)** **P: 67** **R: 20** **T: 37°C** **Wt: 57Kg**

General: Stable

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

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

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

Extremity/Skin: No leg edema, dorsalis pedis and posterior tibial pulse palpable

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

Lab/study:

RBS: 96mg/dl

U/A: protein trace

Assessment:

1. HTN

Plan:

1. HCTZ 50mg 1/2t po qd
2. Eat low salt diet, do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG and Tot chole 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: October 13, 2010

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

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From: Cohen, George L.,M.D.
Sent: Thursday, October 14, 2010 5:47 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic October 2010, Case#7, Mao Hin, 71F

I do think they are doing the right thing by checking the appropriate labs and treating with anti-hypertensives. She will need stronger BP medication than HCTZ.

George L. Cohen, M.D.

From: [Robib Telemedicine](#)
To: [Rithy Chau](#) ; [Kruy Lim](#) ; [Paul J. M.D. Heinzelmann](#) ; [Kathy Fiamma](#) > ; [Joseph Kvedar](#)
Cc: [Bernie Krisher](#) ; [Sothero Noun](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, October 13, 2010 4:58 PM
Subject: Robib TM Clinic October 2010, Case#9, Pen Vanna, 45F

Dear all,

This is the last case for Robib TM Clinic October 2010, Pen Vanna, 45F (Follow up) and photo.

Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

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

SOAP Note



Patient: Pen Vanna, 45F (Thnout Malou Village)

Subject: 45F, who missed follow up for about 4y and she said she has DMII with taking Glibenclamide 5mg 1t qd for 2y and on/off Captopril 25mg 1/2t bid when she had severe HA, dizziness and checked with elevated BP. She come back today with complaining of tension HA, neck tension, dizziness and frequency of urine, which she got treatment with Ciprofloxacin 500mg 1t po bid for 5d from local pharmacy. She denied of fever, SOB, polyphagia, polydypsia, oliguria, hematuria, edema, GI problem.

Medication:

1. Glibenclamide 5mg 1t po qd
2. Captopril 25mg 1/2t po bid

3. Ciprofloxacin 500mg 1t po bid x 5d

Allergies: NKDA

Object:

PE:

Vitals: BP: 145/110 P: 102 R: 20 T: 37°C Wt: 69Kg

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/Skin: No edema, no foot wound, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

FBS: 152mg/dl

U/A protein trace

Assessment:

1. HTN
2. DMII

Plan:

1. Glibenclamide 5mg 1t po qd
2. Captopril 25mg 1/2t po bid
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole and HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: October 13, 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: Thursday, October 14, 2010 8:56 AM
Subject: RE: Robib TM Clinic October 2010, Case#9, Pen Vanna, 45F

Thank you for the consult.

The ciprofloxacin would likely take care of a urinary infection. The urinalysis does not show any pyuria or infection..

Her blood pressure is still too high. It is not clear if this is from elevated blood pressure.

I would increase ther captopril to 25mg bid to lower her blood pressure.

I would continue a low salt diet and diabetes diet for her hypertension and diabetes.

Best of luck,

Paul

From: [Robib Telemed](#)
To: [Kathy Fiamma](#)
Cc: [Bernie Krisher](#) ; [Thero Noun](#) ; [Laurie & Ed Bachrach](#) ; [Rithy Chau](#)
Sent: Friday, October 15, 2010 2:25 PM
Subject: Robib TM Clinic October 2010 case reply received

Dear Kathy,

I have received four replies of case from you:

Case#1, Keng Sang, 43F
Case#2, Nung Sory, 62F
Case#6, Luch Lok, 51M
Case#9, Pen Vanna, 45F

Below are the case which are not yet replied

Case#3, Prum Sinviyo, 8M
Case#4, Srey Sam, 60F
Case#5, Keo Sovann, 12M
Case#7, Mao Hin, 71F
Case#8, Matt Sok, 76M

Thank you very much for the reply to the case of Robib TM Clinic October 2010.

Best regards,
Sovann

Thursday, October 14, 2010

Follow-up Report for Robib TM Clinic

There were 8 new patients and 1 follow up patients seen during this month Robib TM Clinic, other 56 patients came for medication refills only and 77 new patients seen by PA Rithy for minor problem without sending data. The data of all 9 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

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

Treatment Plan for Robib Telemedicic Clinic October 2010

1. Keng Sang, 43F (Doang Village)

Diagnosis:

1. Bacterial vaginosis

Treatment:

1. Metronidazole 250mg 2t po bid for 10d (#40)

2. Nung Sory, 62F (Thkeng Village)

Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 50mg 1/2t po qd (#20)
2. Famotidine 40mg 1t po qhs for one month (#30)
3. Eat low salt diet, and do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG and Tot chole at SHCH

Lab result on October 15, 2010

WBC	=6.8	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10 ¹² /L]	K	=3.8	[3.5 - 5.0]
Hb	=13.1	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=41	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=101	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=5.3	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=6.5	[<5.7]
Plt	=258	[150 - 450x10 ⁹ /L]	TG	=5.0	[<1.71]
Lym	=2.7	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.2	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.9	[1.8 - 7.5x10 ⁹ /L]			

3. Prum Sinviyo, 8M (Doang Village)

Diagnosis:

1. Infected wound on right thigh

Treatment:

1. Remove suture and Clean wound with NSS
2. Augmentin 125mg/5cc 5cc bid for 10d (#1)
3. Paracetamol 500mg 1/2t po qid prn

4. Srey Sam, 60F (Ta Tong Village)

Diagnosis:

1. OA
2. RA??

Treatment:

1. Paracetamol 500mg 1t po qid prn pain/fever (#30)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on October 15, 2010

WBC	=9.3	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
RBC	=4.4	[3.9 - 5.5x10 ¹² /L]	K	=4.1	[3.5 - 5.0]
Hb	=12.3	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=1.4	[0.8 - 3.9]
MCV	=88	[80 - 100fl]	Creat	=87	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	RF	= Negative	
Plt	=337	[150 - 450x10 ⁹ /L]			
Lym	=1.5	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.6	[0.1 - 1.0x10 ⁹ /L]			
Neut	=6.2	[1.8 - 7.5x10 ⁹ /L]			

5. Keo Sovann, 12M (Thnal Keng Village)

Diagnosis:

1. Abscess on left groin

Treatment:

1. Augmentin 600mg/5cc 5cc po bid for two weeks (#1)
2. Ibuprofen 200mg 1t po bid for 5d (#10)

6. Luch Lok, 51M (Doang Village)

Diagnosis:

1. Alcoholism
2. Vit deficiency

Treatment: (patient didn't come)

1. Vit B complex 10mL IV qd for 3d
2. MTV 1t po bid
3. Alcohol and smoking cessation

7. Mao Hin, 71F (Doang Village)

Diagnosis:

1. HTN

Treatment: (patient didn't come)

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

8. Matt Sok, 76M (Taing Trek Village)

Diagnosis:

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

Treatment:

1. Nisoldipine 20mg 1t po qd (#35)
2. ASA 300mg 1/4t po qd (#10)
3. Eat low salt diet
4. Smoking cessation
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG and Tot chole at SHCH (Patient didn't come)

9. Pen Vanna, 45F (Thnout Malou Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd (#30)
2. Captopril 25mg 1t po bid (buy)
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole and HbA1C at SHCH

Lab result on October 15, 2010

WBC	=8.3	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=13.3	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=40	[35 - 47%]	BUN	=1.9	[0.8 - 3.9]
MCV	=82	[80 - 100fl]	Creat	=96	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	T. Chol	=4.2	[<5.7]
Plt	=318	[150 - 450x10 ⁹ /L]	TG	=3.3	[<1.71]
Lym	=2.4	[1.0 - 4.0x10 ⁹ /L]	HbA1C	=5.4	[4 - 6]
Mxd	=0.5	[0.1 - 1.0x10 ⁹ /L]			
Neut	=5.4	[1.8 - 7.5x10 ⁹ /L]			

Patients who come for follow up and refill medicine

1. Bon Mesa, 13F (Thnal Keng Village)

Diagnosis:

1. Chronic otitis media

Treatment:

1. Clarithromycin 250mg 1t po bid for 2w (#28)
2. Metronidazole 250mg 1t po tid for 2w (#28)
3. Occlude the ear while having a shower
4. Recommend to seek consultation at children hospital in Siem Reap

2. Chan Him, 63F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (# 60)

3. Chan Oeung, 60M (Sangke Roang Village)

Diagnosis:

1. HTN
2. Gouty arthritis

3. Renal insufficiency

Treatment:

1. Atenolol 100mg 1/4t po bid (#20)
2. Ibuprofen 200mg 3t po tid prn severe pain (#50)
3. Paracetamol 500mg 1t po qid prn pain (#30)

4. Chan Som, 71M (Thkeng Village)

Diagnosis:

1. BPH
2. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#20)
2. Ibuprofen 200mg 2t po bid prn pain for one month (#40)

5. Chea Kimheng, 36F (Taing Treuk Village)

Diagnosis:

1. ASD by 2D echo on August 2008

Treatment:

1. ASA 300mg 1/4t po qd for four months (#30)
2. Atenolol 100mg 1/2t po qd for four months (buy)

6. Chea Sambo, 56M (Rovieng Cheung Village)

Diagnosis:

1. Gouty Arthritis

Treatment:

1. Ibuprofen 200mg 3t po tid prn severe pain for one month (#30)
2. Paracetamol 500mg 1t po qid prn pain for one month (#30)

7. Chhim Ly, 59M (Sre Thom Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Draw blood for Gluc and HbA1C at SHCH

Lab result on October 15, 2010

Gluc	=5.1	[4.2 - 6.4]
HbA1C	=5.6	[4 - 6]

8. Chourb Kim San, 57M (Rovieng Tbong Village)

Diagnosis:

1. HTN
2. Right side stroke with left side weakness
3. DMII
4. Gouty arthritis
5. Chronic renal insufficiency

Treatment:

1. Atenolol 100mg 1/4t po bid for one month (#15)
2. Amlodipine 5mg 1t po qd for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Metformin 500mg 1t po bid for one month (#60)
5. Glibenclamide 5mg 1t po qd for one month (buy)
6. Draw blood for Creat, Gluc, and uric acid at SHCH

Lab result on October 15, 2010

Creat	=145	[53 - 97]
Gluc	=15.8	[4.2 - 6.4]
Uric Aci	=434	[200 - 420]

9. Chum Chet, 63M (Koh Pon Village)

Diagnosis:

1. Osteoarthritis?
2. HTN

Treatment:

1. Ibuprofen 200mg 2t po bid prn pain for one month (#40)
2. Atenolol 100mg 1/4t po qd for one month (#10)

10. Dourng Sunly, 56M (Taing Treurk Village)

Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Captopril 25mg 1/2t po bid for three months (buy)
2. ASA 300mg 1/4t po qd for three months (# 24)
3. Ibuprofen 200mg 3t po bid prn severe pain for three months (# 50)
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for three months (# 50)
5. Draw blood for Lyte, BUN, Creat, Gluc, Tot chol, TG at SHCH

Lab result on October 15, 2010

Na	=142	[135 - 145]
K	=5.0	[3.5 - 5.0]
Cl	=109	[95 - 110]
BUN	=3.1	[0.8 - 3.9]
Creat	=140	[53 - 97]
Gluc	=5.6	[4.2 - 6.4]
T. Chol	=9.5	[<5.7]
TG	=8.1	[<1.71]

11. Heng Sokhourn, 42F (Otalauk Village)

Diagnosis:

1. Anemia
2. Dyspepsia

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po bid for one month (#60)
2. MTV 1t po bid for one month (#60)
3. Famotidine 40mg 1t po qhs for one month (#30)

12. Khi Ngorn, 65M (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

1. Nifedipine 20mg 1t po qd for one month (#40)
2. Do regular exercise, eat low salt/fats diet

13. Khiev Mann, 48M (Trapang Reusey Village)

Diagnosis:

1. Arthritis

Treatment:

1. Paracetamol 500mg 1t po qid (#50)

14. Khorn Davy, 20F (Backdoang Village)

Diagnosis:

1. Left distal femoral neck fracture

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for two months (#50)
2. Ibuprofen 200mg 2t po bid prn severe pain for two months (#50)

15. Kim Sam, 85F (Rovieng Tbong Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. Anemia

Treatment:

1. FeSO4/Folate 200/0.25mg 1t po bid (#120)
2. MTV 1t po qd (#60)

17. Kong Hin, 69F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd for two months (#60)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on October 15, 2010

WBC	=5.9	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10 ¹² /L]	K	=4.1	[3.5 - 5.0]
Hb	=9.8	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=33	[35 - 47%]	BUN	=1.6	[0.8 - 3.9]
MCV	=71	[80 - 100fl]	Creat	=115	[44 - 80]
MCH	=21	[25 - 35pg]	Gluc	=5.3	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=190	[150 - 450x10 ⁹ /L]			
Lym	=3.0	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.1	[0.1 - 1.0x10 ⁹ /L]			
Neut	=1.8	[1.8 - 7.5x10 ⁹ /L]			

18. Kong Nareun, 35F (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)
4. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

19. Kong Sam On, 55M (Thkeng Village)

Diagnosis:

1. HTN
2. DMII
3. Chronic renal failure

Treatment:

1. Glibenclandie 5mg 1t po bid for one month (buy)
2. Atenolol 100mg 1/2t po qd for one month (#15)
3. Amlodipine 5mg 1t po qd for one month (#30)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG, and HbA1C at SHCH

Lab result on October 15, 2010

Na	=139	[135 - 145]
K	=4.3	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=4.5	[0.8 - 3.9]
Creat	=186	[53 - 97]
Gluc	=10.2	[4.2 - 6.4]
T. Chol	=6.3	[<5.7]
TG	=8.4	[<1.71]
HbA1C	=9.2	[4 - 6]

20. Kouch Be, 80M (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)

21. Kul Chheung, 82F (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)

22. Kul Keung, 66F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII
3. Dyspepsia

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. Famotidine 40mg 1t po qhs for one month (#30)

23. Meas Lam Phy, 58M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

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

24. Monn Sodaneth, 2F (Thnout Malou Village)

Diagnosis:

1. Pityriasis versicolor?

Treatment:

1. Ciclopirox 1% apply bid (#2)
2. Fluticasone 0.05% apply bid (#2)
3. Diphenhydramine 12.5mg/5cc 2.5cc po qd prn (#1 bottle)

25. Nhem Heum, 65F (Doang Village)

Diagnosis:

1. Parkinson's disease
2. Vit deficiency

Treatment:

1. Levodopa/Benserazide 200/50mg 1/2t po tid for one month (#50)
2. MTV 1t po qd for one month (#30)
3. Folic acid 5mg 1t po qd one month (#30)

26. Nong Khon, 59F (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

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

27. Nop Sareth, 41F (Kampot Village)

Diagnosis:

1. Cardiomegaly
2. VHD (MS/TR)

Treatment:

1. Atenolol 100mg ¼ t po qd for four months (# 30)
2. Captopril 25mg ¼ po bid for four months (buy)
3. ASA 300mg 1/4t po qd for four months (# 30)

28. Nory Bunthorn, 41M (Thnal Keng Village)

Diagnosis:

1. PTB
2. Hyperglycemia

Treatment:

1. Treat PTB in local HC
2. Recheck BS in next month follow up

29. Nung Chhun, 74F (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)

30. Pang Sidoeun, 37F (Rovieng Tbong Village)

Diagnosis:

1. HTN

Treatment:

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

31. Pech Huy Keung, 49M (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#70)
3. Captopril 25mg 1/4t po bid one month (buy)
4. ASA 300mg 1/4t po qd one month (#8)

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

Diagnosis:

1. DMII
2. LVH
3. TR/MS
4. Thalasemia

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 3t qAM, 2t po qPM for one month (#150)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. MTV 1t po qd for one month (#30)
5. Amitriptylin 25mg 1/2t po qhs for one month (#15)
6. Draw blood for Gluc and HbA1C at SHCH

Lab result on October 15, 2010

Gluc	=17.2	[4.2 - 6.4]
HbA1C	=8.3	[4 - 6]

33. Pou Limthang, 46F (Thnout Malou Village)

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1t po bid (buy)

34. Prum Hoeum, 75F (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#20)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on October 15, 2010

WBC	=7.8	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=5.7	[3.9 - 5.5x10 ¹² /L]	K	=4.1	[3.5 - 5.0]
Hb	=10.2	[12.0 - 15.0g/dL]	Cl	=100	[95 - 110]

Ht	=34	[35 - 47%]	BUN	=2.6	[0.8 - 3.9]
MCV	=59	[80 - 100fl]	Creat	=100	[44 - 80]
MCH	=18	[25 - 35pg]	Gluc	=5.6	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=270	[150 - 450x10 ⁹ /L]			
Lym	=2.7	[1.0 - 4.0x10 ⁹ /L]			

35. Ros Im, 57F (Taing Treuk Village)

Diagnosis:

1. Euthyroid goiter
2. Dyspepsia

Treatment:

1. Famotidine 40mg 1t po qhs for one month (#30)

36. Ros Oeun, 55F (Thnout Malou Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1 1/2t po bid for one month (buy)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Enalapril 5mg 1/2t po qd for one month (# 15)
4. ASA 300mg 1/4t po qd for one month (buy)
5. Draw blood for Gluco and HbA1C at SHCH

Lab result on October 15, 2010

Gluc	=13.6	[4.2 - 6.4]
HbA1C	=4.0	[4 - 6]

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (#120)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Educate on diabetic diet, low salt/fats, do regular exercise and foot care

38. Roth Ven, 54M (Thkeng Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (buy)
3. Captopril 25mg 1/4t po qd for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Draw blood for Gluco and HbA1C at SHCH

Lab result on October 15, 2010

Gluc	=16.0	[4.2 - 6.4]
HbA1C	=11.4	[4 - 6]

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

Diagnosis:

1. DMII

Treatment:

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

40. Sam Thourng, 30F (Thnal Keng Village)

Diagnosis:

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

Treatment:

1. Atenolol 100mg 1/2t po qd for two months (#30)
2. ASA 300mg 1/2t po qd for two months (#30)
3. HCTZ 50mg 1/2t po qd (#30)

41. Say Soeun, 71F (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII
3. Dyspepsia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 1t po bid for one month (# 60)
3. Captopril 25mg 1t po bid for one month (# 80)
4. Atenolol 100mg 1/2t po qd for one month (# 15)
5. MTV 1t po qd for one month (# 30)
6. Famotidine 40mg 1t po qhs for one month (#30)
7. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on October 15, 2010

Na	=143	[135 - 145]
K	=3.6	[3.5 - 5.0]
Cl	=108	[95 - 110]
BUN	=2.2	[0.8 - 3.9]
Creat	=122	[44 - 80]
Gluc	=8.6	[4.2 - 6.4]
T. Chol	=6.7	[<5.7]
TG	=2.1	[<1.71]
HbA1C	=8.6	[4 - 6]

42. Seung Samith, 63M (Sre Thom Village)

Diagnosis:

1. Gouty arthritis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#30)
2. Ibuprofen 200mg 3t po bid prn severe pain (#50)

43. Soeung Iem, 63M (Phnom Dek Village)

Diagnosis:

1. Parkinsonism

Treatment:

1. Levodopa/Benserazide 200/50mg 1/2t po tid for one month (#50)
2. MTV 1t po qd for one month (#30)

44. So On, 81F (Thnout Malou Village)

Diagnosis:

1. HTN
2. Osteoarthritis
3. Anemia

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Paracetamol 500mg 1t po qid prn pain/fever for three months (# 30)
3. MTV 1t po qd for three months (#90)
4. FeSO4/Folate 200/0.25mg 1t po qd for three months (#90)

45. So Sary, 67F (Koh Pon Village)

Diagnosis:

1. HTN

Treatment:

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

46. Sok Tem Ra, 26M (Thnal Keng Village)

Diagnosis:

1. Anemia
2. Dyspepsia

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po bid for two months (#120)
2. MTV 1t po qd for two months (#60)
3. Famotidine 40mg 1t po qhs for one month (#30)

47. Som Then, 34M (Rom Chek Village)

Diagnosis:

1. NS

Treatment:

1. Prednisolone 5mg 1t po qd (#40)

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

Diagnosis:

1. PTB
2. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1/2t po tid for one month (buy)
2. Propranolol 40mg 1/4t po bid (#15)
3. TB treatment from local health center

49. Svay Tevy, 46F (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

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

50. Tann Kim Hor, 57F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

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

51. Tey Narin, 30F (Thnal Keng Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. Methimazole 5mg 1t po bid for one month (#80)

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

Diagnosis:

1. Hyperthyroidsism
2. Sciatica
3. Vit Deficiency

Treatment:

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

Lab result on October 15, 2010

Free T4=**62.46** [12.0 - 22.0]

53. Thorng Khourn, 74F (Bakdoang Village)

Diagnosis:

1. Hepatitis C
2. Liver cirrhosis
3. Anemia

Treatment:

1. Furosemide 20mg 2t po qd for one month (#60)
2. Spironolactone 25mg 1t po qd (#40)
3. MTV 1t po qd (#30)
4. FeSO4/Folate 200/0.25mg 1t po qd (#30)

54. Tith Hun, 58F (Ta Tong Village)

Diagnosis:

1. HTN

Treatment:

1. Enalapril 5mg 2t po qd for one month (# 60)
2. Atenolol 100mg 1/2t po qd for one month (# 15)

55. Un Chhourn, 42M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

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

56. Yin Hun, 74F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for one month (#30)

**The next Robib TM Clinic will be held on
November 11 – 15, 2010**