Robib *Telemedicine* Clinic

Preah Vihear Province

O C T O B E R 2 0 1 1

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

On Monday, October 3, 2011, SHCH staff 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 4 & 5, 2011, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases and 2 follow up cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, October 5 & 6, 2011.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, SHCH, 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: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Radiology Boston ; Cornelia Haener
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach ; Savoeun Chhun ; Robib School 1
Sent: Friday, September 23, 2011 12:16 PM
Subject: Schedule for Robib Telemedicine Clinic October 2011

Dear all,

I would like to inform you that Robib TM Clinic for October 2011 will be starting on October 3 - 7, 2011.

The agenda for the trip is as following:
1. On Monday October 3, 2011, Driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday October 4, 2011, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday October 5, 2011, the activity is the same as on Tuesday
4. On Thursday October 6, 2011, 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 7, 2011, 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: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, October 04, 2011 4:05 PM
Subject: Robib Telemedicine Clinic October 2011, Case#1, Hern Laysim, 16F

Dear all,

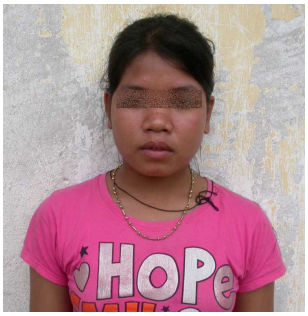
There are five new cases for the first day of Robib TM Clinic October 2011. This is case number 1, Hern Laysim, 16F and photo.

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: **Hern Laysim, 16F (Ton Laep Village)**

Chief Complaint (CC): Seizure x 4 months

History of Present Illness (HPI): 16F, grade 9 student, presented with symptoms of pulsatile HA in frontal area and nasal congestion, itching, sneezing, sore throat and have consultation with private clinic in Kg Thom province and treated with some medicine (unknown name). About two weeks later, she developed with generalized tonic clonic muscle contraction, taking about 5min to resolve without aura. During the attack, she was unconscious and became awake about 1h, no stool/urine incontinence, no head trauma history. Her mother said the seizure attack occurred during her sleep in day time or night time since July 2011 once per month.

Past Medical History (PMH): Unremarkable

Family History: No family member with seizure

SH: No alcohol drinking, no cig smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Menarche at age 15y with regular menstruation

PE:

Vitals: BP: 98/65 P: 104 R: 20 T: 37°C Wt: 40Kg O2sat: 98%

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, 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, no surgical scar, no abdominal bruit

Extremity/Skin: No legs edema, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None

Assessment:

1. Epilepsy?

Plan:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH
2. Start Phenytoin 100mg 1t po qd

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

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

Examined by: Nurse Sovann Peng **Date: October 4, 2011**

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

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 06, 2011 6:34 AM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#1, Hern Laysim, 16F

Dear Sovann,

I agree. Can also draw blood for Ca and RPR. You may want to add allergic rhinitis in your assessment since gave hx in HPI and tx accordingly with sx.

Rithy

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 06, 2011 6:38 AM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#1, Hern Laysim, 16F

Sovann,

Additional note: Give her Phenytoin 100mg bid since this should be dosed 2-3x/day to control better. If possible also give Albendazole for tx of parasititis.

Rithy

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Paul Heinzelmann ; Joseph Kvedar ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, October 04, 2011 4:08 PM
Subject: Robib Telemedicine Clinic October 2011, Case#2, Ly Nary, 4F

Dear all,

This is case number 2, Ly Nary, 4F and photos.

Best regards,
Sovann

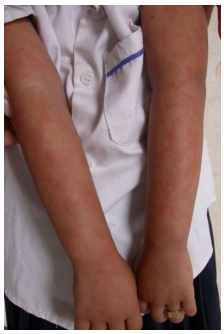
Robib Telemedicine Clinic

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

History and Physical

Name/Age/Sex/Village: **Ly Nary, 4F (Chambak Phaem Village)**

Chief Complaint (CC): Urticaria x 4d



History of Present Illness (HPI): 4F was brought to Telemedicine clinic by her mother complaining of skin lesion with erythematous and pruritus. It started from the lower extremity then on arms, body and face in next day. She was brought to local health center and was treated with Promethazine 25mg 1/2t po bid and bought medicine from local pharmacy for that but the skin lesion still persist. Her mother said she presented with this kind of skin lesion once in the past six months and got better in two days.

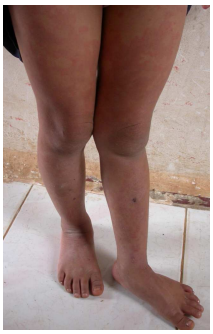
Past Medical History (PMH): Unremarkable

Family History: No family member with skin rash

SH: Complete national vaccination

Current Medications:

1. Promethazine 25mg 1/2t po bid



Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **P: 132** **R: 24** **T: 37°C** **Wt: 12Kg**

General: Stable

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

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

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

Extremity/Skin: circumscribed, raised, erythematous plaque on the extremity, body and face (see photos)

Lab/study: None

Assessment:

1. Urticaria

Plan:

1. Diphenhydramine 12.5mg/5cc 5cc bid for 5d
2. Cimetidine 400mg 1/2t po bid
3. Calmine lotion apply bid until the rash gone

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 4, 2011**

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

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 06, 2011 6:42 AM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#2, Ly Nary, 4F

Dear Sovann,

I agree with assessment, but make sure don't put a dx in CC. You can give Diphenhydramine 12.5mg/5cc po 5cc qid and no need for cimetidine for this kid.

Rithy

From: chaurithy
To: 'Robibtelemed'
Sent: Thursday, October 06, 2011 6:52 AM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#2, Ly Nary, 4F

Can give her Mebendazole to deworm her also.
Rithy

From: Robibtelemed
To: Kathy Fiamma ; Joseph Kvedar ; Paul Heinzelmann ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, October 04, 2011 4:10 PM
Subject: Robib Telemedicine Clinic October 2011, Case#3, Prum Penh

Dear all,

This is case number 3, Prum Penh, 60F 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 Penh, 60F (Sam Preang Village)**

Chief Complaint (CC): Epigastric pain x 10d

History of Present Illness (HPI): 60F, farmer, presented with symptoms of epigastric pain, burning sensation, which occurred after eating, causing her poor appetite and weight loss and burping with sour taste. The pain radiated to the back and got treatment from local health care worker with IV infusion Lactate ringer and IM injection (unknown name) for 7d but not better. She denied of cough, chest pain, fever, bloody/black stool, edema, oliguria, dysuria.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Chewing tobacco, casual alcohol drinking, no cig smoking

Current Medications: IM injection (unknown name), stopped 3d

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 104/72 P: 95 R: 20 T: 37^{o}C Wt: 30Kg

General: Sick, cachexia

HEENT: No oropharyngeal lesion, pale conjunctiva, no icterus, 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, no surgical scar, no abdominal bruit, no abd mass

Extremity/Skin: No legs edema, (+) dorsalis pedis and posterior tibial pulse

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

Rectal exam: good sphincter tone, no mass palpable, negative colocheck

Lab/study:

RBS: 117mg/dl Hb:10g/dl

Assessment:

1. GERD
2. Anemia

Plan:

1. Omeprazole 20mg 1t po qhs for one month
2. MTV 1t po qd
3. FeSO4/Folate 200/0.4mg 1t po bid for
4. Draw blood for CBC, Lyte, BUN, Creat 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 4, 2011**

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

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 06, 2011 6:47 AM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#3, Prum Penh

Dear Sovann,

Also consider parasititis and tx with Albendazole. Double dose her MTV and can give her some Xango once a day. She may have malnutrition. If she can produce sputum, screen her for TB as well. No need for lab at the moment, but can check her Hb with stick next month.

Rithy

From: chaurithy
To: 'Robibtelemed'
Sent: Thursday, October 06, 2011 6:48 AM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#3, Prum Penh

Also ask her to stop Tob chewing and drinking EtOH.
Rithy

From: Kreinsen, Carolyn Hope,M.D.,M.Sc.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Thursday, October 06, 2011 12:02 PM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#3, Prum Penh

Hi Sovann,

This is an interesting case...This 60 yo woman has classic symptoms of peptic ulcer disease, gastritis and GERD. However, I'm particularly concerned by your observations - that she appeared ill and cachectic when you examined her. I would not expect that appearance with 10 days of the GI symptoms that you mentioned. I also would not expect pronounced weight loss during that period of time. Weight loss is always serious and raises question of an illness more serious than gastritis. I recommend that you try to get a little more information with regard to timeline - when the patient first noted that her clothes were getting looser and when her appetite started to decrease. Does she have any sticking of food in her esophagus, early sense of stomach fullness or any vomiting? If she has sticking, is it with fluids, solid food or both? That could be indicative of obstruction/malignancy. Has she had a change in bowel pattern - constipation or loose stool? It's reassuring that her rectal exam was normal and her stool negative for blood. However, I would recheck that since one time check can miss bleeding.

I think your plan is a very good one. I would recommend that this woman take the omeprazole in the morning with water on an empty stomach and then eat breakfast 20 minutes later. That will ensure maximum effectiveness of the medication. I'm sure you have already discussed non-medicinal anti-GERD interventions with her - avoidance of alcohol/caffeine/fried or fatty foods/acid foods/spicy foods. She should avoid eating anything for 3 hours before lying down to sleep and should avoid drinking anything, including water, for 1 hour before bed. Does she take ibuprofen or

aspirin? Those products are very irritating to the stomach. I'd also check to see if there is a medication or supplement that she takes right before bed. Pills can stick in the esophagus, especially with people lying down, and cause ulcerations.

I agree with the labs that you ordered. The anemia is a little worrisome and will probably need further work-up. I would obtain liver function tests with the other labs to check the status of this patient's liver and also nutrition (albumin.) If possible, I'd try to find out more information regarding the injections this woman received...

I suggest that you reevaluate this woman fairly quickly - in two weeks - to reassess her status, to weigh her and to recheck her Hb. If she is not feeling better, she should see a physician in consultation. H pylori stomach infection is fairly prevalent in Cambodia and in South East Asia. This woman may require testing for that.

Hope this helps!

Have a good day,

Carolyn K

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, October 04, 2011 4:12 PM
Subject: Robib Telemedicine Clinic October 2011, Case#4, Prum Von, 47F

Dear all,

This is case number 4, Prum Von, 47F 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 Von, 47F (Thnout Malou Village)**

Chief Complaint (CC): Fatigue and polyphagia x 4 months

History of Present Illness (HPI): 47F, secondary school teacher, presented with symptoms of fatigue, polyphagia, polydypsia, and polyuria and consulted with local health care worker with blood sugar 250mg/dl and diagnosed with DMII, treated with Glibenclamide 5mg 1t qd and make her a bit better. She denied of fever, blurred vision, chest pain, GI complaints, hematuria, dysuria and numbness/tingling.

Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications:

1. Glibenclamide 5mg 1t po qd

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 112/78 P: 87 R: 20 T: 37°C Wt: 50Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, 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, no surgical scar, no abdominal bruit

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

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

Lab/study:

RBS: 278mg/dl
U/A: glucose 2+, no protein, no leukocyte, no hematuria, no ketone

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po bid
2. Educate on diabetic diet, do regular exercise and foot care
3. Draw blood for Creat, Gluc, Tot chole, TG, 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 4, 2011**

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

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From: Tan, Heng Soon,M.D.
Sent: Tuesday, October 04, 2011 6:01 PM
To: Fiamma, Kathleen M.
Cc: Peta, Lana J.,R.N.; Pozzar, Rachel,R.N.
Subject: RE: Robib Telemedicine Clinic October 2011, Case#4, Prum Von, 47F

Elevated random blood sugar with symptoms of hyperglycemia confirm diagnosis of diabetes mellitus. However a young middle aged women who is not obese with diabetes raise the possibility that she may have Type I insulin dependent diabetes rather than the obesity related Type 2 diabetes. Low levels of C peptide will confirm Type 1 diabetes, while high levels of C peptide will confirm Type 2 diabetes. In practice, the response to oral therapy will ultimately clarify the proper classification.

Doubling glibenclamide dose from 5 mg QD to BID will help. I would also add metformin 500 mg BID as an agent to reduce any insulin resistance. Fasting blood sugar needs to be monitored every few days or at the very least every week in order to adjust therapy and accelerate glibenclamide and metformin dosing. Insulin therapy should be considered if she is not well controlled even on maximum dose of glibenclamide 10 mg BID and metformin 1g BID within 6 weeks.

A diabetic diet [spacing meals, controlling total calories with portion control, avoiding sugar, increasing complex carbohydrates in portions] and regular physical activity will help. Since she is not obese, she will not benefit from weight reduction.

Heng Soon Tan, MD

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 06, 2011 6:51 AM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#4, Prum Von, 47F

Dear Sovann,

Maybe better choice is Metformin 500mg bid and can add Glibenclamide next month if uncontrolled. Can just check her Gluc and HbA1C and no need for other labs.

Rithy

From: Robibtelemed
To: Kathy Fiamma ; Joseph Kvedar ; Paul Heinzelmann ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, October 04, 2011 4:16 PM
Subject: Robib Telemedicine Clinic October 2011, Case#5, Sim Im

Dear all,

This is case number 5, Sim Im, 35F and photos. Please wait 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

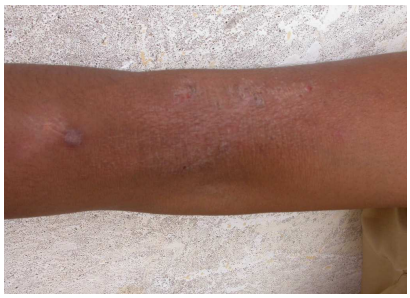
Rovieng Commune, Preah Vihear Province, Cambodia

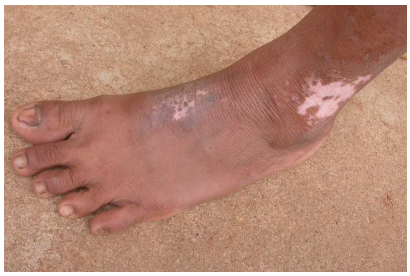
History and Physical

Name/Age/Sex/Village: **Sim Im, 35F (Thkeng Village)**

Chief Complaint (CC): Skin rashes x 15y

History of Present Illness (HPI): 35F, farmer, presented with 15y history of skin rashes on left ankle. The rash is maculopapular, pruritus, she scratched on it and became crusted and got treatment with some medicine but not better so she had Steroid injection, which helped relieve the pruritus and make hypopigmentation of skin. In this year, she developed the rash on right elbow and had steroid injection with the rash still appear.





Past Medical History (PMH): Unremarkable

Family History: No family member with skin rashes

SH: no cig smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 114/71** **P: 83** **R: 20** **T: 37^{o}C** **Wt: 49Kg**

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, 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, no surgical scar, no abdominal bruit

Extremity/Skin: Left ankle with hypopigmented skin, some maculopapular and right elbow with maculopapular and crusted lesion (see photos)

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

Lab/study: None

Assessment:

1. Eczema

Plan:

1. Fluocinonide cream 0.1% apply bid until the rash gone
2. Diphenhydramine 25mg 1t po qhs for one month

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

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

Examined by: Nurse Sovann Peng **Date: October 4, 2011**

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

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From: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>
Date: October 4, 2011 3:29:35 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Subject: **FW: Robib Telemedicine Clinic October 2011, Case#5, Sim Im**

It looks like atopic dermatitis, possibly with some impetiginization. I like their plan. If they have and can afford an anti-staphylococcal antibiotic, I'd add a 10 day course of that (cephalexin, dicloxacillin, bactrim and erythromycin are all examples)

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 06, 2011 6:54 AM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#5, Sim Im

Yes, I agree Sovann.
Have safe trip back.

Rithy

From: Robibtelemed
To: Cornelia Haener ; Rithy Chau ; Kruy Lim ; Paul Heinzelmann ; Kathy Fiamma ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, October 05, 2011 4:33 PM
Subject: Robib Telemedicine Clinic October 2011, Case#6, Lorn Sophaly, 27F

Dear all,

There are three new cases and two follow up cases for second day of Robib Telemedicine clinic October 2011. This is case number 6, continued from Yesterday, Lorn Sophaly, 27F 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: **Lorn Sophaly, 27F (Trapang Reusey Village)**

Chief Complaint (CC): Left breast mass x 3 months

History of Present Illness (HPI): 27F presented with symptoms of pain on left breast, and detect a mass with palpation. The pain got worse from month to month that why she come to consult with Telemedicine clinic. She denied of abd pain, nausea, vomiting, stool with blood/mucus, poor appetite, weight loss. She didn't get treatment yet.

Past Medical History (PMH): Unremarkable

Family History: Aunt with breast fibroadenoma

SH: Single, no cig smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Missed menstrual period in September

PE:

Vitals: **BP: 106/83** **P: 87** **R: 20** **T: 37^{o}C** **Wt: 40Kg**

General: Stable

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

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

Breast: left side presented with a mass about 2 x 3cm centrally, firm, mobile, mild tender, no nipple retraction, no discharge, no axillary lymph nodes palpable; no mass palpable on right breast

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

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

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

Lab/study: None

Assessment:

1. Left breast mass

Plan:

1. Ibuprofen 200mg 2t po bid for 7d
2. Sent patient to Kg Thom hospital for breast ultrasound

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 5, 2011**

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

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From: Hughes, Kevin S.,M.D.
Sent: Wednesday, October 05, 2011 3:27 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic October 2011, Case#6, Lorn Sophaly, 27F

Yes, next steps depend on ultrasound result

Kevin Hughes, MD

From: Cornelia Haener
To: 'Robibtelemed' ; 'Rithy Chau' ; 'Kruy Lim' ; 'Paul Heinzelmann' ; 'Kathy Fiamma' ; 'Joseph Kvedar'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach'
Sent: Thursday, October 06, 2011 6:06 PM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#6, Lorn Sophaly, 27F

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

Kind regards
Cornelia

From: Robibtelemed
To: Cornelia Haener ; Kathy Fiamma ; Joseph Kvedar ; Paul Heinzelmann ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, October 05, 2011 4:35 PM
Subject: Robib Telemedicine Clinic October 2011, Case#7, Prum Tum, 75M

Dear all,

This is case number 7, Prum Tum, 75M 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 Tum, 75M (Chambak Phaem Village)**

Chief Complaint (CC): Infected wound on right thigh x 2y

History of Present Illness (HPI): 75M, farmer, presented with symptoms of pain on the posterior of the right thigh, swelling then abscess formation. He got treatment with incision and drainage and Amoxicillin 500mg bid for 7d then healed. One month later, he developed the same symptoms swelling, pain and abscess formation of right thigh and got treatment with I & D and Amoxicillin but it drained out pus without healing for almost 2y.

Past Medical History (PMH): Left eye injury with sharp object and enucleation in 2005

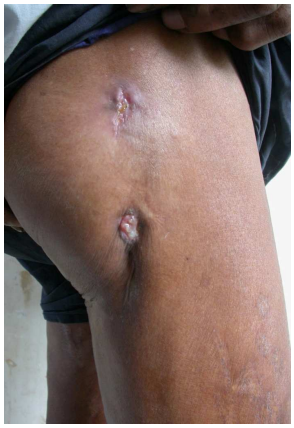
Family History: None

SH: Cig smoking and casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable



PE:

Vitals: BP: 121/71 P: 88 R: 20 T: 36.5^{o}C Wt: 47Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, 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, no surgical scar

Extremity/Skin: Posterior of right thigh presented with two fistula, pus drainage, mild tender, no inguinal lymph nodes palpable, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None

Assessment:

1. Infected wound on right thigh

Plan:

1. Get the pus from wound for culture at SHCH
2. Clean the wound with NSS every day and keep it dry
3. Augmentin 625mg/5cc 10cc bid for 2w
4. Ibuprofen 200mg 3t po bid for 1w

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 5, 2011**

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

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From: Cornelia Haener
To: 'Robibtelemed' ; 'Kathy Fiamma' ; 'Joseph Kvedar' ; 'Paul Heinzelmann' ; 'Rithy Chau' ; 'Kruy Lim'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach'
Sent: Thursday, October 06, 2011 6:08 PM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#7, Prum Tum, 75M

Dear Sovann,

Thanks for submitting this case. It might be helpful to send him to Kg Thom RH for an X-ray to rule out underlying osteomyelitis.

Thanks
Cornelia

From: Paul Heinzelmann
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Sent: Thursday, October 06, 2011 3:35 AM
Subject: Re: Robib Telemedicine Clinic October 2011, Case#7, Prum Tum, 75M

Sovann

Your plan sounds fine. Though this may need surgical intervention, so keep that in mind if this wound continues to be infected.

Thank you

Paul

From: Robibtelemed
To: Kruy Lim ; Rithy Chau ; Joseph Kvedar ; Paul Heinzelmann ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, October 05, 2011 4:37 PM
Subject: Robib Telemedicine Clinic October 2011, Case#8, So Chheang, 66M

Dear all,

This is case number 8, So Chheang, 66M 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: So Chheang, 66M (Trapang Reusey Village)

Chief Complaint (CC): Epigastric pain x 5 months

History of Present Illness (HPI): 66M, presented with symptoms of epigastric pain, burning sensation, burping with sour taste. The pain occurs during hungry and relieved with eating. He bought the medicine from local pharmacy but his symptoms not get better. He denied of fever, cough, SOB, black stool, oliguria, dysuria, edema.

Past Medical History (PMH): Motorcycle accident in 2010 and hospitalized in Phnom Penh for several days and he was not told by doctor what problems he had

Family History: None

SH: Smoking 5cig/d, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 144/89 (both arms) P: 68 R: 18 T: 37^{o}C Wt: 44Kg

General: Stable

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

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

Abd: Soft, mild tender on epigastric area with deep palpation, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

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

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

Lab/study: None

Assessment:

1. GERD
2. Borderline HTN

Plan:

1. Omeprazole 20mg 1t po qhs for one month
2. GERD prevention education, do regular exercise
3. Recheck BP in next follow up

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 5, 2011**

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

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From: Paul Heinzelmann
To: robibtelemed@gmail.com ; Rithy Chau ; Fiamma, Kathleen M.
Sent: Thursday, October 06, 2011 3:05 AM
Subject: Robib Telemedicine Clinic October 2011, Case#8, So Chheang, 66M

Sovann,

I concur with your plan.

Dyspepsia (stomach Pain) relieved by eating can also suggest an ulcer, which can be a bit more troubling.

Also, a stool guiac might be helpful to see if blood is traveling along the GI tract.

Thank you for seeing this patient.

Paul

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, October 05, 2011 4:39 PM
Subject: Robib Telemedicine Clinic October 2011, Case#9, Pheng Roeung, 67F

Dear all,

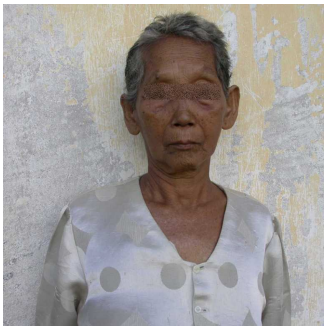
This is case number 9, Pheng Roeung, 67F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

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

SOAP Note



Patient: **Pheng Roeung, 67F (Thnout Malou Village)**

Subject: 67F with diagnosis of liver cirrhosis and HTN, since the last month, she presented with symptoms of 4 to 5 times water diarrhea per day and got treatment with Loperamide 2mg 1t qd for 3d then the diarrhea gone. Three days later, she developed with abd pain, abd distension and absence of gas and got treatment from local health center, when she got a bit better, she went to have abdominal ultrasound done in Kg Thom and told she has a tumor in liver and ascites. She didn't get treatment for that and several days later, she developed generalized edema, increased abd distension and less urine output. She denied of fever, cough, SOB, palpitation, nausea/vomiting, stool with blood/mucus.

Medication:

1. Atenolol 50mg 1/2t po qd
2. Spironolactone 25mg 1t po qd
3. MTV 1t po qd

Allergies: NKDA

Object:
PE:

Vitals: **BP: 128/68** **P: 72** **R: 20** **T: 37°C** **Wt: 60Kg**

General: Sick

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

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

Abd: Soft, no tender, (+) distension, (+) BS, (+) fluid wave, no collateral vein distension

Extremity/Skin: 2+ pitting edema of both legs, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

Lab result on February 4, 2011

WBC	=3.0	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=3.4	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=10.4	[12.0 - 15.0g/dL]	Cl	=112	[95 – 110]
Ht	=33	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=98	[80 - 100fl]	Creat	=77	[44 - 80]
MCH	=31	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	SGOT	=99	[<31]
Plt	=63	[150 - 450x10^9/L]	SGPT	=45	[<32]
Lym	=1.2	[1.0 - 4.0x10^9/L]			
Mxd	=0.4	[0.1 - 1.0x10^9/L]			
Neut	=1.4	[1.8 - 7.5x10^9/L]			

Done today
RBS: 163mg/dl Hb: 10g/dl
U/A: protein trace, no gluocose, no leukocyte, no blood

Abdominal ultrasound on September 23, 2011
Conclusion: Tumor of liver (right lobe)

Assessment:

1. Liver cirrhosis with ascites
2. Liver tumor (right lobe)
3. HTN
4. Anemia

Plan:

1. Furosemide 40mg 1/2t po bid for 7d
2. Propranolol 40mg 1/4t po bid
3. Spironolactone 25mg 1t po bid
4. MTV 1t po qd
5. FeSO4/Folate 200/0.4mg 1t po qd
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: October 5, 2011**

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

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From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Saturday, October 08, 2011 5:18 AM
Subject: RE: Robib Telemedicine Clinic October 2011, Case#9, Pheng Roeung, 67F

Thanks for the consult.

This patient has advanced cirrhosis with liver function abnormalities (elevated AST/ALT) low Plateletes, anemia and low white blood cells with ascites and edema.
Her renal function (creatinine/BUN) are normal.

I agree that she needs diuresis and your choice of lasix and hctz are excellent.

She needs close followup of electrolytes with diuretics.

She will need hospitalization if she developes any bleeding or fever.

Best of luck.

Paul

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, October 05, 2011 4:44 PM
Subject: Robib Telemedicine clinic October 2011, Case#10, Yim Sok Kin,31M

Dear all,

This is the last case for Robib TM clinic October 2011, Case number 10, Yim Sok Kin, 31M and photo. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly and patients will come to get treatment at that afternoon.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient: **Yim Sok Kin, 31M (Thnout Malou Village)**

Subject: 31M with previous diagnosis of liver cirrhosis with portal HTN and missed follow up with Telemedicine in 2005 because he thought his disease was cured. In these two months, he developed the symptoms of LUQ pain, abdominal distension, fever, and nausea, he bought medication from local pharmacy and became better but still presented with abd distension, fatigue and poor appetite. He had abd ultrasound done on August 19, 2011 with result mild ascitis and splenomegaly and treated with three kinds of medicine bid (unknown name). He denied of cough, SOB, chest pain, oliguria, dysuria, leg edema and stool with blood/mucus.

Medication:

1. Three kinds of medicine (unknown name) bid

Allergies: NKDA

Object:

PE:

Vitals: **BP: 103/72** **P: 97** **R: 20** **T: 37^{o}C** **Wt: 55Kg**

General: Sick

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

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

Abd: Soft, no tender, (+) distension, (+) BS, negative fluid wave, no collateral vein distension, complete healed burning scar

Extremity/Skin: No legs edema, (+) dorsalis pedis and posterior tibial pulse

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

Rectal exam: good sphincter tone, no mass palpable, negative colocheck

Lab/study:

Abdominal ultrasound on August 19, 2011
Conclusion: Mild ascites and splenomegaly

HBsAg: negative

HCV antibody: negative

Assessment:

1. Liver cirrhosis with PHTN

Plan:

1. Propranolol 40mg 1/4t po bid
2. Spironolactone 25mg 1t po bid
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: October 5, 2011**

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

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From: Kreinsen, Carolyn Hope,M.D.,M.Sc.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Thursday, October 06, 2011 10:54 AM
Subject: RE: Robib Telemedicine clinic October 2011, Case#10, Yim Sok Kin,31M

Hi Sovann,

This is a young man who had known liver cirrhosis at age 25 (2005) and onset of degenerative changes most likely many years earlier. He has no evidence of chronic Hepatitis B or of Hepatitis C infection. So - my first question is - what is the underlying cause of his cirrhosis? In your history, there is no mention of alcohol, drug usage, acetaminophen usage, chemical exposures, or toxic mushroom/herb consumption. Those should be explored further, if not already addressed with him. Congenital/inherited liver disorders can show up in early adulthood. I would recommend that you question him more about family history.

This man needs to see a gastroenterologist, the sooner the better. His disease is already advanced. He requires evaluation of any possible reversible or treatable underlying causes. He has had cirrhosis for many years. He is at real risk for esophageal varices and hemorrhage, gastric bleeding and liver cancer.

I think your outlined plan is a very good one. I would recommend that you check PT/INR, given his cirrhosis. If he does consume alcohol, I recommend that you check Vitamin B12 and Folate. You might consider checking amylase and lipase, as well, to evaluate his pancreatic function. His blood pressure is well-controlled. The beta blocker and the spironolactone are excellent med choices.

Good luck! - this poor man sounds ill.....

Take care,

Carolyn K

Thursday, October 6, 2011

Follow-up Report for Robib TM Clinic

There were 8 new patients and 2 follow up patient seen during this month Robib TM Clinic, and other 63 patients came for medication refills only. The data of all 10 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 Telemedicie Clinic October 2011

1. Hern Laysim, 16F (Ton Laep Village)
Diagnosis:

1. Epilepsy?

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, Ca2+ and RPR at SHCH

Lab result on October 7, 2011

WBC	=5.9	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=13.2	[12.0 - 15.0g/dL]	Cl	=99	[95 – 110]
Ht	=39	[35 - 47%]	BUN	=2.3	[0.8 - 3.9]
MCV	=87	[80 - 100fl]	Creat	=54	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	AST	=28	[<31]
Plt	=242	[150 - 450x10^9/L]	ALT	=13	[<32]
Lym	=1.7	[1.0 - 4.0x10^9/L]	Ca2+	=1.21	[1.12 – 1.32]
Mxd	=1.7	[0.1 - 1.0x10^9/L]	RPR	= Non-reactive	
Neut	=2.5	[1.8 - 7.5x10^9/L]			

2. Ly Nary, 4F (Chambak Phaem Village)
Diagnosis:

1. Urticaria

Treatment:

1. Diphenhydramine 12.5mg/5cc 5cc bid for 5d (#1)
2. Calmine lotion apply bid until the rash gone

3. Prum Penh, 60F (Sam Preang Village)
Diagnosis:

1. GERD
2. Anemia

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. MTV 1t po qd for one month (#30)
3. FeSO4/Folate 200/0.4mg 1t po bid for one month (#60)
4. Xango meal bid (#1)
5. Cig smoking and EtOH drinking cessation

4. Prum Von, 47F (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for one month (#30)
2. Educate on diabetic diet, do regular exercise and foot care
3. Draw blood for Creat, HbA1C at SHCH

Lab result on October 7, 2011

Creat	=53	[44 - 80]
HbA1C	=8.9	[4 - 6]

5. Sim Im, 35F (Thkeng Village)
Diagnosis:

1. Eczema

Treatment:

1. Fluocinonide cream 0.1% apply bid until the rash gone (#1)
2. Diphenhydramine 25mg 1t po qhs for one month (#30)
3. Cephalexin 250mg 1t po qid for 10d (buy)

6. Lorn Sophaly, 27F (Trapang Reusey Village)
Diagnosis:

1. Left breast mass

Treatment:

1. Ibuprofen 200mg 2t po bid for 7d (#30)
2. Sent patient to Kg Thom hospital for breast ultrasound

7. Prum Tum, 75M (Chambak Phaem Village)
Diagnosis:

1. Infected wound on right thigh

Treatment:

1. Get the pus from wound for culture at SHCH
2. Clean the wound with NSS every day and keep it dry
3. Augmentin 625mg/5cc 10cc bid for 2w (#1)
4. Ibuprofen 200mg 3t po bid for 1w (#50)

Culture result on Oct 7, 2011

Culture positive Staphylococcus non-aureus

8. So Chheang, 66M (Trapang Reusey Village)
Diagnosis:

1. GERD
2. Borderline HTN

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. GERD prevention education, do regular exercise

3. Recheck BP in next follow up

9. Pheng Roeung, 67F (Thnout Malou Village)
Diagnosis:

1. Liver cirrhosis with ascites
2. Liver tumor (right lobe)
3. HTN
4. Anemia

Treatment:

1. Furosemide 40mg 1t po bid for 7d (#14)
2. Propranolol 40mg 1/4t po bid (#20)
3. Spironolactone 25mg 1t po bid (#60)
4. MTV 1t po qd (#30)
5. FeSO4/Folate 200/0.4mg 1t po qd (#30)
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

Lab result on October 7, 2011

WBC	=2.0	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=2.6	[3.9 - 5.5x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=8.3	[12.0 - 15.0g/dL]	Cl	=100	[95 – 110]
Ht	=26	[35 - 47%]	BUN	=2.3	[0.8 - 3.9]
MCV	=99	[80 - 100fl]	Creat	=82	[44 - 80]
MCH	=31	[25 - 35pg]	AST	=113	[<31]
MHCH	=32	[30 - 37%]	ALT	=36	[<32]
Plt	=72	[150 - 450x10^9/L]			
Lym	=0.8	[1.0 - 4.0x10^9/L]			
Mxd	=0.2	[0.1 - 1.0x10^9/L]			
Neut	=1.0	[1.8 - 7.5x10^9/L]			

10. Yim Sok Kin, 31M (Thnout Malou Village)
Diagnosis:

1. Liver cirrhosis with PHTN

Treatment:

1. Propranolol 40mg 1/4t po bid (#20)
2. Spironolactone 25mg 1t po bid (#70)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

Lab result on October 7, 2011

WBC	=6.4	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=4.9	[4.6 - 6.0x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=8.7	[14.0 - 16.0g/dL]	Cl	=101	[95 – 110]
Ht	=29	[42 - 52%]	BUN	=2.9	[0.8 - 3.9]
MCV	=60	[80 - 100fl]	Creat	=93	[53 - 97]
MCH	=18	[25 - 35pg]	Gluc	=4.8	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	AST	=46	[<37]
Plt	=140	[150 - 450x10^9/L]	ALT	=17	[<42]
Lym	=0.9	[1.0 - 4.0x10^9/L]			
Mxd	=1.1	[0.1 - 1.0x10^9/L]			
Neut	=4.4	[1.8 - 7.5x10^9/L]			

Patients who come for follow up and refill medicine

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

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for two months (#60)
2. Amlodipine 5mg 1t po qd for two months (#60)
3. Captopril 25mg 1/2t po bid for two months (buy)

2. Chan Choeun, 55M (Sre Thom Village)
Diagnosis:

1. Gouty arthritis
2. HTN
3. Hyperlipidemia

Treatment:

1. Paracetamol 500mg 1t po qid prn for two months (#30)
2. Amlodipine 5mg 1t po qd for two months (#30)
3. Fenofibrate 100mg 1t po qd for two months (buy)
4. Eat low salt diet, do regular exercise

3. Chan Lum, 35F (Anlung Svay Village)
Diagnosis:

1. Dyspepsia

Treatment:

1. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

4. Chan Oeung, 60M (Sangke Roang Village)
Diagnosis:

1. Gouty arthritis
2. Osteoarthritis
3. Renal insufficiency

Treatment:

1. Meloxicam 15mg 1t po qd for one month (#30)
2. Paraetamol 500mg 1t po qid prn for one month (#30)
3. MTV 1t po qd for one month (#30)
4. Allopurinol 100mg 2t po qd for one month (buy)

5. Chan Sorya, 50F (Pal Hal Village)
Diagnosis:

1. HTN
2. Old stroke with right side weakness

Treatment:

1. HCTZ 25mg 1t po qd for one month (#30)

6. Chan Rim, 59F (Ke Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)

7. Chhim Bon, 73F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 25mg 1t po qd for three months (#90)
2. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

8. Chhim Ho, 56F (Ke Village)
Diagnosis:

1. Gallbladder stone
2. Anemia

Treatment:

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

9. Chin Kim Houy, 77F (Chhnourn Village)
Diagnosis:

1. Osteoarthritis

Treatment:

1. Paracetamol 500mg 1-2t po qid prn pain for two months (#30)
2. MTV 1t po qd for two months (#60)
3. Ibuprofen 200mg 2t po bid (#50)

10. Chum Chet, 64M (Koh Pon Village)
Diagnosis:

1. HTN
2. Osteoarthritis
3. Renal insufficiency

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. Paracetamol 500mg 1-2t po qid prn pain for one month (#30)
4. MTV 1t po qd for one month (#30)

11. Dourng Sunly, 56M (Taing Treurk Village)
Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Captopril 25mg 1/2t po bid for one month (buy)
2. ASA 300mg 1/4t po qd for one month (#8)
3. Paracetamol 500mg 1t po q6h prn pain/fever for one month (#20)
4. Simvastatin 10mg 1t po qhs for one month (#30)
5. Fenofibrate 100mg 1t po qd for one month (buy)
6. Draw blood for Tot chole, TG and LFT at SHCH

Lab result on October 7, 2011

T. Chol	=6.3	[<5.7]
TG	=2.2	[<1.7]
AST	=28	[<37]
ALT	=24	[<42]

12. Eam Neut, 56F (Taing Treuk)
Diagnosis

1. HTN
2. Hypertriglyceridemia

Treatment

1. Amlodipine 5mg 1t po qd for two months (#30)
2. Fenofibrate 100mg 1t po qd two months (buy)

13. Heng Chey, 71M (Thkeng Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for two months (#60)

14. Khi Ngorn, 65M (Rovieng Cheung Village)
Diagnosis:
1. HTN

Treatment:
1. Nisoldipine 10mg 2t po qd for one month (#60)

15. Kim Yat, 38F (Sre Thom Village)
Diagnosis:
1. Tachycardia

Treatment:
1. Propranolol 40mg 1/4t po bid (#20)

16. Kin Yin, 35F (Bos Pey Village)
Diagnosis:
1. Hyperthyroidism

Treatment:
1. Methimazole 5mg 2t po bid for two months (#240)
2. Propranolol 40mg 1/2t po bid for two months (buy)

17. Kol Ko, 58F (Taing Treuk Village)
Diagnosis:
1. Skin abscess with Bacterial culture Pseudomonas aeruginosa

Treatment:
1. Ciprofloxacin 500mg 1t po bid for 10d (#20)
2. Ibuprofen 200mg 2t po bid (#30)

18. Kong Cheang, 19M (Trapang Teum Village)
Diagnosis:
1. Diabetes Mellitus

Treatment:
1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (buy)

19. Kong Nareun, 35F (Taing Treuk Village)
Diagnosis:
1. Moderate MS with severe TR
2. Atria dilation
3. Severe pulmonary HTN

Treatment:
1. Atenolol 50mg 1/4t po qd for two months (buy)
2. Spironolactone 25mg 1t po qd for two months (#60)
3. ASA 300mg 1/4t po qd for two months (#14)
4. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

20. Kong Sam On, 55M (Thkeng Village)
Diagnosis:

1. HTN
2. DMII
3. Chronic renal failure
4. Hypertriglyceridemia
5. Arthritis

Treatment:

1. Glibenclamdie 5mg 2t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#60)
3. Atenolol 50mg 1t po qd for one month (buy)
4. Amlodipine 5mg 1t po qd for one month (#30)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Fenofibrate 100mg 1t po qd for one month (buy)

21. Kong Soeun, 31M (Backdoang Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Captopril 25mg 1/4t po bid for one month (buy)

22. 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)

23. Koy Veth, 38F (Thnout Malou Village)
Diagnosis:

1. Asthma

Treatment:

1. Salbutamol inhaler 2puffs bid prn SOB for two months (#1)

24. Kul Keung, 66F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII
3. Dyspepsia

Treatment:

1. HCTZ 25mg 1t po qd for one month (#30)
2. ASA 300mg ¼ t po qd for one month (buy)
3. Captopril 25mg ¼ t po bid for one month (buy)
4. Glibenclamide 5mg 1t po bid for one month (#30)
5. Metformin 500mg 1t po bid for one month (#30)
6. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)
7. Draw blood for Creat, HbA1C at SHCH

Lab result on October 7, 2011

Creat	=72	[44 - 80]
HbA1C	=6.5	[4.8 - 6]

25. Ky Chheng Lean, 37F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for two months (#60)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. Review on diabetic diet, regular exercise and foot care

26. Meas Lam Phy, 58M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for one month (#30)
2. Draw blood for Creat, HbA1C at SHCH

Lab result on October 7, 2011

Creat	=58	[53 - 97]
HbA1C	=7.0	[4.8 - 6]

27. Meas Phorn, 58M (Ke Village)
Diagnosis:

1. Cachexia

Treatment:

1. MTV 1t po qd for one month (#30)

28. Meas Ream, 88F (Taing Treuk Village)
Diagnosis:

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

Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)
2. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

29. Meas Samen, 58F (Koh Pon)
Diagnosis:

1. Sciatica
2. Dyspepsia

Treatment:

1. Ibuprofen 200mg 2t po bid prn for one month (#30)
2. Paracetamol 500mg 1t po qid prn for one month (#30)
3. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

30. Moeung Rin, 67F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Osteoarthritis

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)
2. Atenolol 50mg 1/2t po qd for two months (buy)
3. Paracetamol 500mg 1-2t po qid prn pain (#30)

31. Moeung Srey, 48F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

1. Enalapril 5mg 1t po qd for two months (#60)
2. MTV 1t po qd for two months (#60)

32. Nong Khon, 59F (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)

33. Nop Sareth, 41F (Kampot Village)
Diagnosis:

1. Cardiomegaly
2. VHD (MS/TR)
3. Dyspepsia

Treatment:

1. Atenolol 50mg 1/2t po qd for two months (#30)
2. Captopril 25mg ¼ po bid for two months (buy)
3. ASA 300mg 1/4t po qd for two months (#15)
4. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

34. Nung Sory, 62F (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for three months (#90)

35. Nung Y, 47F (Taing Treuk Village)
Diagnosis:

1. HTN
2. HA

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)
2. Paracetamol 500mg 1t po qid prn (#30)

36. Pe Chanthy, 51M (Taing Treuk Village)
Diagnosis:

1. Ascitis due to chronic Hepatitis B
2. Liver cirrhosis

Treatment:

1. Spironolactone 25mg 1t po qd for two months (#60)
2. Propranolol 40mg 1/4t po qd for two months (buy)
3. MTV 1t po qd for two months (#60)

37. Pech Huy Keung, 49M (Rovieng Cheung Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#30)
2. Metformin 500mg 2t po bid for one month (#60)
3. Captopril 25mg 1t po bid one month (buy)
4. ASA 300mg 1/4t po qd one month (#8)

5. Draw blood for Creat, HbA1C at SHCH

Lab result on October 7, 2011

Creat	=101	[53 - 97]
HbA1C	=6.2	[4 - 6]

38. Pen Vanna, 45F (Thnout Malou Village)
Diagnosis:
1. HTN
2. DMII

Treatment:
1. Glibenclamide 5mg 1t po qd for two months (#60)
2. Captopril 25mg 1t po bid for two months (buy)
3. Review on diabetic diet, do regular exercise and foot care

39. Phim Sichorm, 47F (Taing Treuk Village)
Diagnosis:
1. Infected wound on right thigh

Treatment:
1. Clean wound every day with NSS
2. Augmentin 600mg/5cc 10cc bid for 10d (#1)
3. Ibuprofen 200mg 3t po tid for 5d (#45)

40. Prum Thai, 62F (Rovieng Chheung Village)
Diagnosis:
1. GERD

Treatment:
1. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)
2. MTV 1t po qd for one month (#30)

41. Ros Yeth, 58M (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 2t po bid for two months (#150)
3. Captopril 25mg 1/4t po bid for two months (buy)

42. Roth Ven, 54M (Thkeng Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glibenclamide 5mg 1t po bid for three months (#180)
2. Metformin 500mg 2t po bid for three months (buy)
3. Captopril 25mg 1/2t po bid for three months (buy)
4. ASA 300mg 1/4t po qd for three months (#23)

43. Say Soeun, 72F (Rovieng Cheung Village)
Diagnosis:
1. HTN
2. DMII
3. Renal insufficiency

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 5mg 1t po bid for one month (#60)
4. Nisoldipine 10mg 2t po qd for one month (#60)
5. Atenolol 50mg 1/2t po qd for one month (#15)
6. MTV 1t po qd for one month (#30)
7. FeSO/Folate 200/0.4mg 1t po bid (#60)
8. Draw blood for CBC, Lyte, Creat, LFT at SHCH

Lab result on October 7, 2011

WBC	=6.8	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=3.6	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=9.3	[12.0 - 15.0g/dL]	Cl	=101	[95 – 110]
Ht	=29	[35 - 47%]	Creat	=159	[44 - 80]
MCV	=82	[80 - 100fl]	AST	=18	[<31]
MCH	=26	[25 - 35pg]	ALT	=15	[<32]
MHCH	=32	[30 - 37%]			
Plt	=335	[150 - 450x10^9/L]			
Lym	=1.8	[1.0 - 4.0x10^9/L]			
Mxd	=0.6	[0.1 - 1.0x10^9/L]			
Neut	=4.4	[1.8 - 7.5x10^9/L]			

44. Sek Lon, 81M (Ton Laop Village)
Diagnosis:

1. Dyspepsia

Treatment:

1. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

45. Seung Phorn, 65F (Ta Tong Village)
Diagnosis:

1. Anemia

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po qd for three months (#90)
2. MTV 1t po qd for three months (#90)

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

1. Gouty arthritis
2. Renal insufficiency
3. Infected wound on right leg

Treatment:

1. Allopurinol 100mg 1t po bid for two months (buy)
2. Paracetamol 500mg 1t po qid prn pain for two months (#30)
3. Augmentin 625mg/5cc 10cc bid (#1)
4. Meloxicam 15mg 1t po qd (#30)

47. Sim Horm, 59F (Bangkeun Phal Village)
Diagnosis:

1. DMII

Treatment:

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

48. Som An, 60F (Rovieng Tbong)
Diagnosis:
1. HTN

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

49. Som Hon, 51F (Thnal Keng Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for two months (#60)

50. Sun Ronakse, 40F (Sre Thom Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for two months (#60)

51. Sun Yorn, 50M (Bos Village)
Diagnosis:
1. Severe hypertension
2. Sciatica
3. Dyspepsia

Treatment:
1. HCTZ 25mg 1t po qd for one month (#30)
2. Amlopidine 5mg 1t po qd for one month (#30)
3. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

52. Svay Tevy, 46F (Thnout Malou Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glibenclamide 5mg 2t po bid for two months (#150)
2. Metformin 500mg 3t qAM and 2t po qPM for two months (#200)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)

53. Tay Kimseng, 54F (Taing Treuk Village)
Diagnosis:
1. HTN
2. Obesity

Treatment:
1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Eat low fats diet and do regular exercise

54. Teav Vandy, 65F (Rovieng Cheung Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for three months (#90)

55. Tey Sok Ken, 31F (Sre Thom Village)
Diagnosis:
1. Hyperthyroidism
2. Tension HA

Treatment:
1. Methimazole 5mg 1t po qd for two months (#60)
2. Propranolol 40mg 1/4t po bid for two months (buy)
3. Paracetamol 500mg 1t po qid prn HA for two months (#30)

56. Thoang Korn, 38F (Ta Tong Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for two months (#60)

57. Thon Vansoeun, 53F (Backdoang Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for two months (#60)
2. ASA 300mg 1/4t po qd for two months (buy)

58. Tith Hun, 58F (Ta Tong Village)
Diagnosis:
1. HTN

Treatment:
1. Enalapril 5mg 1t po qd for one month (#30)
2. HCTZ 25mg 1t po qd for one month (#30)
3. Atenolol 50mg 1/2t po qd for one month (#15)

59. Un Chhourn, 42M (Taing Treuk Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for one month (#30)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for Creat, HbA1C at SHCH

Lab result on October 7, 2011

Creat	=79	[53 - 97]
HbA1C	=7.6	[4 - 6]

60. Uy Noang, 59M (Thnout Malou Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glibenclamide 5mg 2t po bid for two months (#120)
2. Metformine 500mg 1t po bid for two months (#120)
3. Captopril 25mg 1t po bid for two months (buy)

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

Diagnosis:

1. HTN

Treatment:

1. Enalapril 5mg 1t po qd for one month (#30)
2. HCTZ 25mg 1t po qd for one month (#35)

62. Yung Thourn, 72M (Rovieng Tbong Village)
Diagnosis:

1. Gouty arthritis
2. HTN
3. Anemia

Treatment:

1. Paracetamol 500mg 1t po qid prn for two months (#40)
2. Amlodipine 5mg 1t po qd for two months (#60)
3. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)
4. MTV 1t po qd for two months (#60)

63. Yun Yeung, 75M (Doang Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)

The next Robib TM Clinic will be held on October 31 – November 4, 2011