Robib *Telemedicine* **Clinic**

Preah Vihear Province

J A N U A R Y 2 0 0 6

Report and photos compiled by Rithy Chau and Somontha Koy, SHCH Telemedicine

On Monday, January 02, 2006, SHCH staff, PA. Rithy Chau and Nurse Somontha Koy, traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), January 03&04, 2006, the Robib TM Clinic opened to receive the patients for evaluations. There were 5 new cases and 5 follow-up patients. The patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, January 04&05, 2006. Another 4 extra patients were also seen by PA Rithy on site without transmission of data.

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 Montha managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning finall diagnosis and treatment/management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 27, 2005 12:24 PM
To: Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Cornelia Haener; Ruth Tootill
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Seda Seng; Peou Ouk
Subject: TM Clinic for January 2006

Dear all,

I am writing to inform you about Robib Telemedicine clinic for January 2006.
Hear is my agenda for trip:
- On Monday, 01/02/06 we will leave Phnom Penh to Robib village.
- On Tuesday, 01/03/06 at 8 o'clock clinic will be started to see patient for the whole morning especially for the new case. In the afternoon, patients'data and digital photos will be sent to SHCH and Telepartner in Boston for consultation.
- On Wednesday, 01/04/06 we will do the same process like Tuesday, but most of the follow- up cases will be sent.
- On Thursday, 01/05/06 all answers from SHCH and Telepartner in Boston will be downloaded and also do treatment/management plan for the patients.
- On Friday, 01/06/06 we will turn back to Phnom Penh.

Thank you very much for your strong cooperation in this project.

Best regards,
Montha

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, January 03, 2006 9:19 PM
To: Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
Subject: Case# 01, Prom Pat, 65F (Trapang Reusey)

Dear all,
I am writing to inform you about Robib Telemedicine for January 2006. Today is the first day for Robib Telemedicine. we have 4 new cases and one for none follow up.
Here is case number one with pictures.
Best regards,
Montha

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

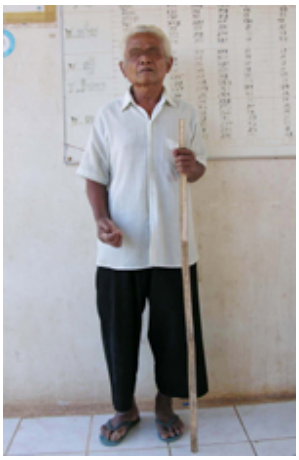
History and Physical

Name/Age/Sex/Village: Prom Pat, 65F (Trapang Reusey)

Chief Complaint (CC): Blurred vision and right side weakness for 8 months

History of Present Illness (HPI): 65M, farmer has known HTN for 2 years without using medication, with these symptoms of headache, neck tension, (+) dizziness, (+) palpitation. In last eight months ago, after waking up he could not move his right side of body and also slurred speak and then his family brought him to private clinic for check up, there they found out he has sever HTN with Stroke, he was covered him with unknown name of HTN medications and keep taking it on and off until now. In this present time, he still has slightly blurred vision, slurred speak and mild right hand and right weakness. He has no weight loss, no fever, no cough, no SOB, no palpitation, no chest pain, NO GI complaint no peripheral edema, (+) good urine out put.

Past Medical History (PMH): HTN for 2 years



Current Medications: Unknown name of HTN medication on and off for 8 months

Allergies: NKA

Social History: (+) smoking and alcohol drinking for 50 years, just stop for one year

Family History: Unremarkable

Review of Systems (ROS): no weight loss, no fever, no SOB, no cough, no chest pain, no GI complaint, no peripheral edema.

PE:

Vitals: BP (L) 200/100 (R) 240/120 P 74 R 20 T 36.5C WT 50kgs O2sat 99% with room air

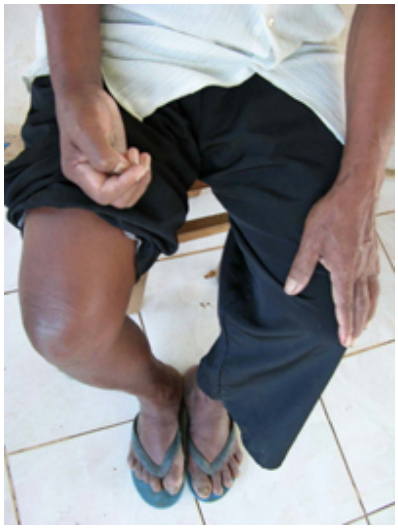
General: look stable with oriented x 4

HEENT: no oropharyngeal lesion, no pale on conjunctiva, no ear or nose discharge

Neck: No JVD, no lymphnode palpable, no goiter gland seen.

Lungs: Clear both sides

Heart: RRR, no murmur



Abdomen: soft, flat, no tender, (+)BS, no HSM

Back: normal

Skin: normal to touch, no rash, no lesion

Extremities: no peripheral edema, no tremor, but mild right hand and leg wakness

Neuro:

- Cereballar function gait with stiffness on the right side
- Cranial nerve: from I to XII intact
- Motor: 5/5 in tact but decrease 3/5 at right are and leg
- Reflex: hyper reflexive at right knee and right elbow, other are in tact.

Lab done today: Hgb 12g/dl, BS 130mg/dL without fasting blood sugar, UA (Protein trace)

Psych:

Assessment:

1. Sever HTN
2. Right Stroke with Left side Weakness

Plan: I would like to cover her with some medication as the following

1. Propranolol 40 mg 1 t po q12h for one month
2. ASA 300 mg ¼ t po qd for one month
3. MTV 1 t po qd for one month
4. Do regularly exercise and low salty and fatty diet

Lab/Study Requests: I would like to draw blood for BUN, Lytes, Creat, CBC, Cholesterol and Glycemia which will be sent for SHCH.

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, Group A Strep

Specific Comments/Questions for Consultants: Do you agree with my plan? please give me a good idea.

Examined by: Koy Somontha, RN **Date: 03/01/2006**

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

From: Healey, Michael J.,M.D.
Sent: Wednesday, January 04, 2006 12:32 PM
To: Fiamma, Kathleen M.
Subject: RE: Case# 01, Prom Pat, 65F (Trapang Reusey)

Assessment:

1. Severe HTN
2. Right Stroke with Left side Weakness

Recommendations:

1. He needs aggressive blood pressure control. I am concerned that Propranolol may not be potent enough. If a calcium channel blocker or Thiazide diuretic is available I would recommend those first.

2. I would recommend a target blood pressure goal of 130/80 or better, though if you can get it under 140/90 that would be a good start.

3. If there is no contraindication I would have him take the whole 300 mg ASA qd.

4. I would recommend assessing him again for the cause of the stroke. The severe hypertension suggest this was from ischemia. However the distribution of this stroke is in the right MCA, which is a common distribution for an embolic stroke either due to atrial fibrillation, carotid artery disease, or rarely from a paradoxical embolus or clot from the leg that passes through a PFO or atrial septal defect. His heart rate was regular, so he probably is not in atrial fibrillation. Can you obtain an EKG? I would also check his carotids for bruits.

5. I agree with the MTV 1 t po qd for one month

6. I agree that he should exercise regularly and follow and low salt and low saturated fat diet

7. The labs you suggest sound appropriate. In particular his cholesterol status and blood sugar as they will strongly impact his risk for subsequent strokes and heart disease.

Michael Healey, M.D.

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, January 03, 2006 9:32 PM
To: Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
Subject: Case # 02, Prom Sourn, 64M (Taing Treuk)

Dear all,
This is case number two with pictures.
Best regards,
Montha

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

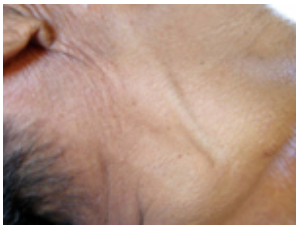
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Prom Sourn, 64M (Taing Treuk)

Chief Complaint (CC): SOB, Upper abdominal tenderness on and off for 4 months

History of Present Illness (HPI): 64M, farmer with this 4 months present with SOB on exertion (Walking and claiming stair) on and off, at night sleep in supine position is not comfort him, (+) cough and chest tightness during at night for sometimes, (+) mild body edema. At the same times, he also feels upper abdominal tenderness; it gets worse after meal, (+) excessive saliva in the morning. But he has no fever, no weight loss, no dizziness, no headache, (+) no stool with blood, (+) good urine out put.

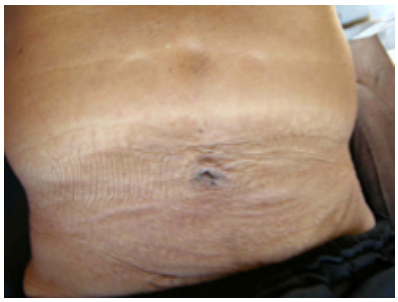


Past Medical History (PMH): Unremarkable

Current Medications: None

Allergies: NKA

Social History: (+) alcohol drinking, (+) smoking just stop for one year



FHX: his sister has HTN

Review of Systems (ROS): no weight loss, no fever, (+)SOB on exertion, (+) upper abdominal tenderness, (+) chest pain for sometimes, (+) cough, no stool with blood, (+) peripheral edema on and off, good urine out put.

PE:

Vitals: BP 120/70 P 110 R 28 T36.5C WT 42 kgs O2sat 97% with room air

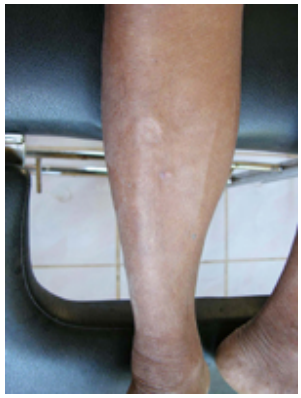
General: look stable with orientation X 4

HEENT: no oropharyngeal lesion, no pale on conjunctiva, no ear and nose discharge

Neck: (+)JVD about 3 cm, but no bruise, no goiter gland enlargement, no lymphnode palpable

Lungs: mild crakle on the left lower lobe, for others are clear

Heart: RRR, (+) systolic murmur and loupeak at apex



Abdomen: mild tenderness at epigastric area, (+) BS, no mass, no HSM

Back: normal

Skin: normal to touch, no cyanosis, no rash

Extremities: no tremor, no peripheral edema, no deformity

Neuro: unremarkable

Lab done today: UA (protein +1) BS 133 mg/dL without fasting Hgb 12g/dL Colo Check Negative

Psych:

Assessment:

1. VHD (MR? MS?)
2. Chronic CHF? Pneumonia?
3. Dyspepsia

Plan: I would like to cover him with some medications as the following

1. Furosemide 40 mg ½ t po q12h for one week
2. Captopril 25 mg ¼ t po q12h for one month
3. Aluminium hydroxide/Mg 200/120 mg 2 t chew q12h for prn
4. Drink water 1L /day, low salt diet and avoid eating spicy food

Lab/Study Requests: I would like to request for BUN, Lytes, Creat, CBC, Liver function which will be sent to SHCH and CXR, EKG, Abdominal Ultrasound which will be done in Kg Thom hospital.

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, Group A Strep

Specific Comments/Questions for Consultants: do you agree with my plan? please give me a good idea.

Examined by: Koy Somontha, RN **Date: 03/01/2006**

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

From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Tuesday, January 03, 2006 5:35 PM
To: Fiamma, Kathleen M.
Subject: RE: Case # 02, Prom Sourn, 64M (Taing Treuk)

This patient has upper abdominal discomfort, exertional dyspnea, and peripheral edema. Your description of the edema (and your photos) suggest that it is not just dependent (in his legs), but more diffuse. On exam he has tachycardia, is normotensive, has JVD, and a systolic heart murmur. His labs are notable for proteinuria.

I agree that most likely diagnosis is CHF. I agree with the tests you're ordering. Can you also get an echocardiogram? He may have severe mitral regurgitation.

I am worried about his kidneys, since he has diffuse edema and has proteinuria. You'll be checking his blood tests for that.

You need to give captopril three times a day to treat CHF, so you should give:

Captopril 25 mg ¼ t po three times a day for one month

The other change I would suggest on his medication would be that he can take the antacid every 4 hours as needed.

You need to see him back in a month or less.

Thank you.

Daniel Z. Sands, MD, MPH, FACP, FACMI

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Kul Chheung, 78F (Taing Treuk)

Chief Complaint (CC): Productive cough, SOB on and off for six months.

History of Present Illness (HPI): 78F, farmer, with this 6 months she has productive cough and sometimes with blood, SOB on exertion especially during claiming stair or long walking, mild fever at night, chest pain with coughing, mild sweat at night, she gets these symptoms without seeking for medical care, just come to see us directly.

Past Medical History (PMH): was diagnosed PTB with completely treatment for 8 months in last 15 years ago

Current Medications: none

Allergies: NKA

Social History: no smoking, no alcohol drinking

FHX: no weight loss, mild fever at night, (+) headache, (+) productive cough, (+) SOB, (+) chest pain by coughing, No GI complain, (+) malaise, no

Review of Systems (ROS): no weight loss, (+) mild fever at night, (+) headache, (+) productive cough, (+) SOB, (+) chest pain during coughing, no GI complain, (+) malaise, no peripheral edema, (+) sweat at night for sometimes.

PE:

Vitals: BP 160/80 P 80 R 24 T 37C WT49kgs O2sat 97%RA

General: look stable

HEENT: no oropharyngeal lesion, no pale on conjunctiva, no nose or ear discharge

Neck: no JVD, no lymphnode palpable, no goiter gland enlargement,

Lungs: Crackle all over lobes

Heart: RRR, no murmur

Abdomen: soft, flat, no tender, (+)BS, No HSM

Back: normal

Skin: normal to touch, no rash, no lesion.

Extremities: no tremor, no peripheral edema.

Neuro: unremarkable
Psych:

Assessment:

3. HTN
4. PTB? Pneumonia?

Plan: I would like to cover her with some medications as the following

1. Clarithromycine 500 mg 1 t po q12h for 2 weeks
2. Propranolol 40 mg ½ t po qd for one months

Lab/Study Requests: I would like to draw blood for CBC, Creat, BUN, Lytes which will be sent to SHCH, CXR in Kg Thom. Check AFB in local health center.

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, Group A Strep

Specific Comments/Questions for Consultants: do you agree with my plan? please give me a good idea,

Examined by: Koy Somontha, RN **Date: 03/01/2006**

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

Please note that for this patient, Kul Chheung, 78F, her data was not transmitted due to logistic error and thus no reply was given from Boston. Treatment plan was based on Nurse Montha assessment and advice on the treatment plan for this patient was given on site by PA Rithy.

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, January 03, 2006 9:53 PM
To: Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
Subject: Case # 04, Kourch Be, 76M (Thnout Malou)

Dear all,
This is case number four with picture.
Best regards,
Montha

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Kourch Be, 76M (Thnout Malou)

Chief Complaint (CC): SOB, Headache on and off for 4 months

History of Present Illness (HPI): 76M, with this 4 months he has SOB with exertion (Claiming stair or long walking), (+) headaxhe for sometimes, Blurred vision, (+) palpitation, (+) chest pain on the left side for sometimes like pin stabbing but it lasts about 5 mn and then subsided on its own, (+) productive cough, (+) mild fever, lose weight 2 kgs during this time. He also has burning of urination in the few weeks, but no pus or blood coming out.

Past Medical History (PMH): has known HTN more than one year wth Nifedicpine use 20 mg qd on and off.

Current Medications: Nifedipine 20 mg 1 t po qd for one year

Allergies: NKA

Social History: (+) smoking, (+) alcohol but just stop both for 5 years

FHX: unremarkable

Review of Systems (ROS): (+) weight loss, (+) mild fever, (+) Headache, (+) blurred vision, (+)SOB, (+) palpitation, (+) cough, (+)chest pain for sometimes, (+) burning of urination, No GI complain, no peripheral edema.

PE:

Vitals: BP 130/80 P 73 R 24 T 37.5 WT 49 kgs O2sat 97% RA

General: look stable with oriented X 4

HEENT: unremarkable

Neck: no JVD, no lymphnode palpable

Lungs: crackle on the left middle lobe and bilateral lower lobes

Heart: RRR, murmur

Abdomen: soft, flat, no tender, (+)BS, no HSM

Back: normal

Skin: moist to touch, no rash

Extremities: no tremor, peripheral edema

Neuro:
Psych:

Lab done today: UA(Leucocyte +1, Nitrit + strong, Protein +1) BS 124 mg/dL

Assessment:

1. HTN by history
2. PTB? Pneumonia?
3. UTI

Plan: I would like to cover him with some medication as the following.

1. Clarithromicine 500 mg 1 t po q12h for 2 weeks
2. Ciprofloxacine 500 mg 1 t po q12 for three days
3. Continuous Nifedipine 10 mg 1 t po q12h for one month
4. Do exercise for every morning with also low salty and fatty diet.

Lab/Study Requests: draw blood for BUN, Lytes, Creat, CBC which will be sent to SHCH. CRX in Kg Thom and AFB checking in local Health Center.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, AFB sputum smears, malaria smear

Specific Comments/Questions for Consultants: do you agree with my plan? Please give me a good idea.

Examined by: Nurse Somontha Koy **Date: 03/01/2006**

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

From: Tan, Heng Soon,M.D.
Sent: Tuesday, January 03, 2006 3:45 PM
To: Fiamma, Kathleen M.
Subject: RE: Case # 04, Kourch Be, 76M (Thnout Malou)

It is appropriate to be concerned about active pulmonary tuberculosis in an elderly cachectic looking man, former smoker, who complains of low grade fever, weight loss, coughing, shortness of breath, chest pain with rales at right upper lobe and bilateral lower lobes for past 4 months. Of course, lung cancer should be considered, but the indolent clinical course favors chronic tuberculous pneumnia. Differential for "chronic pneumonia" includes meloidosis from pulmonary Pseudmonas pseudomallei infection, pulmonary silicosis if previous exposure to silica dust and smoking -related emphysema with chronic bronchitis and bronchiectasis. Workup with chest xray, sputum

AFB and culture will be useful to sort out diagnosis. Treatment of flare of chronic bronchitis pending exclusion of tuberculosis is reasonable, but doxycycline or Bactrim rather than Biaxin would be good enough.

Other symptoms of headache, blurred vision and palpitations suggest anxiety disorder, perhaps related to unresolved chest condition. Hypertension appears reasonable controlled. Checking renal status is appropriate. Checking liver functions may be useful given past history of alcohol use.

As for dysuria with pyuria, I suspect chronic prostatitis rather than cystitis as an etiology. A rectal exam to check on prostate tenderness could be helpful for acute but not so much chronic prostatitis. Milking the prostate and checking urine again may be helpful in confirming prostate source of pyruia but is not a very specific test. Urine culture to confirm bacteria and its antibiotic sensitivity will be useful. In chronic prostatitis, a 2-3 week course of Bactrim or cipro may be necessary. 3 day course of treatment will fail. 3 day courses are only useful in women with acute cystitis. In men with likely prostatitis, treat for at least 2 weeks.

Heng Soon Tan, MD.

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, January 03, 2006 10:04 PM
To: Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
Subject: Case # 05, Sam Sem, 62F (Chambak Pha Em)

Dear all,
This is last case and picture for today. Please wait for some more cases for tomorrow.
Best regards,
Montha

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Sam Sem, 62F (Chambak Pha Em)

Subjective: 62F, farmer, she has missing follow up for more than 2 years of her DMII and HTN. Now she has headache, neck tension, blurred vision, (+) SOB, (+) palpitation, (+) difficulty to swallow for sometimes, (+) burning in abdomen after meal especially with spicy food, (+) hiccup in the morning, (+) peripheral edema for sometimes, (+) malaise. But she doesn't have fever, no cough, no chest pain, no stool with blood.

Objective:

VS: BP (R) 200/110, (L) 210/100 P 80 R 22 T 36.5C O2sat 98% RA Wt 49

PE (focused):

- **HEENT: no oropharyngeal lesion, (+) mild pale on conjunctiva, no ear or nose discharging**
- **Neck: small mass on anterior neck, size about 2cm x 3cm, soft with regular surface. Bout no JVD, no lymphnode palpable.**
- **Lungs; clear both sides, no crackle, no wheezing**
- **Heart: RRR, no murmur**
- **Abdomen: soft, flat, no tender, (+)BS, no HSM**
- **Limbs: no peripheral edema, (+) mild tremor, (+) feeling numbness on the soles**
- **Neuro Exam: Hgb 10g/dL BS 230 mg/dL UA (proteine +4, glucose +3)**
- **Neuro Exam: loss sensation on both soles for other are normal.**

Previous Labs/Studies: none

Current Medications: traditional medicine

Allergies: NKA

Assessment:

1. Sever HTN
2. DMII with PNP
3. Dyspepsia
4. CRF?
5. Goiter?
6. Anemia duet to chronic disease

Plan: I would like to cover her with some medications as the following

1. Nifedipine 10 mg 1 t po qd for one month
2. Gliburide 5 mg 1 t po q12h for one months
3. Captopril 25 mg ½ t po q12 for one month
4. Amitriptylline 25 mg 1 t po qhs for one months

5. Al HO2 /Mg 200/120 mg 2 t chew q12h
6. ASA 300 mg ¼ t po qd for one month
7. DM education
8. Do exercise for every morning
9. MTV 1 t po qd for one month
10. FeSo4/Folic Acid 200/0.25mg 1 t po qd for one month

Lab/Study Requests: I would like to draw for BUN, Creat, Lytes, CBC, Cholesterol, Peripheral blood smear and Reticulocyte, THS, T4 which will be sent to SHCH.

Specific Comments/Questions for Consultants: do you agree with my plan? Pleas give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, AFB sputum smears, malaria smear

Examined by: Koy Somontha, RN **Date: 03/01/2006**

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

From: Tan, Heng Soon,M.D.
Sent: Tuesday, January 03, 2006 4:11 PM
To: Fiamma, Kathleen M.
Subject: RE: Case # 05, Sam Sem, 62F (Chambak Pha Em)

She needs education about long term care for hypertension and diabetes--never stop her medicines! It is good to start with diet and exercise in care of diabetes.

Headaches, shortness of breath and palpitations go with uncontrolled hypertension. Intriguingly she also has a goiter and slight tremor. The presence of thyroid bruit would favor active thyroid disease, but it's absence does not rule it out. Hyperthryoidism could explain preceding symptoms just as well as hypertension, so checking TSH and T4 makes sense. However in this elderly woman, uncontrolled hypertension is more likely.

Malaise, blurred vision and numb feet go along with uncontrolled diabetes with peripheral neuropathy. You are astute to worry about anemia with symptoms of malaise, palpitations, or renal failure with history of edema and hiccups. However these symptoms are rather nonspecific. In any case, checking CBC, chem7, lipids all make sense.

Diabetes can cause delayed gastric emptying that can present as bloating and dyspepsia. However her symptoms suggest more heartburn with esophageal spasm from GERD.

As for management of hypertension, I would hold off on aspirin until blood pressure is controlled, otherwise she may be at risk for a hemorrhagic stroke if one were to develop. Since the blood pressure is quite high, I would use nifedipine 10 mg bid, captobpril 25 mg bid not 12.5 mg bid, and even start HCTZ 25 mg qd to treat and prevent ankle edema.

As for diabetes, she is running quite high sugars above 200 mg/dl. Glyburide 5 mg bid may not quite do it. Add metformin 750 mg bid at least. Amitriptyline for neuropathy is ok.

As for GERD, pepcid or Zantac may be more acceptable than mulitple short acting dosing with antacids.

Well use iron supplements only if iron deficiency, otherwise it's so constipating that you make patients noncompliant with their medicines.

Heng Soon, MD

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, January 04, 2006 9:35 PM
To: Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
Subject: Patent# 06, Ros Oeun, 50F (Thnout Malou)

Dear all,
Today is the second day for Robib Telemedicine. Today, we have four follow up cases and one new case. This is case number 6 with piture which count from yesterday.

Best regards,
Montha

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Ros Oeun, 50F (Thnout Malou)

Subjective: 50F, farmer returns for her follow up of DMII and HTN. She feels much better with her previous symptoms like no headache, no dizziness, no SOB, no chest pain, no cough, no GI complain, no peripheral edema, good urine out put. But she still has mild blurred vision, and muscle pain.

Objective:

VS: BP 130/50 P 100 R 20 T 36.5C Wt 47kgs

PE (focused):

- **Look stable**
- **HEENT: Unremarkable**
- **Neck: no JVD, no lymphnode palpable, no goiter gland enlargement**
- **Lungs: clear both sides**
- **Heart: RRR, no murmur**
- **Abdomen: soft, flat, no tender, (+)BS, no HSM**
- **Extremities: no numbness, no peripheral edema, (+) dorsal pulses, no wound on the legs or feet.**

Previous Labs/Studies: BS 220 mg/dL

Lab done today: BS 268 mg/dL

Current Medications:

1. Glyburide 5mg 1 t po q8h
2. Meformine 500 mg 1 t po q12h
3. Captoprile 25 mg ½ t po q12h
4. ASA 300 mg ¼ t po qd

Allergies: NKA

Assessment:

1. DMII
2. HTN

Plan: I would like to increase dose of Glyburide and others keep the same as the following

1. Glyburide 5mg 2 t po q12h for three months
2. Meformine 500 mg 2 t po qhs for three months
3. Lisinopril 5 mg ½ t po q12h for three months
4. ASA 300 mg ¼ t po qd for three months
5. Low sugar diet and keep doing exercise for every morning

Lab/Study Requests:

Specific Comments/Questions for Consultants: do you agree with my plan? please give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 04/01/2006**

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

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Friday, January 06, 2006 1:01 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Patent# 06, Ros Oeun, 50F (Thnout Malou)

I agree with your plan. She needs better glycemic control and increasing glyburide may help in addition to dietary measures.
You will likely need to increase the glucophage (metformin) also.

Her blood pressure is well controlled.

3 month followup is appropriate.

Best of luck

Paul Cusick MD

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, January 04, 2006 9:40 PM
To: Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
Subject: patient# 07, Srey Hom, 60F (Taing Treuk)

Dear all,
This is case number seven with piture.

Best regards,
Montha

Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: Srey Hom, 60F (Taing Treuk)

Subjective: 60 F, farmer has returned to us for follow up of HTN, she feel much better with her previous symptoms like no fever, no SOB, no dizziness, no headache, no blurred vision, no chest pain, no cough, no GI complain, no peripheral edema, But she have frequency of urination, thirsty, and poor sleep.

Objective:

VS: BP 125/75 P 76 R 18 T 36.5C Wt 50kgs

PE (focused):

HEENT: unremarkable
Neck: no JVD, no lymphnode palpable
Lungs: clear both sides
Heart: RRR, no murmur
Abdomen: Soft, flat, no tender, (+) BS, no HSM
Extremities: no numbness, no peripheral edema, (+) dorsal pulses, no wound on feet
Neuro Exam:

- Cereballar Function intact
- Cranial Nerve I to XII intact
- Sensory intact
- Motor 5/5 intact
- Reflex 2/2 intact

Previous Labs/Studies: done on December/09/2005

- WBC 6 x 10^9 /L - RBC 4.3 X 10^{12} /L - Hgb 11.5 g/dL - HCT 33%
- MCV 76 fl - MCH 27pg - MCHC 35% - Platelet 195 x10^9 /L
- Lym 1.9 x 10^9/L - Na^+ 149 mmol/L - K+ 4.2 mmol/L
- BUN 2.7 mmol/L - Creat 164 micromol /L - Glucose 14.8 mmol/L

Current Medications:

- Lisinoprile 5 mg 1t po qd

Allergies: NKA

Assessment:

1. HTN
2. DMII
3. CRF?

Plan: I would like to cover with some medications as the following

1. Lisinopril 5 mg 1 t po qd for two months
2. Gluburide 5 mg 1 t po q8h for two months
3. ASA 300 mg ¼ t po qd for two months
4. DM education with low salty, sugar diet and also do exercise for every morning.

Lab/Study Requests:

Specific Comments/Questions for Consultants: do you agree with my plan? please give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 04/01/2006**

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

From: Tan, Heng Soon,M.D.
Sent: Wednesday, January 04, 2006 3:51 PM
To: Fiamma, Kathleen M.
Subject: RE: patient# 07, Srey Hom, 60F (Taing Treuk)

It is likely that she already has diabetes when she presented last month. Perhaps the dizziness and blurred vision are associated with hyperglycemia, though these symptoms cleared even before treatment. Given present symptoms of thirst and urinary frequency with elevated random blood sugar, the diagnosis of diabetes is obvious. It's unusual for her to develop diabetes at her age with no obesity since there is no insulin resistance. In this case, glyburide will be more effective than metformin. Glyburide 5 mg is probably enough to get started. 5 mg tid may precipitate hypoglycemia especially if she starts on a diabetic diet and regular exercise. She should be educated about possible hypoglycemia. If diabetes is common in the lean elderly population, perhaps screening with urine for glucose or random blood sugar for patients with vague symptoms of dizziness, weakness, blurred vision, weight changes may be worthwhile.
Heng Soon Tan, MD

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, January 04, 2006 9:46 PM
To: Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
Subject: Patient # 08, Kiev Monn, 44M (Trapang Reusey)

Dear all,
This is case number eight with pictures.
Best regards,
Montha

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Kiev Monn, 44M (Trapang Reusey)

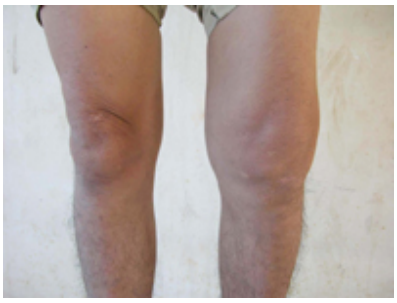
Subjective: 44M, farmer returns for his follow up of Septic Arthritis, Dyspepsia and Anemia due to chronic disease. He feels much better with his previous symptoms like no fever, no SOB, no cough, no chest pain, decrease pain on the left knee joint and no swelling, be able to walk well, decrease burping, no vomit, no stool with blood, no peripheral edema. But he still has epigastric pain for sometimes.

Objective:

VS: BP 120/50 P 70 R 20 T 36.5C Wt 55 kgs

PE (focused):

- **HEENT: unremarkable**
- **Lungs: clear both sides**
- **Heart: RRR, no murmur**
- **Abdomen: Soft. flat, no tender, no HSM, (+) BS**
- **Limbs: no numbness, no deformity, (+) mild pain on the left knee joint, but no swelling, normal to touch, no redness,**



Previous Labs/Studies: lab result done on Dec/09/2005

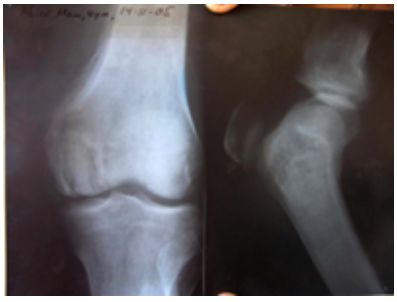
- Glucose 5.4 mmol/L - WBC 9 x 10^9/L - RBC 3.9 x 10^{12}/L -Hgb 10.6g/dL

- HCT 35% - MCV 89 fl - MCH 27 pg - MCHC 31% - Platelete 247%

- Lym 2.4 x 10^9 /L

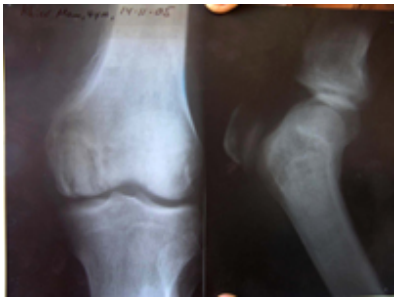
Lab result done today:

- Glucose 110 mg/dL - Hgb 12 g/dL



Current Medications:

1. Cephalexcin 250 mg 2 t po q8h
2. MTV 1 t po qd
3. FerSo4/Folic 200/0.25 mg 1 t po qd
4. Diflunisal 500mg 1 t po qd for q12h
5. Famotidine 40 mg 1 tpo qhs



Allergies: NKA

Assessment:

1. Septic Arthritis
2. Dyspepsia
3. Anemia due to chronic disease

Plan: I would like to keep the same treatment

1. Cephalexcin 250 mg 2 t po q8h for another month

2. MTV 1 t po qd for one month
3. FerSo4/Folic 200/0.25 mg 1 t po qd for one month
4. Diflunisal 500mg 1 t po qd for q12h for one month
5. Famotidine 40 mg 1 tpo qhs for one month

Lab/Study Requests: none

Specific Comments/Questions for Consultants: Do you agree with my plan? please give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 04/01/2006**

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

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Friday, January 06, 2006 12:58 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Patient # 08, Kiev Monn, 44M (Trapang Reusey)

This patient has an anemia. I do not understand what "chronic disease" is causing his anemia.
Does he have any symptoms of GI blood loss?

Supplementing with iron and folate will help if he has an iron deficient anemia. If he has an iron deficient anemia, he would need evaluation for a source of intestinal bleeding. Can you test with stool hemoccults to check for occult GI bleeding? He takes an non steroidal antiinflammatory medication and H2 blocker that could cause stomach/esophageal irritation.

Continue current plan for septic arthritis w/ antibiotic.
Agree with iron supplements and repeat hematocrit 2-3 months after iron therapy.

Otherwise, I agree with your plan.

Paul

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, January 04, 2006 9:52 PM
To: Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
Subject: Patient # 09, Kong Sophal, 39F (Kaspoun)
Dear all,
This is case number nine with picture.
Best regards,
Montha

Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: Kong Sophal, 39F (Kaspoun)

Subjective: 39F, farmer turns to us with her follow up of Anemia due to Vit / Iron deficiency and Anxiety disorder. She still has dizziness, malaise, poor appetite and palpitation. But she has no fever, no cough, no SOB, no headache, no peripheral edema. Recently in this few days, she has no nausea and vomiting many times, (+) epigastric pain after meal and radiating to left upper quadrant.

Objective:

VS: BP 90/40 P 110 R 20 T 37 Wt 43 O2sat 97%

PE (focused):
- **Look stable**
- **HEENT: no oropharyngeal lesion, mild pink on conjunctiva**

-Lungs: clear both sides
-Hear: RRR, no murmur
-Abdomen: Soft, flat, no tender, (+) BS, no HSM
-Limbs: no peripheral edema, no tremor

Previous Labs/Studies: done on Dec/09/200
- Na^+ 145 mmol/L - K^+ 4.2 mmol/L, glucose 5.7 mmol/L WBC 5 x 10^9 /L ,
BUN 3.1 mmol/L, Creat 139 micromol/L, RBC 2.9 x 10^{12}/L, Hgb 8.9 g/L, HCT 27%, MCV 94fl, MCH 31pg, MCHC 33%, Platelet 154 x 10^9/L, Lym 2.5 x 10^9/L, Microcyte 2^+ , Hypocromic 1^+ , Reticulocyte count 0.1%

Current Medications:
MTV 1 t po qd
FerSO4/Folic 200/0.25mg 1 t po qd

Lab done to day
- Hgb 10g/dL, BS 44 mg /dL, UA (Normal)

Allergies: NKA

Assessment:

1- Microcytic Hypocromic Anemia
2- Malnutrition
3- Hypoglycemia
4- Dyspepsia

Plan: I would like to increase her Vit and Iron with some medication as the following

1- MTV 1 tpo q12h for 12h for one month
2- FeSO4 200/0.25 mg 1 tpo q12h for one month
3- Famotidine 40 mg 1 t po qhs for one month
4- Drink orange juice, eat a lot of fruit and food

Lab/Study Requests: none

Specific Comments/Questions for Consultants: do you agree with my plan? please give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 04/01/2006**

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

From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Wednesday, January 04, 2006 6:49 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 09, Kong Sophal, 39F (Kaspoun)

I can't help you with this patient unless you provide me the information I requested from you in my 12/6/2005 response. We need to determine the cause of her anemia. You must guaiac her stool and send blood for iron, TIBC, ferritin, folate, and B12. Also, please find out if she is having excessive menstrual bleeding.

Also, I said in my prior recommendations that you need to give much more iron to her if she is iron deficient. She needs to get iron sulfate 325mg three times a day.

Now she also has abdominal pain. This may be peptic disease, which should respond to famotidine, but may be a malignancy, which can cause anemia, weight loss, anxiety, etc.

Please follow my recommendations (and you may give her famotidine) and see her back in a few weeks. If she's not better she may need a CT scan or endoscopy at the hospital.

Thank you.

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, January 04, 2006 10:06 PM
To: Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
Subject: Patient # 10, Srey Bin, 64F (Bos)

Dear all,
This is last case with pitures.
Best regards,
Montha

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

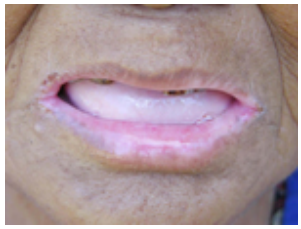
History and Physical

Name/Age/Sex/Village: Srey Bin, 64F (Bos)

Chief Complaint (CC): feeling tongue burning and malaise for one year.

History of Present Illness (HPI): 64F, farmer, for one year she has symptoms of tongue burning, malaise, poor appetite, SOB during long walking distance, dizziness, feeling burning chest radiating to throat and also both knees pain, mild peripheral edema. But she doesn't have weigh loss, no fever, no cough, no chest pain, no abdominal complain, good urine out put. Since these symptoms appear she has never sought for medical check up at all just come to see us right the way.

Past Medical History (PMH): Unremarkable

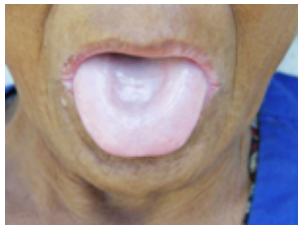


Current Medications: None

Allergies: NKA

Social History: No smoking, No alcohol drinking

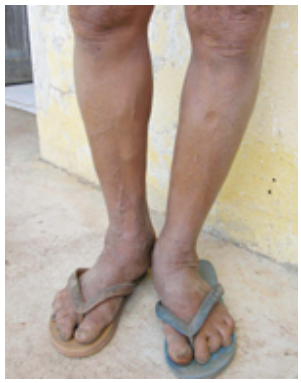
FHX: Unremarkable



Review of Systems (ROS): no weight loss, no fever, no sore throat, (+) dizziness, (+) SOB, no chest pain, no stool with blood, no peripheral edema.

PE:

Vitals: BP 110/80 P 80 R 20 T 37C WT 38 kgs O2sat 98%



General: look stable

HEENT: Smooth tongue, wound on the both edges of mouth, feel sore tongue during eating food, pale on conjunctiva.

Neck: No JVD, no lymphnode palpable, no goiter gland enlargement

Lungs: Clear both sides, no crackle, no wheezing

Heart: RRR, (+) systolic murmur

Abdomen: Soft, flat, no tender, (+) BS, no HSM.

Back: normal

Skin: pale, but normal to touch, no rashing

Extremities: no tremor, no peripheral edema

Neuro: unremarkable

Psych:

Lab done today BS 110mg/dL, Hgb 7.5g/dL UA (Negative)

Assessment:

1. Mulnutrition
2. Anemia due to Vit or Iron deficiency?
3. Musculoskeletal pain
4. VHD due to Anemia?
5. Parasitis?

Plan: I would like to cover her with some medication as the following

1. MTV 1 t po q12h for one month
2. FeSO4/Folic Acid 200/0.25 mg 1 t po q12h for one month
3. Paracetamol 500 mg 1 t po q6h prn
4. Encourage to eat and drink more.
5. Mebendazole 100 mg 1 t po q12h for three days

Lab/Study Requests: I would like to request CBC, Lytes, BUN, Creat, Reticulocyte, Peripheral blood smear.

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, Group A Strep

Specific Comments/Questions for Consultants: Do you agree with my plan? please give me a good idea.

Examined by: Koy Somontha, RN **Date: 04/01/2006**

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

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Thursday, January 05, 2006 5:37 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Patient # 10, Srey Bin, 64F (Bos)

The patient has generalized atrophy of the tongue's papillae. This is most consistent with either iron deficiency, Vit B12 deficiency,Pernicious anemia, and malabsorption syndrome.The iron deficiency also causes the cheilitis in the corners of her mouth. Eating must have been uncomfortable for her and hence her po intake has been chronically decreased. She needs both a Multivitamin twice a day, as well as Iron supplements twice a day for at least 3 month.
Please order a CBC and iron studies to confirm iron deficient anemia. If the MCV is high this is most consistent with with Vit B12 deficiency, if very low mist consistent with iron deficiency.
Her Sedimentation rate is very elevated which is concerning for a more systemic problem. She has chest pains and I wonder if she could have Gastro Esophageal Reflux disease or gastritis of even a malignancy in her stomach giving her these symptoms .

It might be useful treating her with Tagamet or antiacids to see if her symptoms decrease. She should avoid Caffeine, mint and Chocolate as well as spicy foods.

her O2 Sat is normal , and so her shortness of breath may be a reflection of her anemia, rather than lung disease, but if symptoms persistent it might be worthwhile to get a baseline chest x-ray on which you can also look at her heart size.

For now, I completely agree with you plans. Intense vitamin and Iron supplements and follow the physical examination closely.
Then proceed with the work up of her anemia, and consider ruling out colon and stomach cancer

Olga Smulders-Meyer, MD

Thursday, January 05, 2006

Follow-up Report for Robib TM Clinic

There were 5 new and 5 follow-up patients seen during this month Robib TM Clinic (and other patients came for medication refills only). The data of all cases (except one) 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 as well as advice given on site per PA Rithy, the following patients were managed and treated as follows:

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

Robib TM Treatment Plan for January 2006

I- Prom Pat, 65M (Trapang Reusey)

A- Diagnosis

- Severe HTN
- Left Stroke with right side weakness

B- Treatment

- HCTZ 50 mg 1 t po qd for one month
- ASA 300 mg 1 t po qd for one month
- MTV 1 t po qd for one month
- Low salty, fatty diet with regular exercise
- Draw blood for BUN, Creat, Lytes, CBC, Glucose which will be sent to SHCH and also send him to Kg Thom hospital for EKG, and CXR which will be supported on his own.

II- Prom Sourn, 64M (Taing Treuk)

A- Diagnosis

- CHF
- Dyspepsia

B- Treatment

- Enalapril 5 mg 1/4 t po q8h for one month
- Furosemide 40 mg 1/2 t po q12h for two weeks
- AL HO4/Mg 250/120 mg 2 t po q8h prn
- Draw blood for Lytes, Creat, BUN and CBC which will be sent to SHCH and also send him for EKG, CXR in Kg Thom hospital which will be supported on his own.

III- Kul Chheung, 78F (Taing Treuk)

A- Diagnosis
- HTN
- PTB?
- Pneumonia?

B- Treatment
- Clarithromycin 500 mg 1 t po q12h for two weeks
- HCTZ 50 mg 1/2 t po qd for one month
- Low salty, fatty diet with regularly doing exercise
- Draw blood for Lytes, Creat, BUN, CBC which will be set to SHCH, AFB in local Health Center and also send her to Kg Thom hospital for EKG and CXR which will be supported on her own.

IV- Kourch Be, 76M (Thnout Malou)

A- Diagnosis
- HTN by history
- PTB?
- Pneumonia?
- UTI

B- Treatment
- Cotrim 480 mg 2 t po 12h for two weeks
- Nifedipine 10 mg 1 t po qd for one month
- Low salty, fatty diet with regularly exercise
- Draw blood for BUN, Creat, Lytes which will be sent to SHCH, AFB in local health center and also send him to Kg Thom hospital for EKG and CXR which will be supported on his own.

V- Sam Sem, 62F (Chambak Pha Em)

A- Diagnosis
- Severe HTN
- DMII with PNP
- Dyspepsia
- Renal Insufficiency
- Anemia
- Goiter?

B- Treatment
- Nifedipine 10 mg 1 t po q12h for one month
- Lisinopril 5 mg 1 t po q12h for one month
- Glyburide 5 mg 1 t po q12 for one month
- Meformin 500 mg 1 t po qhs for one month
- Amitriptyline 25 mg 1/2 po qhs for one month
- Ranitidine 300 mg 1 t po qhs for one month
- MTV 1 t po qd for one month
- Paracetamol 500 mg 1 t po q6h for prn (Headache)
- DM, HTN, and GERD education
- Draw blood for CBC, Cholesterol, TSH, T4, BUN, Creat, Lytes which will be sent to SHCH.

VI- Ros Oeun, 50F (Thnout Malou)

A- Diagnosis
- HTN
- DMII

B- Treatment
- Glibenclamide 5 mg 2 t po am and pm for two months

- Meformin 500 mg 2 t po qhs for two months
- Lisinopril 5 mg 1/2 t po q12h for two months
- ASA 300 mg 1/4 t po qd for two months
- HTN and DM education

VII- Srey Hom, 60F (Taing Treuk)

A- Diagnosis

- HTN
- DMII
- Renal Insufficiency

B- Treatment

- Glyburide 5 mg 1 t po qd for one month
- Lisinopril 5 mg 1 t po qd for one month
- ASA 300 mg 1/4 t po qd for one month
- DM and HTN education.

VIII- Srey Bin, 64F (Bos)

A- Diagnosis

- Malnutrition
- Anemia due to Vit or Iron deficiency?
- Muscle pain
- GERD
- Parasitis?

B- Treatment

- MTV 1 t po qd for one month
- FeSO4/ Folic 200/0.25 mg 1 t po q12 for one month
- Mebendazole 100 mg 1 t po q12h for three days
- MgAl(HO)3 250/120 mg 2 t chew q6h prn
- Encourage to eat more fruit, vegetable, and drink water as she can.
- GERD education
- Draw blood for CBC, Reticulocyte, peripheral blood smear, ESR, Creat which will be sent to SHCH.

IX- Kiev Monn, 44M (Trapang Reusey)

A- Diagnosis

- Septic Arthritis
- Dyspepsia
- Anemia

B- Treatment

- Cephalexin 250 mg 2 t po q8h for two months
- MTV 1 t po qd for two months
- FeSO4/Folate 200/0.25 mg 1 t po qd for two months
- Diflunisal 500 mg 1 t po q12h prn for knee pain
- Famotidine 40 mg 1 t o qhs for two months

X- Kong Sophal, 39F (Kaspoun)

A- Diagnosis

- Malnutrition
- Microcytic Hypochomic Anemia
- Hypoglycemia
- Dyspepsia

B- Treatment

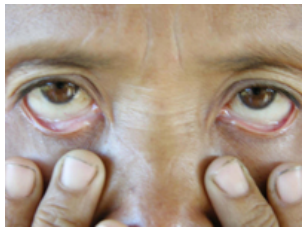
- MTV 1 t po q12h for one month
- FeSO4/ Folic 200/ 0.25 mg 1 t po q12h for one month
- Famotidine 40 mg 1 t po qhs for one month
- Metochlopramide 10 mg 1 t po q8h prn (Nausea or Vomiting)
- Encourage to eat more fruit, vegetable, and drink more water as she can.

Extra patients seen by PA Rithy (no data transmission):

I- Khiev Eth, 45F (Thkeng)

A- Diagnosis

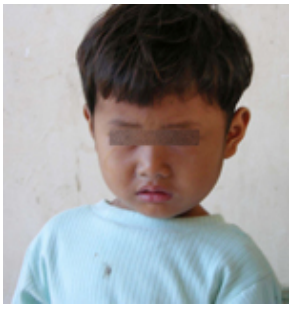
- Dysentery
- Parasititis
- Anemia

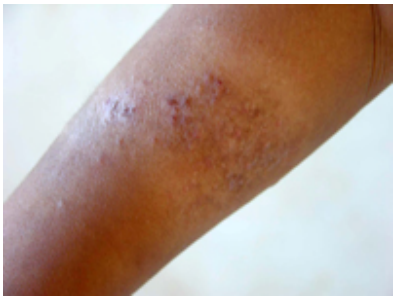


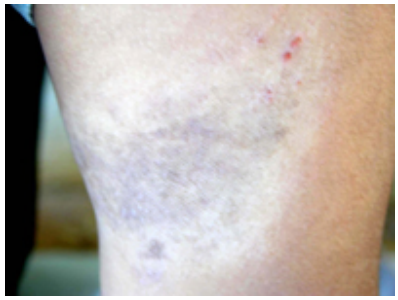
B- Treatment

- Metronidazole 250 mg 2 t po q8h for ten days
- Promethazine 25 mg 1 t po qd for 10 days
- MTV 1 t po qd for one month
- FeSO4/Folate 200/0.25 mg 1 t po qd for one month

II- Sieng Hai, 4M (Kokpourn)







A- Diagnosis

- Atropic Dermatitis
- Parasititis

B- Treatment

- Hydrocortisone cream 2.5% apply qd
- Mebendazole 100 mg 1 t po qd for two days
- Benadryl cream 2% apply q6h 30 min after apply Hydrocortisone cream.

III- Cheab Navy, 11F (Thnout Malou)

A- Diagnosis

- UTI

B- Treatment

- Ciprofloxacin 500 mg 1 t po q12h for two weeks
- Paracetamol 500 mg 1 t po q6h prn pain

IV- Loa Srey Nich, 20moF (Kwang)

A- Diagnosis
- Dysentery
- Typhoid Fever?
- Parasititis

B- Treatment
- Cotrim 480 mg 1/4 t q12h for ten days
- Metronidazole 250 mg 1/2 t po q8h for ten days
- Metochlopramide 10 mg 1/4 t po q12h prn vomiting
- Mebendazole 100 mg chew 1 t po qhs for one day
- MTV 1/2 t po qd for twenty days

<u>Stable Patients who came for follow-up and medication refills</u>

I- Pou Limthang, 41F (Thnout Malou)

A- Diagnosis
- Hyperthyroidism
- Tension Headache

B- Treatment
- Methimazole 10 mg 1/ 2 t po q12h for three months
- Paracetamol 500 mg 1 t po q6h for prn for headache

II- Pang Sidoeun, 31F (RoviengTbong)

A- Diagnosis
- HTN
- Anxiety
- Dyspepsia

B- Treatment
- Captopril 1/2 t po q8h for three months
- HCTZ 50 mg 1/4 t po qd for three months
- Amitriptyline 25 mg 1/4 t po qhs for three months
- MgAl(HO)3 200/120 mg 1 t po q12h prn for abdominal pain.

III- Vong Chheng Chan, 52F (Rovieng Chheung)

A- Diagnosis
- HTN

B- Treatment
- Propranolol 40 mg 1/2 t po q12h for four months
- HTN education

IV- Meas Lone 57F (Ta Tong)

A- Diagnosis
- COPD
- Anemia

B- Treatment
- MTV 1 t po qd for two months

- FeSO4/Foliate 200/0.25 mg 1 t po qd for two months
- Paracetamol 500 mg 1 t po q6h for prn (Fever, headache0
- Albuterol Inhaler 2 puffs q12h prn
- Encourage to eat more fruit and vegetable.

V- Som Sokhoeun, 6M (Doang)

A- Diagnosis

- Nephrotic Syndrome?
- Iron Deficiency
- Idiopathic Nephritis?

B- Treatment

- Prednisolone 5 mg 1 t po q12h for one month
- MIV 1 t po qd for one month
- FeSO4/Folate 200/0.25 mg 1 t po qd for one month

VI- Chheuk Norn, 51F (Thnout Malou)

A- Diagnosis

- DMII

B- Treatment

- Glibenclamide 5 mg 1/2 t po q8h for four months
- ASA 300 mg 1/4 t po qd for four months

VII- Tann Kin Horn, 51F (Thnout Malou)

A- Diagnosis

- DMII
- Dyspepsia

B- Treatment

- Glyburide 5 mg 1/2 t po q12h for four months
- Enalapril 5 mg 1/4 t po qd for four months
- MgAl(HO)3 200/120 mg 1 t chew q12h for prn
- DMI and GERD education

VIII- Moeung Srey, 42F (Thnout Malou)

A- Diagnosis

- HTN

B- Treatment

- Captopril 25 mg 1/2 t po q12 h for one month
- Keep doing exercise for every morning.

The next Robib TM Clinic will be held on
February 06 – 10, 2006