# Robib *Telemedicine* Clinic

## Preah Vihear Province

## M A R C H 2 0 0 6

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

On Monday, March 06, 2006, SHCH staff, Nurse Somontha Koy, traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), March 07&08, 2006, the Robib TM Clinic opened to receive the patients for evaluations. There were 4 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, March 08&09, 2006.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston and SHCH, 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 final diagnosis and treatment/management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

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**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
**Sent:** Monday, February 27, 2006 4:17 PM
**To:** Rithy Chau; Rithy Chau; Gary Jacques; Joseph Kvedar; Paul J. M.D. Heinzelmann; Paul Heinzelmann; Kathy Fiamma; Cornelia Haener
**Cc:** Bernie Krisher; Laurie & Ed Bachrach; Thero Noun; Seda Seng
**Subject:** Robib TM for March 2006

Dear all,
I am writing to inform you about Robib Telemedicine for March 2006.

Here is my agenda for trip:
- On Monday (06/March/2006) we will leave phnom Penh to Robib village
- On Tuesday (07/March/2006) clinic will be started at 8 o'clock am for whole morning to receive new cases and in afternoon we will send patents' data to Telepartner in Boston and Sihanouk Hospital Center of Hope in Phnom Penh.
- On Wednesday (08/March/2006) we Will do the same process like Tuesday but most of of follow up patients will be seen.
- On Thursday (09/March/2006) we will download all answers from both sides of Telepartner (Boston and SHCH) and also do treatment/management plan for all patients.
- On Friday (10/March/2006) we will return back to Phnom Penh.

Thank you very much for your strong cooperation for Robib Telemedicine.

Best regards,
Montha

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**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, March 07, 2006 10:02 PM
**To:** Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
**Subject:** Robib TM for March 2006. Case number # 01, Dourng Sunly, 50M (Taing Treuk)

Dear all,

I am in Robib village for my monthly TM visit. Today we 4 new cases and one follow up. This is case number one 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: Dourng Sunly, 50M (Taing Treuk)**

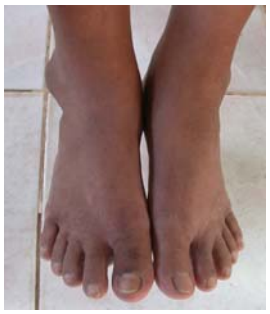
**Subjective:** 50F, returns for his follow up of HTN, Gouty, Rheumatoid arthritis? and Pneumonia. HE feels much better with his previous symptoms by no fever, no Headache, no dizziness, no blurred vision, no SOB, no cough, decrease swelling and pain on all joints, be able to walk without cane, good urine out put and no blood in stool. But he still has epigastric pain with characteristic like dullness by radiating to substernal area, (+) excessive saliva in the morning and also neausea for sometimes.

**Objective:**

**VS:** BP 140/80 P 92 R 20 T 36.5C Wt 71 kgs O2Sat 96% with room air

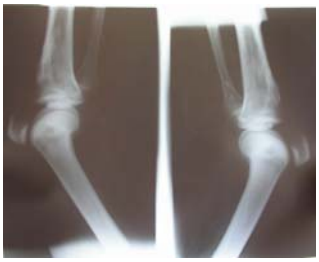
**PE (focused):**

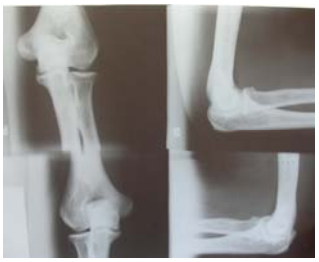
- HEENT: unremarkable
- Neck: NO JVD, no lymphnode palpable
- Lungs: clear both sides
- Heart: RRR, no murmur
- Abdomen: soft, flat, no tender, (-)HSM, (+)BS
- Joint: no swelling, no pain, no deformity, feel normal to touch for all joints

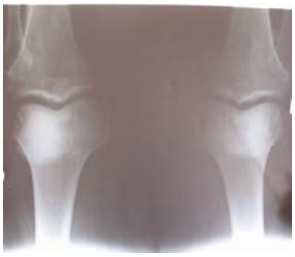


**Previous Labs/Studies:**
**Lab result done on 10/Feb/2006**

- **ASLO (negative)**
- **Rheumatoid factor (Negative)**
- **THS = 4.71**
- **WBC = 14**
- **RBC = 4.2**
- **Hgb = 12.3**
- **HCT = 39**
- **MCV = 93**
- **MCH = 29**
- **MCHC = 31**
- **Platelet = 252**
- **Lym = 2.7**
- **ESR = 93**
- **Na+ = 141**
- **K+ = 4.1**
- **BUN 2.1**
- **Creat = 93**
- **Glucose = 7.8**
- **Cholesterol 9.2**
- **Uric Acid = 618**
- **Joint X Ray as attachment**







**Current Medications:**

- **HCTZ 50 mg ½ t po qd**
- **Diflunisal 500 mg 1 t po q12h**
- **ASA 81 mg 1 t po qd**
- **Famotidine 40 1 t po qhs**

**Allergies: NKA**

## Assessment:

1. HTN
2. Gouty
3. GERD
4. Hyper Cholesterolemia

## Plan: I would like to cover him as the following

1. HCTZ 50 mg ½ t po qd for two months
2. Diflunisal 500 mg 1 t po q12h for two months
3. ASA 81 mg 1 t po qd for two months
4. Omeprazole 20mg 2 t po qhs for two months
5. Salty and fatty food restriction and also avoid eating high protein like meat, food product, egg, bean, tofucauliflower.
6. Regularly doing exercise
7. Encourage to drink more fluid

**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: 07/March/2006**

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



**From:** Rithy Chau [mailto:tmed_rithy@online.com.kh]
**Sent:** Wednesday, March 08, 2006 11:56 AM
**To:** 'Telemedicine Cambodia'
**Cc:** 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Bernie Krisher'; 'Laurie & Ed Bachrach'; 'Thero Noun'
**Subject:** RE: Robib TM for March 2006. Case number # 01, Dourng Sunly, 50M (Taing Treuk)

Dear Montha,

Thank you for the cases this month.

As for this f/u patient, Dourng Sunly, the lab results supported the dx of gouty arthritis with tophi (images). So far the HTN is pretty well controlled and I agree with continuing him on HCTZ. As for his dyspepsia sx, you may increase the dosage for famotidine to 1 po bid instead and hold off the Omeprazole for now—let's try the H2-blocker to its max first.

For the gouty arthritis, I thought I asked you last time to do only x-rays of his right ankle and it appeared that you made a request to do elbow and knee x-rays instead. Despites this, the x-rays appeared without any bony erosion or lesion and no narrowing of joint spaces. From the images you sent last time, his right ankle was more dramatic in its presentation for his gout and that was the reason why we should order films of this joint if we were going to request radiologic study for him at all because for management purposes, it would not help us much at all. I hope you understand this. Again, for future reference, please do not order ASLO test for such patient when there was clear evidence for gouty arthritis. For the elevated level of tot chol, gluc, and WBC, this could be due to past prolong use of steroid. Please draw blood again for CBC, gluc, TG, and tot chol, if he has not been using other medication (steroid) as we requested of him since last month. He can continue with NSAIDs prn for pain, drink water 2-3L/day, exercise (running) regularly and diet as recommended previously with low protein content.

I hope this helps.

Rithy

RITHY CHAU, MPH, MHS, PA-C
Physician Assistant, Telemedicine Project/EHC

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**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, March 07, 2006 10:25 PM
**To:** Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
**Subject:** Case # 02, Som Prum, 68M (Otalok)

Dear all,

This is case number two 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: Som Prum, 68M (Otalok)**

**Chief Complaint (CC):** Fever and cough with white sputum on and off for 3 months.

**History of Present Illness (HPI):** 68M, with this 3 months he has symptoms like mild fever, productive cough on and off with white color, (+) SOB for sometimes, (+) weigh lose about 5 kgs during 3 months, (+) night sweat, poor appetite, poor sleep, burning chest pain at the low lobe for sometimes as well, these symptoms get developed from day to day without searching for any treatment, he just comes to see us right the way.

**Past Medical History (PMH):** unremarkable

**Current Medications:** none

**Allergies:** NKA

**Social History:** heavy smoking for 30 years and also drink alcohol for sometime

**Review of Systems (ROS):** (+) weight lose, (+) mild fever, (+) cough with sputum, (+) SOB for sometimes, (+) chest burning at right lower lobe, No GI complain, No peripheral edema, (+) poor appetite, (+) poor sleep.

**PE:**

**Vitals**: BP 100/50 P 88 R 22 T 36.5C O2Sat 97% with room air
**General**: look stable
**HEENT**: mild pale on conjunctiva, no oropharyngeal lesion.
**Neck**: No JVD, no lymphnode palpable
**Lungs**: (+) crackle at bilateral upper lobes, (+) wheezing at middle lobes and also lower.
**Heart**: RRR, no murmur
**Abdomen**: Soft, flat, no tender, (+) BS, (-)HSM
**Back**: normal
**Skin**: normal to touch, no jaundice
**Extremities**: no treamor, nodeformity, no joint pain.
**Neuro**:
**Psych**:
UA ( Negative)
Hgb = 9g/dL
BS = 113 mg/dL

## Assessment:

1. PTB?
2. Pneumonia?
3. Chronic Asthma/COPD?
4. Malnutrition
5. Anemia due to Vit/Iron deficiency or Chronic disease

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

1. Clarhytromycine 500 mg 1 t po q12h for two weeks
2. Albuterol inhalation 2 puff q12h for one month
3. MTV 1 t po q12h for one month
4. Fer/Folic Acid 200/0.25 mg 1 t po q12h for one month
5. Encourage to drink more fluid at lest 2L per day

**Lab/Study Requests:**

1. Refer to Kg Thom for CXR
2. Do AFB sputum check in local health center
3. Draw blood for BUN, Creat, Lytes, CBC which will be sent to 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: 07/March/2006**

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



**From:** Rithy Chau [mailto:tmed_rithy@online.com.kh]
**Sent:** Wednesday, March 08, 2006 12:09 PM
**To:** 'Telemedicine Cambodia'
**Cc:** 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Bernie Krisher'; 'Laurie & Ed Bachrach'; 'Thero Noun'
**Subject:** RE: Case # 02, Som Prum, 68M (Otalok)

Dear Montha,
I agree with your assessment that he may have pneumonia and most possibly PTB and since he was a heavy smoker and an aged man, his condition maybe a problem of COPD rather than asthma (no hx pointing to this). I agree with lab requests and sending him for CXR at K Thom as well doing AFB sputum smears at the local HC (if positive tx at DOT clinic there). Can you do a colocheck also (Hb=9) and if positive tx H. pylori eradication in which case the clarithromycin which will help to cover his suspected community acquired pneumionia plus amox 1g bid and omeprazole 20mg bid for 14d. You do not need to give him any inhaler yet, but please give him some para for his fever/HA. Finally, ask him to stop smoking.

Thanks,
Rithy

RITHY CHAU, MPH, MHS, PA-C
Physician Assistant, Telemedicine Project/EHC

**Sent:** Wednesday, March 08, 2006 11:06 PM
**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com
**Cc:** tmed_rithy@online.com.kh
**Subject:** RE: Case # 02, Som Prum, 68M (Otalok)

In summary this is a 68 year old man with 3 months of cough, fever, weight loss, SOB and chest pain. History is notable for a heavy smoking history, and he has upper lobe crackles on exam. The differential as listed seems accurate with pulmonary TB, chronic pneumonia, and chronic bronchitis being likely possibilities. A lung cancer is also possible. I agree with the current plan for empiric antibiotics, routine blood work, a chest X-ray and sputum for AFB. I would also send general cultures and cytology smear of the sputum if possible.
Thanks,
Ben Medoff

Benjamin D. Medoff, MD
Associate Director Medical Intensive Care Unit
Center for Immunology and Inflammatory Diseases
Pulmonary and Critical Care Unit
Massachusetts General Hospital

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**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, March 07, 2006 10:33 PM
**To:** Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
**Subject:** Case # 03, Sim Sophea, 29F ( Ta Tong)

Dear All,

This is case number three 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: Sim Sophea, 29F (Ta Tong)**

**Chief Complaint (CC):** palpitation on and off and mass on anterior neck for 2 years

**History of Present Illness (HPI):** 29F, married with breast feeding child, 4 months old. She comes to see us with complaining in 2 years of palpitation, on and off, SOB for sometimes, (+) heat intolerance, loosing hair, tingling of limbs and eye fatigue. In this period of time, she also has mass on anterior neck with gradually developing size from day to day; sometimes she is difficult to swallow food. With these symptoms she has never searched for medical check up or treatment 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

**Review of Systems (ROS):** no weigh lose, no sore throat, no fever, (+) SOB, (+) palpitation, no cough, no chest pain, no GI complain, no peripheral edema, (+) regular period.

**PE:**

**Vitals**: BP 110/60 P 90 R 20 T 36.5C Wt= 54 kg O2Sat 99%

**General**: look stable
**HEENT**: no pale on conjunctiva, no oropharyngeal lesion.
**Neck**: No JVD, no lymphnode palpable, but has one soft mass on anterior neck, (+) movable with smooth and regular surface, size 4 x 3cm.
**Lungs**: clear both sides
**Heart**: RRR, no murmur
**Abdomen**: Soft, flat, no tender, no HSM, (+) BS
**Back**: normal
**Skin**: no jaundice, normal to touch
**Extremities**: mild tremor, no peripheral edema, no deformity
**Neuro**:
**Psych**:

## Assessment:

1. Hyperthyroidism?

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

1. MTV 1 t po qd for one month
2. FerSo4/Folic 200/0.25 mg 1 t po qd for one month

**Lab/Study Requests:** draw blood for TSH, T4, and CBC which will be sent to 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: 07/March/2006**

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



**From:** Rithy Chau [mailto:tmed_rithy@online.com.kh]
**Sent:** Wednesday, March 08, 2006 12:18 PM
**To:** 'Telemedicine Cambodia'
**Cc:** 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Bernie Krisher'; 'Laurie & Ed Bachrach'; 'Thero Noun'
**Subject:** RE: Case # 03, Sim Sophea, 29F ( Ta Tong)

Dear Montha,

I agree with your assessment that she have simple goiter. At this point, we need to check her TSH and free T4 first before dx her with hyperthyroidism. You can check her CBC if you want to rule out anemic cause of palpitation but she appeared well nourished in the photo, thus no need for MTV/FeSO4/folate at this moment.

Thanks,
Rithy

RITHY CHAU, MPH, MHS, PA-C
Physician Assistant, Telemedicine Project/EHC

**From:** Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
**Sent:** Wednesday, March 08, 2006 3:58 AM
**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com; tmed_rithy@online.com.kh
**Subject:** RE: Case # 03, Sim Sophea, 29F ( Ta Tong)

**This young woman has a goiter, and symptoms of hyperthyroidism.**
**If her thyroid function tests confirm hyperthyroidism, a thyroid scan should be done, to verify whether she has Graves' disease or a toxic multi or uninodular goiter (I suspect Graves' disease given young age but can't be sure based on pictures alone). If Graves' disease is present she could initially be treated with**

**methimazole (20 mg daily) or propylthiouracil (100 mg bid) for 18 months (I am not sure what "MTV" listed below is), or should be offered radioiodine or surgery, after a short course of methimazole to make her thyroid fucntion tests normal again. If there is multinodular or uninodular toxic goiter, surgery or radioiodine after a short course of methimazole should be considered, as it is unlikely to undergo remission. If hyperthyroidism is not confirmed, then an ultrasound of her thyroid should be done, and alternative reasons for her symptoms sought. In this second cases fine needle biopsy of significant masses should be done. Please let me know what your findings are on the blood tests.**

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital-Harvard Medical School
Wang ACC 730S
55 Fruit St
Boston MA, 02114
FAX 617-726-5905
TEL 617-726-7573

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**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, March 07, 2006 10:38 PM
**To:** Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
**Subject:** Case # 04, Chan Lam, 37M (Ke)

Dear all,

This is case number four 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: Chan Lam, 37M (Ke)**

**Chief Complaint (CC):** Body tiredness, and poor appetite for 3 months

**History of Present Illness (HPI):** 37M, teacher, with this three months, he feels very tiredness all on the body, poor appetite, (+) tremor especially in the morning but it can be better when he drink alcohol, (+) nausea, epigastric pain like dullness by radiating to the left side of abdomen and it can be getting worse after meal or spicy food.

**Past Medical History (PMH):** He used to have alcoholic withdrawal in last two years ago

**Current Medications:** none

**Allergies:** NKA

**Social History:** (+) heavy alcohol drinking for 5 year, (+) smoking for few stick per day for 20 years

**Review of Systems (ROS):** (+) weight lose for 10 kgs during 10 years, no fever, (+) SOB on exertion ( 100m walking), no dizziness, no blurred vision, no cough, (+) epigastric pain, no abdominal distension, no peripheral edema

**PE:**

**Vitals**: BP 120/70 P 120 R 20 T 36.5C WT 48 kgs O2Sat 92% with room air

**General**: look stable
**HEENT**: mild pale and juncdice on conjunctiva, no oropharyngeal lesion
**Neck**: no JVD, no lymphnode palpable
**Lungs**: clear both sides
**Heart**: RRR, no murmur
**Abdomen**: soft, flat, no tender, (+)BS, no HSM
**Back**: normal
**Skin**: mild dry but normal to touch
**Extremities**: no peripheral edema, (+) tremor
**Neuro**:
**Psych**:
UA ( Ketone +2, Urobillinogen +3, protein +1)
BS 128 mg/dL
Hgb = 9 g /dL

**Assessment:**

1- Anemia due to Vit/ Iron deficiency?
2- Alcohol withdrawal?
3- Chronic Hepatitis?
4- Dyspepsia

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

1. MTV 1 t po q12h for one month
2. FerSo4/Folic Acid 200/0.25 mg 1 t po q12h for one month
3. AlMg (HO)3 250 can /120 mg 1 t po q8h for one month
4. Educate about Alcohol and smoking risk
5. Encourage to eat more vegetable and drink water as much as he

**Lab/Study Requests:**

Draw blood for BUN, Creat, Lytes, CBC, Hepatic B/C and liver function test

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: 07/March/2006**

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



**From:** Rithy Chau [mailto:tmed_rithy@online.com.kh]
**Sent:** Wednesday, March 08, 2006 2:05 PM
**To:** 'Telemedicine Cambodia'
**Cc:** 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Bernie Krisher'; 'Laurie & Ed Bachrach'; 'Thero Noun'
**Subject:** RE: Case # 04, Chan Lam, 37M (Ke)

Dear Montha,

Your assessment of this man pointed to his chronic drinking (plus smoking) problem which caused low Hb, icteric in his eyes, +U/A test, slight cachexia as well as the sx he complained. Chronic alcohol consumption esp in large quantity will cause some vit and mineral deficiency, anemia, and with smoking resulted in GI problem. Please do a colocheck on him also and tx appropriately if positive. Please advise him strongly to quit smoking and drinking if he wants to be well and allow us to take care of him properly; otherwise, he will end up having other health consequences besides the liver problem. You can check the lab as requested. MTV and FeSo4/folate can be given just 1 po qd at first until CBC comes back and ask him to get some B-complex to take one a day (cheap, can pay on his own).

Thanks,
Rithy

RITHY CHAU, MPH, MHS, PA-C
Physician Assistant, Telemedicine Project/EHC

**From:** Kreinsen, Carolyn Hope,M.D.
**Sent:** Tuesday, March 07, 2006 9:47 PM
**To:** Fiamma, Kathleen M.
**Subject:** RE: Case # 04, Chan Lam, 37M (Ke)

Case
Summary:

This 37 year old man presents with a 3 month history of tremor, severe fatigue, anorexia, nausea and abdominal pain within the context of more than 5 years of alcohol dependence/heavy regular alcohol consumption. The abdominal pain is epigastric with radiation to the left abdomen and is worse after food consumption, particularly spicy food. He has had a 10 kg gradual weight loss over 10 years and has dyspnea on exertion. He has a history of alcohol withdrawal (? delirium tremens vs less severe withdrawal symptomatology) 2 years ago and smokes.

On examination, he is afebrile with a rapid heart rate of 120, blood pressure within normal range and underweight status - 48 kg. He has scleral icterus, clear lungs, auscultated regular cardiac rate and rhythm, a benign abdominal exam without ascites or hepatosplenomegaly and no peripheral edema. Tremor is noted.

His pulse oximetry is low at 92%. UA shows ketones, urobilinogen and protein. He is quite anemic with a Hgb of 9 g/dl. Blood sugar is mildly elevated at 128 mg/dl.

Several concerns are raised:

This man is showing worrisome minor signs of alcohol withdrawal on a daily basis, most pronounced in the morning after sleeping without alcohol consumption for a number of hours. There is some relief of tremor with alcohol consumption. Given a history of alcohol withdrawal 2 years ago, he is at increased risk for that again. Does he want to stop drinking? If so, the ideal situation for him would be monitored withdrawal/stabilization in a hospital setting with oral or intravenous medications such as benzodiazepines to prevent seizures or DTs during the process. Are there any local support groups available such as Alcoholics Anonymous to help him stay sober if he does stop drinking?

He has abdominal pain, both epigastric and left sided, and is very anemic. His fast heart rate is concerning. I would recommend an immediate rectal exam with guaiac (locally available) to check for blood. With his alcohol intake and smoking, he is at risk for gastritis, peptic ulcer disease, gastric cancer and esophageal varices. If the stool is guaiac positive, he should be seen in a hospital immediately and undergo an upper endoscopy. The antacid is an excellent idea. If he requires something a little stronger, ranitidine 150 mg twice a day would be a consideration, if available. With the dietary education, he should avoid caffeine and spicy/acidic foods, as well.

Alchoholic hepatitis and chronic pancreatitis must be considered. The labs you ordered should help to provide more information regarding his liver function - AST/ALT, albumin, alkaline phosphatase and bilirubin, renal function and possible secondary causes for hepatitis. The CBC will be helpful in evaluating his anemia, platelet count and also white blood cell count. Leukocytosis is common with alcoholic hepatitis. It would be useful, if possible, to check a prothrombin time (PT) as well to evaluate his liver function. Amylase might be worth checking to assess the pancreas. It's reassuring that he is afebrile. Abdominal ultraound might be helpful in further evaluating for hepatosplenomegaly and liver/pancreatic abnormalities.

Your plan for the multivitamin twice a day and the extra folic acid sounds great. He should be taking in at least 1 mg of folate each day and 1-2 mg of thiamine each day. The iron is excellent for the anemia but it might be hard on his stomach. he also needs to make certain that he doesn't take his iron with the antacid or else he won't absorb it. The dietary changes you outlined will be essential in improving his nutritional status. He appears malnourished. Again, the albumin level will be helpful in evaluating his nutritional status.

The shortness of breath may be due to his anemia. His pulse oximetry is low. It would be worth getting a chest x-ray to rule out any other lung pathology. He is a smoker and at risk for chronic disease and malignancy. With his long-term alcohol intake, he may have an enlarged heart.

Hope this is helpful.
Carolyn K

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, March 07, 2006 10:43 PM
**To:** Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
**Subject:** Case #5, Chhin Chheut, 12M (Trapang Reusey

Dear All,
This is last case 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: Chhin Chheut, 12M (Trepang Reusey)**

**Chief Complaint (CC):** Malaise, SOB on and off for 2 months

**History of Present Illness (HPI):**12M, Student, presents with this two months symptom of SOB on and off with cyanosis, whole body tiredness especial while he do very activities, poor appetite, sometimes he has peripheral edema as well, these symptoms are developed on and off from day to day up to now. But he refuses to have fever, no cough, and GI complain.

**Past Medical History (PMH):** Unremarkable

**Current Medications:** none

**Allergies:** NKA

**Social History:** unremarkable

**Review of Systems (ROS):** no weight lose, no sore throat, (+) SOB, (+) palpitation, (+) headache, no chest pain, no cough, (+) cyanosis for sometime, no GI complain, no peripheral edema, no joint pain.

**PE:**

**Vitals**: BP 100/50 P 80 R24 T 36.5C WT O2Sat 99%
**General**: look stable
**HEENT**: (+) pale on conjunctiva but no oropharyngeal lesion
**Neck**: (+) JVD about 2 cm, (+) strong bruise , but no lymphnode palpable
**Lungs**: clear both sides
**Heart**: RRR, (+) murmur at apex
**Abdomen**: soft, flat, no tender, (+) BS, no HSM
**Back**: normal
**Skin**: mild dry, normal to touch, no icteric
**Extremities**: limbs no deformity and edema, but (+) mild clubbing nail,
**Neuro**:
**Psych**:
UA (Normal)
Hgb 9 g/dL

**Assessment:**

1. Congenital Valvulo Heart Disease? (ASD /MR?)
2. Malnutrition (Slow Growing)
3. Anemia due to Vit/Iron deficiency

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

1. MTV 1 t po qd for one month
2. FeS04/Folic Acid 200/0.25 mg 1 t po qd for one month

**Lab/Study Requests:** I would like to refer him to Phnom Penh for Cardiac Ultrasound, EKG, CXR and also draw blood for some tests like creat, BUN, Lytes, CBC, Liver function.

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: 07/March/2006**

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



**From:** Rithy Chau [mailto:tmed_rithy@online.com.kh]
**Sent:** Wednesday, March 08, 2006 2:21 PM
**To:** 'Telemedicine Cambodia'
**Cc:** 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Bernie Krisher'; 'Laurie & Ed Bachrach'; 'Thero Noun'
**Subject:** RE: Case #5, Chhin Chheut, 12M (Trapang Reusey)

Dear Montha,

It seems like this patient has a serious problem relating to his cardiovascular system; however, your H&P was not thorough for recommendation of what to do with him. Since he is not in a village that we can support total free services, maybe what you can do is to draw blood for the lab request including reticulocyte and peripheral smear as well. Can you please look at Chan's H&P book and see what you may want to include in your report that is relevant to the dx given. If finger clubbing, why no photo? What do you mean by being cyanotic—can you show some evidence on exam and/or photo? He appeared to breathe ok on PE? What do you mean by +JVD about 2cm—can you show this on photo image?

At this point you can give MTV and iron and ask him to return next month for a more thorough check-up since I will be there. Can you send him for CXR and EKG at K Thom? If not, then we'll discuss about this patient next month. Another suggestion, please do a colocheck on him and r/o GI bleeding and add to his dx parasititis and give Albendazole 200mg 2 tab po bid x 5d.

Thanks,
Rithy

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**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, March 08, 2006 8:59 PM
**To:** Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
**Subject:** Case # 06, Chheak Leangkry, 65F (Rovieng Chheung)

Dear all,

Today is the second day for Robib Telemedicine. Within this day, we have 4 follow up cases. This is case number six with pictures continuous to count from yesterday cases.

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: Chheak Leangkry, 65F (Rovieng Chheung)**

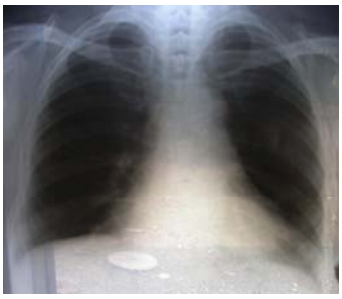
**Subjective:** 65F, returns for her follow up of DMII with PNP, HTN and UTI. She feels much better with her previous symptoms like no fever, no SOB, no dizziness, no headache, no neck tension, no chest pain, no cough, no GI complain, no burning urination, no peripheral edema. But she still has numbness on palms and soles.

**Objective:**

**VS:** BP 130/50 P 99 R 20 T 36.5C Wt 63 kgs

**PE (focused):**

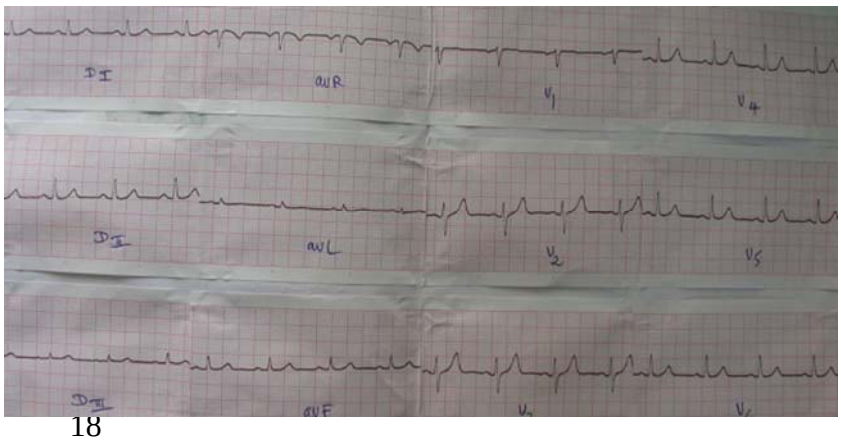
- Look stable
- HEENT: unremarkable
- Neck: no JVD, no goiter enlargement
- Lungs: clear both sides
- Heart: RRR, no murmur
- Abdomen: soft, flat, no tender, (+) BS, no HSM
- Extremities: no tremor, no peripheral edema, (+) dorsal pulses, no wound seen on the feet



**Previous Labs/Studies: lab result done on 10/March/2006**

| | | | | | |
|---|---|---|---|---|---|
| Na+ 143 | K+ 5.8 | BUN 4.7 | Creat 113 | Glucose 7.2 | Cholesterol n6.7 |
| WBC 8 | RBC 4.2 | Hgb 12,7 | HCT 39 | MCV 93 | MCH 30 |
| MCHC 32 | Platelet 300 | Neu 3 | Mxd 1.2 | | |

For CXR and EKG as we attach



**Lab done to day:**

- RBS 368 mg/dl
- UA (Glucose +2)

**Current Medications:**

- Meformine 500 mg 1 t po qhs
- Lisinopril 5 mg 1 t po q12h
- Amitriptylline 25 mg ½ t po qhs
- ASA 300 ¼ t po qd

**Allergies: Ampicilline**

## Assessment:

1. DMII with PNP
2. HTN

## Plan: I would like to keep the same treatment but need to be increase dose of Mefeormine up to 1g per day.

1. Meformine 500 mg 2 t po qhs for two months
2. Lisinoprile 5 mg 1t po q12h for two months
3. Amitriptylline 25 mg ½ t po qhs for two months
4. ASA 300 mg ¼ t po qhs for two months
5. DM and HTN education

**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: 8/March/2006**

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



From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Thursday, March 09, 2006 7:29 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Case # 06, Chheak Leangkry, 65F (Rovieng Chheung)

Can't find my previous note in this message. I recall the case. Diabetes seems to be poorly controlled still. I do not believe just increasing metformin will be sufficient. suggest starting glipizide 2.5 mg (or other sulphonylurea) per day and re-check in 4-6 weeks. HGBA1C should be measured if available.
I hope it helps.
Giuseppe Barbesino

**From:** Rithy Chau [mailto:tmed_rithy@online.com.kh]
**Sent:** Thursday, March 09, 2006 9:07 AM
**To:** 'Telemedicine Cambodia'
**Cc:** 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Bernie Krisher'; 'Laurie & Ed Bachrach'; 'Thero Noun'
**Subject:** RE: Case # 06, Chheak Leangkry, 65F (Rovieng Chheung)

Dear Montha,

I agree with your plan. Can we draw blood for FBS again? Last check was about 130mg/dL and we would like hers to between 90-120mg/dL. BP seemed ok. Stress regular exercise and low fat, sugar, salt diet again, drink 2-3L water a day. Did she get herself a good pair of shoes to cover her feet?

Thanks,
Rithy

RITHY CHAU, MPH, MHS, PA-C
Physician Assistant, Telemedicine Project/EHC

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**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, March 08, 2006 9:27 PM
**To:** Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
**Subject:** Case # 07, Sao Ky, 71F (Thnout Malou)

Dear all,

This is case number seven and pictures.

Best regards,
Montha

# Robib Telemedicine Clinic

## Sihanouk Hospital Center of HOPE and Partners in Telemedicine

### Rovieng Commune, Preah Vihear Province, Cambodia

*SOAP Note*

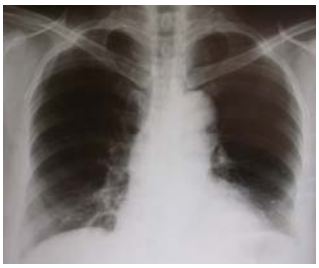
**Patient Name & Village: Sao Ky, 71F (Thnout Malou)**

**Subjective:** 71F, returns for her follow up of HTN and Dyspepsia. Her previous symptoms improve a lot like no dizziness, no blurred vision, no headache, no neck tension, no palpitation, no cough, no chest pain, no epigastric pain, no stool with blood, no peripheral edema. But she still sometime has headache and knee pain.

**Objective:**

**VS:** BP 140/70 P 74 R 20 T 36.5C Wt 51 kgs

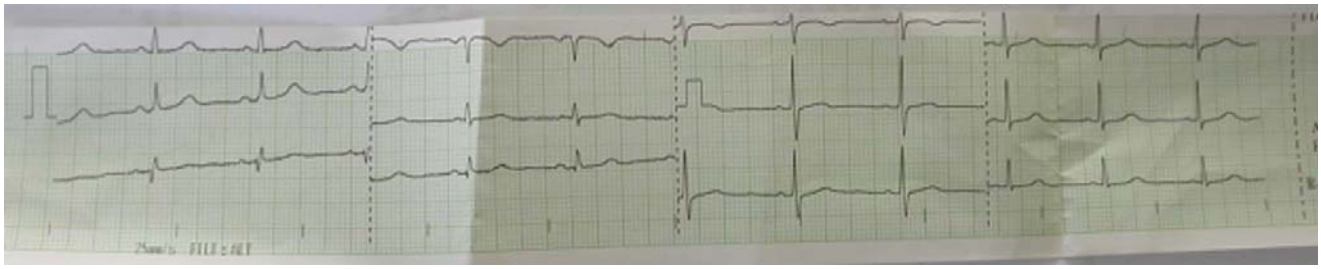
**PE (focused):**



1. HEENT: unremarkable
2. Neck: No JVD, no lymphnode palpable
3. Lungs: clear both sides
4. Heart: RRR, no murmur
5. Abdomen: Soft, flat, no tender, (+)BS, no HSM
6. Extremities: no peripheral edema, no tremor, but still has mild pain on both knees without swelling or stiffness.

**Previous Labs/Studies:**

Na+ 148 K+ 4.2 BUN 1.0 Creat 67 Cholesterol 6.3
WBC 7 RBC 4 Hgb 12,4 Hct 39 MCV 98 MCH 31 MCHC 32
platelet 340 Lym 2.3Mxd 1.0Neut 3.4



**Current Medications:**

7. Nifedipine 10 mg 1 t po qd
8. MgAl(HO)3 250/120 mg 2 t chew q8h prn
9. Paracetamol 500 mg 1 t po q6h for prn

**Allergies: NKA**

## Assessment:

1. HTN
2. Dyspepsia (Improving)
3. Knee pain

## Plan: I would like to keep the same treatment

1. Nifedipine 10 mg 1 t po qd for two months
2. MgAl(HO)3 250/120 mg 2 t chew q8h prn for two months
3. Paracetamol 500 mg 1 t po q6h for prn headache and knee pain
4. Do exercise regularly

**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: 08/March/2006**

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



**From:** Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
**Sent:** Thursday, March 09, 2006 5:47 AM
**To:** Fiamma, Kathleen M.
**Cc:** robibtelemed@yahoo.com; tmed_rithy@online.com.kh
**Subject:** RE: Case # 07, Sao Ky, 71F (Thnout Malou)

Montha,

Overall sounds like she is pretty stable. (You say no headache and then you say she's got a headache - I assume she does get headaches.)
I agree with your assessment and plan.
Best wishes,

Paul

**From:** Rithy Chau [mailto:tmed_rithy@online.com.kh]
**Sent:** Thursday, March 09, 2006 9:40 AM
**To:** 'Telemedicine Cambodia'
**Cc:** 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Bernie Krisher'; 'Laurie & Ed Bachrach'; 'Thero Noun'
**Subject:** RE: Case # 07, Sao Ky, 71F (Thnout Malou)

Dear Montha,

I agree with your plan for her HTN. But since no more sx of dyspepsia, I would not give any more antacid and not give her dx of dyspepsia any more. For her arthritis problem (from old age), para prn is fine.
Thanks,
Rithy

RITHY CHAU, MPH, MHS, PA-C
Physician Assistant, Telemedicine Project/EHC

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, March 08, 2006 9:36 PM
**To:** Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
**Subject:** Case# 08, Sao Phal, 57F (Thnout Malou)

Dear all,
This is case number eight 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: Sao Phal, 57F (Thnout Malou)**

**Subjective:** 57F, returns for her follow up HTN and Hypoglycemia. She feels much better with her previous symptoms like no fever, no SOB, no dizziness, no chest pain, no peripheral edema, no stool with blood or mucus, no nausea, good appetite. But she has headache, (+) blurred vision for sometimes, (+) malaise,(+) epigastric pain like dullness by radiating to chest and throat, (+) hiccup, (+) cough at night without sputum.

**Objective:**

**VS:** BP 110/50 P 80 R 20 T 36.5C Wt 56 kgs

**PE (focused):**

- Look stable
- HEENT: mild pale on conjunctiva, no oropharyngeal lesion
- Neck: no JVD, no lymphnode palpable
- Lungs: clear both sides
- Heart: RRR, no murmur
- Abdomen: soft, flat, no tender, (+) BS, no HSM
- Extremities: no peripheral edema, (+) dorsal pulses

**Previous Labs/Studies: none**

**Lab done today:**

- BS 99 mg/dl
- Hgb= 9 g/dl
- Colo Check (negative**)**

**Current Medications:**

- HCTZ 50 mg 1 t po qd

**Allergies: NKA**

**Assessment:**

1. HTN
2. GERD
3. Anemia due to Vit/Iron deficiency

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

1. HCTZ 50 mg 1 t po qd for two months
2. Omeprazole 20 mg 1 t po q12h for two months
3. Multivitamine 1 t po qd for two months
4. FeSo4/Folic Acid 200/0.25 mg 1t po qd for two months

5. Paracetamol 500 mg 1 t po q6h prn for headache

**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, AFB sputum smears, malaria smear

**Examined by:** Koy Somontha, RN **Date: 08/March/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, March 10, 2006 5:20 AM
**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com
**Cc:** tmed_rithy@online.com.kh
**Subject:** RE: Case# 08, Sao Phal, 57F (Thnout Malou)

She has normal glucose value at this time. Hypoglycemia is an uncommon diagnosis unless someone is taking oral hypoglycemics for diabetes or has an insulinoma or a significantly prolonged fast.

Her blood pressure control is excellent on the hydrochlorathiazide.

Her chest symptoms sound like dyspepsia or reflux and omeprazole is a good choice.

Vitamins and iron are a good idea. Remember that iron can irritate the stomach and cause nausea with some people.

Followup in 2 months is fine.

Good luck

**From:** Rithy Chau [mailto:tmed_rithy@online.com.kh]
**Sent:** Thursday, March 09, 2006 9:58 AM
**To:** 'Telemedicine Cambodia'
**Cc:** 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Bernie Krisher'; 'Laurie & Ed Bachrach'; 'Thero Noun'
**Subject:** RE: Case# 08, Sao Phal, 57F (Thnout Malou)

Dear Montha,

This patient has been with you and was dx earlier since 2003/04(?) with HTN, DMII with PNP, Dyspepsia, GERD, PUD, etc. When did she become normoglycemic? When did we stopped her medications for DMII? She has been tx numerous times with antacid, H2-blockers, PPI as well as receiving H. pylori eradication tx. I am a little suspicious about her tx herself with traditional medicine and possibly still using alcohol whether in her home

remedies or not—can you investigate this more? The descriptions of her GI sx is quite mild and did not seem to have any urgency in further management with medication. Also, investigate further with social issues which may brought on excess stress and causing anxiety (her appearance seemed to indicate this in all images and meeting her in person). Finally, hold off the omeprazole for now and draw blood to check her CBC, reticulocytes, peripheral smear again even if done previously and chem., creat, BUN, FBS, LFT, tot chol, TG. I would also give Albendazole 200mg 2 po bid for 5d to tx for any parasitic infection which may have cause her anemia and GI complaints. Can you do a UA also? Ask her about Gyn problem. If nothing comes out from all these investigations then we can refer her for an upper GI endoscopy.

I hope this helps.
Rithy

RITHY CHAU, MPH, MHS, PA-C

Physician Assistant, Telemedicine Project/EHC

Paul Cusick MD.

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**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, March 08, 2006 9:42 PM
**To:** Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Laurie & Ed Bachrach; Thero Noun
**Subject:** Case# 9, So Soksan, 23F (Thnal Keng)

Dear all,

This is the last case with pictures.

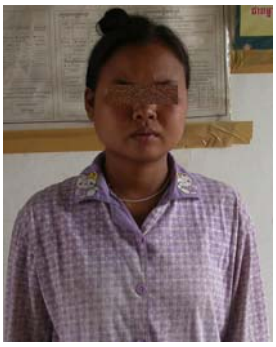
Best regards,
Montha

# Robib Telemedicine Clinic

## Sihanouk Hospital Center of HOPE and Partners in Telemedicine

### Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

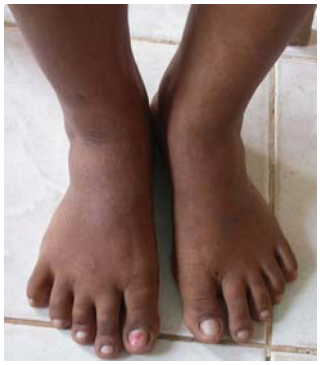


**Patient Name & Village: So Soksan, 23F (Thnal Keng)**

**Subjective:** 23F, returns for her follow up of Nephrotic Syndrome. She feels much better with her previous symptoms like no fever, no SOB, no headache, no chest pain, good urine out put, no peripheral edema, no stool with blood or mucus. But sometimes she feels localize burning on epigastric area after meal.

**Objective:**

**VS:** BP 130/80 P 84 R 20 T 36.5C Wt 55kgs



**PE (focused):**

- Look: stable
- HEENT: no pale on conjunctiva, no oropharyngeal lesion.
- Neck: no JVD, no lymphnode palpable, no buffalo hump
- Lungs: clear both sides
- Heart: RRR,no murmur
- Abdomen: soft, flat, no tender, (+)BS, no HSM
- Extremities: no peripheral edema

**Previous Labs/Studies: done on 10/Feb/2006**

- Na+ 146 K+ 4.7 BUN 3.7 Creat 97 Glucose 8.6 Cholesterol 27
Albumine 19 Protein total 43 SGOT 25 SGPT 17 WBC 10 RBC 3.6
Hgb 11.5 Hct 35 MCV 97 MCH 32 MCHC 33 Lym 554 Lym 2.9
Mxd 0.7 Neut 6.5

**Lab done today:**

- BS 109 mg/dl
- Hgb: 11g/dl
- UA (Proteine +4)
- Colo Check (Negative)

**Current Medications:**

- Furosemide 40 mg 1 t po q12h
- Prednisolone 5 mg 5 t po q12h
- FeSo4/Folic Acid 200/0.25 mg 1 t po qd
- Famotidine 40 mg 1 t po qhs

**Allergies: NKA**

**Assessment:**

1. Nephrotic Syndrome
2. Hypercholesterolemia
3. Dyspepsia

**Plan: I would like to keep the same treatment but suggest to increase dose of Famotidine**

1. Furosemide 40 mg 1 t po q12h for two months
2. Prednisolone 5 mg 5 t po q12h for two months
3. FeSo4/Folic Acid 200/0.25 mg 1 t po qd for two months
4. Famotidine 40 mg 1 t po q12h for two months
5. Low salt and fatty diet
6. Keep doing exercise everyday
7. Water restriction 1L/day

**Lab/Study Requests:** none

**Specific Comments/Questions for Consultants:** do you agree with my plan? Please give mea 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: 08/March/2006**

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



**From:** Rithy Chau [mailto:tmed_rithy@online.com.kh]
**Sent:** Thursday, March 09, 2006 10:17 AM
**To:** 'Telemedicine Cambodia'
**Cc:** 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Bernie Krisher'; 'Laurie & Ed Bachrach'; 'Thero Noun'
**Subject:** RE: Case# 9, So Soksan, 23F (Thnal Keng)

Dear Montha,

Good job in handling this patient! I agree with your assessment and she is probably experiencing dyspepsia due to the steroid given. Please give her omeprazole 20mg 1 po qhs instead because the PPI will help to control her dyspeptic sx better and give this same dosage of prenisolone for just 1 more month and then we'll taper her after this if still improving. Can you also give her a low dose of ACE-inhibitor also Lisinopril 5 mg or Captopril 25mg ¼ po qd for her proteinuria, ASA 81mg qd prevention for hypercoagulatable state, low protein diet. Ask her to come back next month for f/u and to also check her blood again..

Thanks,
Rithy

RITHY CHAU, MPH, MHS, PA-C
Physician Assistant, Telemedicine Project/EHC

**From:** Fang, Leslie S.,M.D.
**Sent:** Sunday, March 12, 2006 12:48 PM
**To:** Fiamma, Kathleen M.

**Cc:** Kelley, Michelle
**Subject:** RE: Case# 9, So Soksan, 23F (Thnal Keng)

The most likely diagnosis is still that of nephrotic syndrome secondary to minimal change disease. The fact that there is no hematuria supports this diagnosis. Other possibilities include membranous disease and focal sclerosis.

She obviously still has high grade proteinuria but appears to be clinically stable.

She should begin to decrease her steroid dose:

1. We should give her daily steroids as opposed to q12 hour: I would go to 40 mg of Prednisolone each morning at this point and see how she does
2. If she is clinically stable, I would begin to taper the steroids gradually over the course of the next 3 months
3. I agree that increasing the Famotidine is reasonable
4. Is there the capability of performing a renal biopsy? I am a bit unhappy about the fact that she still has high-grade proteinuria on steroids

Les

# Thursday, March 9, 2006

## Follow-up Report for Robib TM Clinic

There were 4 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 were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE , the following patients were managed and treated as follows:

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

## Robib TM Treatment Plan for March 2006

I- Dourng Sunly, 50M (Taing Treuk)

a- Diagnosis

- Gout
- HTN
- Dyspepsia

b- Treatment

- HCTZ 50 mg 1/2 t po qd for one month
- Diflunisal 500 mg 1 t po q12h for one month
- Famotidine 40 mg 1 t po q12h for one month
- Avoid eating meat product, bean, tofu, cauliflower and encourage him to drink plenty of water.
- Patient could not come to redraw blood because of much painful

II- Som Prum, 68M (Otalok)

a- Diagnosis

- PTB?
- Pneumonia?
- PUD?
- GI bleeding
- Malnutrition
- Anemia due to Vit/ Iron deficiency

b- Treatment

- Clarithromycin 500 mg 1 t po q12h for two weeks
- Amoxicillin 250 mg 4t po q12h for two weeks
- Omeprazole 20 mg 1 t po q12h for two weeks
- MTV 1 t po q12h for one month
- FeSo4/Folic Acid 200/0.25 mg 1 t po q12h for one month

- CXR in Kg Thom hospital and AFB check in local health center
- Draw blood for CBC, BUN, Creat, lytes, peripheral blood smear, reticulocyte.
- Encourage patient to eat more food and also drink water as much as he can.

III- Sim Sophea, 29F (Ta Tong)

a- Diagnosis

- Hyperthyroidism?

b- Treatment

- Paracetamol 500 mg 1 t po q6h for prn (Headache)
- Draw blood for T4 and TSH which will be sent to SHCH

IV- Chan Lam, 37M (Ke)

a- Diagnosis

- Alcohol withdrawal
- Anemia due to Vit /Iron deficiency
- Chronic Hepatitis?
- Dyspepsia due to alcohol?

b- Treatment

- No show because patient did not come to take medicine.

V- Chhin Chheut, 12M (Trepang Reusey)

a- Diagnosis

-Congenital Heart Disease? with ASD? or MR?
- Anemia due to Vit/Iron deficiency
- Malnutrition
- Parasititis?

b- Treatment

- MTV 1 t po qd for one month
- FeSo4/Folic Acide 200/0.25 mg 1 t po qd for one month
- Albendazole 200 mg 2 t po q12h for 5 days
- Sent for CXR and EKG at Kg Thom Hospital
- Draw blood for CBC, Lytes, Creat, BUN, Glucose, and liver function

VI- Chheak Leangkry, 65F (Rovieng Chheung)

a- Diagnosis

- DMII with PNP
- HTN

b- Treatment

- Meformin 500 mg 2 t po qhs for two months
- Lisinopril 5 mg 1 t po q12h for two months
- Amitriptyline 25 mg 1/2 t po qhs for two months
- ASA 300 mg ¼ t po qd for two months
- Draw blood for FBS which will be sent for SHCH
- DM and HTN education.

VII- Sao Ky, 71F (Thnout Malou)

a- Diagnosis

- HTN

b- Treatment

- Nifedipine 10 mg 1 t po qd for three months

- Paracetamol 500 mg 1 t po q6h prn headache
- Low salt, fatty diet and keep doing exercise for every morning.

VIII- Sao Phal, 57F (Thnout Malou)

a- Diagnosis

- HTN
- DMII
- GERD?
- Anemia duet to Vit/ Iron deficiency
- Parasititis?

b- Treatment

- HCTZ 50 mg 1/2 t po qd for one month
- MTV 1 t po qd for one month
- FeSo4/ Folic 200/0.25 mg 1 t po qd for one month
- Paracetamol 500 mg 1 t po q6h prn for headache
- Albendazole 200 mg 2 t po q12h for 5 days
- Draw blood for Lytes, BUN, Creat, Chol, TG, liver function, CBC, Reticulocytes, and Peripheral blood smear which will be sent to SHCH.

IX- So Soksan, 23F (Thnal Keng)

a- Diagnosis

- Nephrotic Syndrome
- Dyspepsia

b- Treatment

- Prednisolone 5 mg 5 t po q12h for one month
- Furosemide 40 mg 1 t po q12h for one month
- Feso4/Folic Acid 200/0.25mg 1 t po qd for one month
- ASA 81 mg 1 t po qd for one month
- Lisinopril 5 mg 1/4 t po qd for one month
- Omeprazole 20 mg 1 t po qhs for one month
- Low protein diet.

## For patients who come to refill medications

I- Ros Oeun, 50F (Thnout Malou)

a- Diagnosis

- HTN
- DMII

b- Treatment

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

II- Meas Lone, 57F (Ta Tong)

a- Diagnosis

- COPD
- Anemia due to Vit/Iron deficiency

b- Treatment

- MTV 1 t po qd for two months
- Feso4/Folic Acid 200/0.25 mg 1 t po qd for two months
- Paracetamol 500 mg 1 t po q6h for prn (headache)
- Azmacort inhalation 1 puff q12h

III- Yim Sokin, 25M (Thnout Malou)

a- Diagnosis
- Liver Cirrhosis with PHTN
- Gastritis

b- Treatment
- Propranolol 40 mg 1/4 t poq12h for four months
- Spironolactone 25 mg 1/2 t po q12h for four months
- Famotidine 40 mg 1 t po qhs for two months

IV- Prom Norn, 53F (Thnout Malou)

a- Diagnosis
- Liver Cirrhosis with PHTN

b- Treatment
- Propranolol 40 mg 1/4 t po q12h for four months
- Spironolactone 25 mg 1/2 t po q12h for four months

V- Kul Keung, 61F (Taing Treuk)

a- Diagnosis
- HTN

b- Treatment
- HCTZ 50mg 1/2 t po qd for four months
- ASA 300 mg 1/4 t po qd for four months
- Paracetamol 500 mg 1 t po q6h prn for headache

VI- SomThol, 57M (Taing treuk)

a- Diagnosis
- DMII with PNP

b- Treatment
- Glibenclamide 5 mg 1 t po q8h for four months
- Amitriptyline 25 mg 1/2 t po qhs for four months
- DM education

VII- Meach Thoch, 78F (Ta Tong)

a- Diagnosis
- HTN
- Anemia due to Vit deficiency

b- Treatment
- MTV 1 t po qd for tree months
- Propranolol 40 mg 1/2 t po q12h for three months
- HCTZ 50mg 1/2 t po qd for three months

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**The next Robib TM Clinic will be held on**
**April 03 – 07, 2006**