Robib *Telemedicine* Clinic

Preah Vihear Province

M A Y 2 0 0 6

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

On Monday, May 01, 2006, SHCH staff, P.A. Chau Rithy and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), May 02 & 03, 2006, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 new cases and 11 follow-up patients. The patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, May 03 & 04, 2006.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston and SHCH with advice from PA Rithy on site, Nurses Sovann managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Friday, April 21, 2006 5:28 PM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Cornelia Haener; Ruth Tootill; Kruy Lim; Gary Jacques
Cc: Laurie & Ed Bachrach; Bernie Krisher; Thero Noun; Seda Seng; Peou Ouk; khievtola@yahoo.com; Mony Mao
Subject: Robib TM Schedule for May 2006

Dear all,

I would like to introduce myself: my name is Peng Sovann and I will be working for the Robib TM project replacing Koy Somontha

I am writing to inform all of you that the trip will be starting on Monday 01, May 2006 and coming back on Friday 05 May, 2006 and the agenda is as following:

1. On Monday 01 May, 2006, Dr Rithy Chau, driver,and I will start the trip from Phnom Penh to Rovieng district, Preah Vihear
2. On Tuesday 02 May, 2006 at 08:00, we will open the clinic to see the patients and in the afternoon we will write the patients' data then send to partner in Boston and SHCH
3. On Wednesday 03 May, 2006 at 08:00, we do the same as on Tuesday and we also download the answers from our patners

4. On Thursday 04 May, 2006, we download all the results from the partner then make the treatment plan for the patients, and prepare the medication for the patient in the evening
5. On Friday 05 May, 2006 we draw the blood from the patients for lab test and come back to Phnom Penh

Thank you very much for your strong cooperation and support for the Robib TM project.

Best Regards,
Rithy/Sovann

Robib Telemedicine Project
Rovieng District, Preah Vihear Province
CAMBODIA

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, May 02, 2006 8:48 PM
To: Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006, Case# 1Meas Samen 58F (Koh Pon)

Dear all,

Now Rithy and I are at Rovieng for Robib TM Clinic, Today we have three new cases and four follow up cases. This is case number one with pictures.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

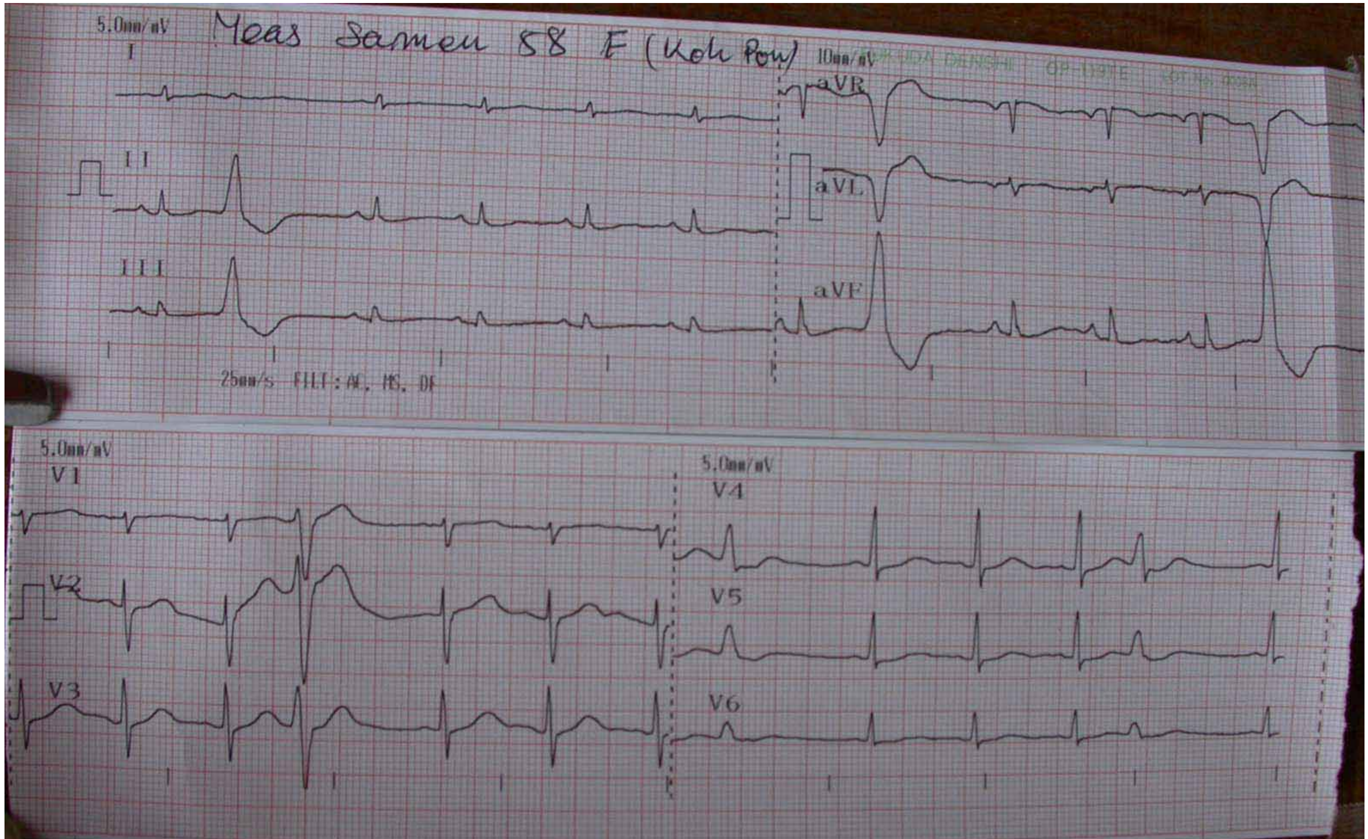
History and Physical

Patient Name (or identifier) and village: Meas Samen 58 F (Koh Pon)

Date: 02/5/06

Chief Complaint (CC): Palpitation about 5 days and both legs numbness about one year

History of Present Illness (HPI): 58 F farmer has symptoms of pain from the buttock, radiated to both legs with numbness about one year ago and she got treatment with traditional medication but it didn't get better. In these 5 days she started to have palpitation while working or resting; +headaches, central chest tightness with increased salivation, nausea, no vomiting, no diarrhea, poor appetite, no dysphagia; frequent constipation, but no blood or mucus in stool; no cough, good urine output, no dysuria, no edema, no wt loss.



Past Medical History (PMH): Patient had TB and got whole treatment in last year

Social History: no alcohol drinking, no smoking

Family History: unremarkable

Review of Systems (ROS): unremarkable

Current Medications: Traditional medication, and unknown name drug for release pain

Allergies: NKDA

Physical Exam (PE):

V/S: BP=106/70 P=88 R=22 T=36.8°C Wt=36Kg

General: look skinny

HEENT: no orolaryngeal lesion, (-) JVD, pink on conjunctiva, no lymph node palpable

Chest: CTA bilaterally, no rales, no rhonchi
Heart: normal rate irregular rhythm with skip beats, no murmur

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

Skin/Extremity: no jaundice, no rash, no edema

Musculoskeletal: MS +4/5, slight generalized decrease of tone

Neuro: DTRs +3/4 all extremities, decreased sensation from forearms to fingers and feet with light touch, pin prick intact, normal gait, good pulses

Rectal: slight decreased of tone, no mass, colocheck negative

Labs/Studies: BS= 104mg/dl, Hb=12g/dl, EKG (PVCs with HR=98) as attachment

Assessment:

1. Vit B deficiency?
2. Scitica
3. PVC trigeminy
4. Cachexia
5. Pott's Dz??
6. GERD

Plan:

1. Vit B complex 2ml 5 ampules IM qd x 3d
2. MTV 1t po q12h one month
3. FeSO4/Folic Acid 200/0.25mg 1t po q12h one month
4. Do CXR, T10-sacral spinal x-rays at Kampong Thom
5. Famotidine 40mg 1 po qhs x 1 mo
6. Draw blood for CBC, Lyte, BUN, Creat, Glucose, TSH at SHCH

Specific Comments/Questions from RN to consultants: do you agree with my plan? Please give me a good idea!

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

Examined by: Peng Sovann/Chau Rithy **Date: 02/5/06**

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

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From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Friday, May 12, 2006 9:01 AM
To: Rithy Chau
Subject: Fwd: RE: Robib TM Clinic May 2006, Case# 1Meas Samen 58F (Koh Pon)

"Smulders-Meyer, Olga,M.D." <OSMULDERSMEYE@PARTNERS.ORG> wrote:
Subject: RE: Robib TM Clinic May 2006, Case# 1Meas Samen 58F (Koh Pon)
Date: Tue, 2 May 2006 17:37:57 -0400
From: "Smulders-Meyer, Olga,M.D." <OSMULDERSMEYE@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
CC: "tmed_rithy@online.com.kh" <robibtelemed@yahoo.com>

The patient is a 58 year old woman with TB in her PMH, treated.

She complains of leg numbnes for about one year, and on physical examination you noted some muscles weakness bilaterally .
She also presents with numbness of her lower arms.
If her weakness in her legs is bilaterally , one should consider pathology in the Lumbar Spine. When she goes for her chest xray , I would add on a Lumbar Spine plain film as well .
The fact that she has decreased apical sensation in her forearms could be consistent with Vit B12 deficiency although usually the feet are first affected. Can you check her Vitamin B12 levels in your lab?/ If not I agree with your plan with Vitamin BComplex as outlined in your note.

The patient also reports palpitations . Her EKG shows PVC's as you noted but is otherwise unremarkable .
She has no cardiac risk factors and is likely frightened by her symptoms. I wonder if you have checked her TSH to r/o hyperthyroidism which would explain her weightloss as well. Single PVCs are not an indicator of CAD or sudden death, and you might want to reassure her that her symptoms are benign.
Your patient complains of chest tightness, and you may explore if she has this at rest or with exertion. If at rest, that tightness is most consistent with anxiety or fear. If she has pain with exertion, that could be more indicative of heart troubles, but then again she is female, and only 58, with no cardiac risk factors, so heart disease is less likely

You are treating her for Gastro Esophageal Reflux disease with Famotidine, which is reasonable, and could be diagnostic.
She should cut out stimulants from the diet, including all caffeine and other local stimulants.

I don't have that much to add to your plan as outlined in your note. I think you have covered all youright bases, but I do thisnk she needs her Lumbar spine imaged.

Olga Smulders-Meyer, MD

-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Tuesday, May 02, 2006 12:07 PM
To: Smulders-Meyer, Olga,M.D.
Subject: FW: Robib TM Clinic May 2006, Case# 1Meas Samen 58F (Koh Pon)

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, May 02, 2006 9:01 PM
To: Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006, Case#2 Yoeung Chanthorn 35F (Doang Village)

Dear all,

This is case number two with pictures.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

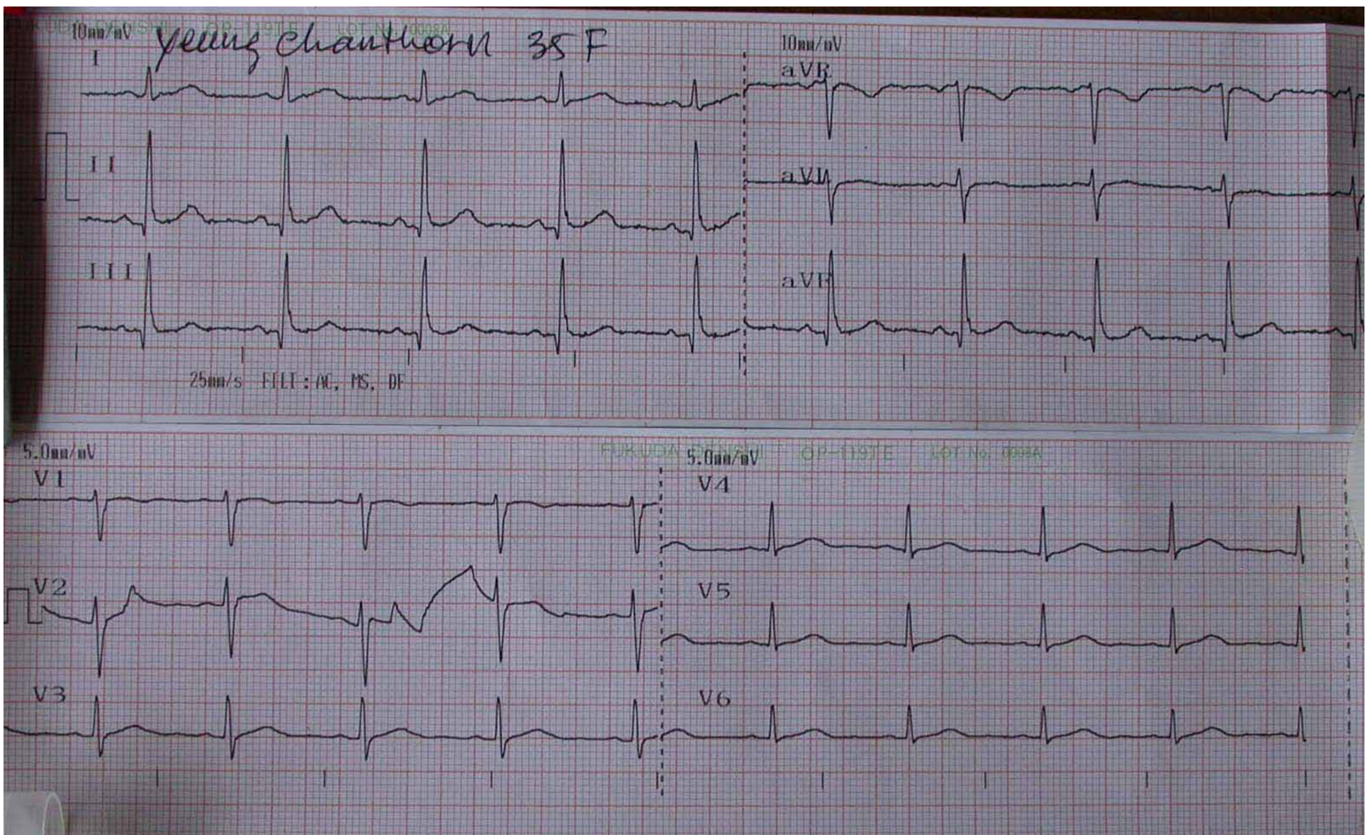
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Yoeung Chanthorn, 35F, Doang Village**

Chief Complaint (CC): Seizure x 10yrs

History of Present Illness (HPI): 35F farmer married with 5 children presented with c/o intermittent seizure about 2-3 times a month for 10 years; she recalled that the first episode of seizure was during postpartum of her second (normal) delivery while she warming herself next to a camp fire and she was not with any illness or infection then. A few minutes before each seizure, she noticed a "sweet smell of wax or some sort of perfume fragrance" in her nose and sometimes with tinnitus; each episode lasted about 2-3 minutes with convulsive jerking movements and occasionally LOC for a few seconds (reported per elderly mother) and did not remembered the event about 2-3x/yr post tictal and she recovered uneventfully afterward without any HA, confusion, vertigo or other sx. She denied enuresis, emesis, diplopia, urine incontinence and no hx of STI or malaria or trauma. Her mother said that at first they sought local traditional and spiritual healer, but did not seem to help her daughter at all and thus they bought some unknown meds for seizure from local pharmacy and this helped to control some, but now ran out of money to do this.



Past Medical History (PMH): C-section of fifth child with no complication 2002

Current Medications: None

Allergies: NKDA

Social History: no smoke, no EtOH, no drug abuse

Family Hx: None

Review of Systems (ROS): Normal menstrual period

PE:

Vitals: BP=100/60 P=80 R=18 T=36.5C Wt=46Kg
General: A&Ox3, no tremor or tics
HEENT: Pink conjunctiva, no oropharyngeal lesions, TMs clear, no neck adenopathy, no nystagmus, normal visual acuity, no dysphasia, no facial weakness
Lungs: CTA
Heart: HRRR with +1-2 systolic murmur loudest at apex
Abdomen: unremarkable
Extremities: unremarkable
Neuro: DTRs normal, motor and sensory intact, normal gait, no tremor, MS +5/5
Psych: unremarkable

Assessment:

1. Ideopathic Epilepsy: complex partial seizure vs. petite mal seizure?
2. Grand mal seizure?

Plan:

1. Phenytoin 200mg 1 po qd

Lab/Study Requests: CBC, chem., BUN, creat, LFT, gluc, RPR; EKG (done at Robib see attached photo)

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

Specific Comments/Questions for Consultants:

Examined by: PA Chau Rithy **Date: 2 May 2006**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, May 03, 2006 8:27 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Robib TM Clinic May 2006, Case#2 Yoeung Chanthorn 35F (Doang Village)

Kathy Fiamma
617-726-1051

-----Original Message-----
From: Hoch, Daniel Brian,M.D.
Sent: Tuesday, May 02, 2006 6:06 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic May 2006, Case#2 Yoeung Chanthorn 35F (Doang Village)

The description is that of a 35 yo woman with seizures, onset about age 25, after birth of second son, with no report of myoclonus, but with an odd description of tonic and clinic (?) movements, NOT always associated with loss of awareness. This latter part is important as the degree of awareness can help us determine the type of epilepsy given we don't have an EEG. I assume that there are no risks such as birth injury, head trauma, meningitis or febrile seizure to add to the mix since none are noted, and the description of the case is very good and concise. We are also told there's been at least a partial response to anticonvulsants in the past. There appear to be no major neurologic signs, and her EKG looks OK.

In all likelihood this is a focal epilepsy, based on the age of onset.An EEG would be helpful, but not critical unless things change. Similarly, she would be well served by an imaging study, but it is only slightly likely to help us guide treatment in the absence of any neurologic deficits and without progression or worsening of her seizure frequency or severity. I agree that phenytoin is a reasonable choice for her but suggest folate supplementation if possible. She can be treated to effect or toxicity, i.e. if the seizures stop at 200mg daily, great. If they do not, I'd suggest going up in increments of 100mg. If she develops problems with balance and gait, dizziness, or sedation, the I'd back off by 50mg if possible. Unfortunately, the 50mg tabs are not extended release and should be taken twice a day, but if compliance is an issue, then once a day is better than nothing.

In our series of patients with focal epilepsy that had not been imaged with MRI, a substantial number, nearly half, had some kind of finding on MRI that was not suspected on CT scan, or clinically. While a portion of those patients had a change in treatment based on those findings, I'm not sure the impact was dramatic. Thus, as I said above, we can probably get away without imaging in this woman if there is no change in her condition and she responds well to dilantin. If her seizures do not stop, or if she develops a neurologic finding, then CT imaging would be needed at a minimum.

Dan.

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, May 02, 2006 9:13 PM
To: Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Kruy Lim; Ruth Tootill; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006, Case#3 Seng Bora 8M (Damnak Chen Village)

Dear all,

This is case number three with pictures.

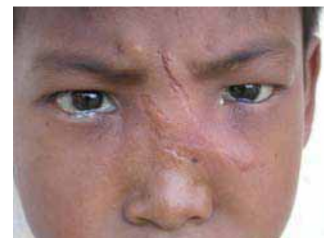
Best Regards,
Rithy/Sovann

History and Physical

Name/Age/Sex/Village: Seng Bora, 8M, Damnak Chen Village

Chief Complaint (CC): Chronic eyes discharge since birth

History of Present Illness (HPI): 8M student brought by his grandmother c/o bilateral eye discharge since birth; he was born with a facial deformity which gave the appearance of a mount between his eye in supranasal area. He was taken to Kuntha Bopha Peds Hospital and had surgery done in 2004; the grandmother said that the discharge became lessen although when he got fever, there was more discharge draining. Even with surgery, the eye discharge continued and did not healed completely. Thusfar, K. Bopha did not schedule for him to return for f/u. During past two weeks, the teacher at his school provided him with medication eye drops due to increased discharge, but did not helped much PTC. He denied fever, red eyes, HA, ear pain, tinnitus, swollen LN, coughing, SOB, and change of vision.



Past Medical History (PMH/PSH): Facial repair operation 2002

Current Medications: eye drops?

Allergies: NKDA

Social History: No smoke, no ETOH, no one smoke at his home, last of 12 siblings

Family Hx: unremarkable

Review of Systems (ROS): No problem with hearing and vision

PE:

Vitals: BP (no cuff), P=80, R=20, T=37C, Wt=21Kg

General: A&Ox3

HEENT: +whitish yellow discharge draining bilaterally right>left eye, slightly re conjunctiva, normal vision, PERRLA, EOMI, 100% healed surgical scars 5-7cm between eyes over nasal bridge with enlargement of tissue para-supra-nasal area and slightly tendered on palpation over the mass; both TM intact but with mild erythema and serous fluid (bubbles), no tenderness; no oropharyngeal lesion, +LN swelling with tenderness at bilateral anterior and posterior cervical.

Lungs: CTA

Heart: HRRR, no murmur

Abdomen: Unremarkable

Neuro: Unremarkable

Assessment:

1. Facial deformity with sinusoidal fistula
2. Chronic ENT infection with bilateral OM

Plan:

1. Return to KB Hospital for further evaluation
2. Cotrim 480mg 1 po bid x 1mo
3. Cephalexin 250mg 1 po tid x 1 mo
4. Clarithromycin 500mg ½ po bid x 1mo
5. Para 500mg 1 po bid prn pain
6. Saline eye wash daily

Lab/Study Requests: None

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

Specific Comments/Questions for Consultants:

Examined by: PA Chau Rithy **Date: 02/05/06**

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From: Cornelia haener [mailto:Cornelia_Haener@online.com.kh]
Sent: Wednesday, May 03, 2006 10:27 AM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Kruy Lim'; 'Ruth Tootill'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic May 2006, Case#3 Seng Bora 8M (Damnak Chen Village)

Dear all,
The boy has a recurrent frontal meningocele. Best would be to take him back to Kuntha Bopha. Alternative is the national pediatric hospital.
Regards
Cornelia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, May 02, 2006 9:20 PM
To: Kruy Lim; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006 Case #4, Srey Thouk, 56F

Dear All,

Here is the fourth case and photos.

Best regards,
Rithy/Sovann

Robib Telemedicine Clinic

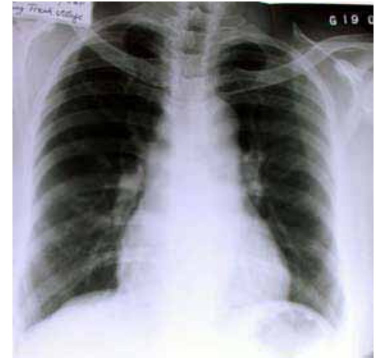
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note (Follow-Up)

Patient Name & Village: Srey Thouk 56 F (Taing Treuk)

Subjective: 56 F came to follow up for HTN and Renal Insufficiency. Patient is better than before with symptoms of suprapubic dull pain, dysuria, Frequency, hesitancy, no hematuria, no fever, no palpitation, no chest pain, no headaches, no diziness, no GI complaint, no edema,

Objective:



Current Medications:
Propranolol 40 mg ½ t po q12h
ASA 81 mg 1t po qd
Allergies: NKDA

VS: BP=126/74 P=78 R=20 T=36 Wt=62kg

PE (focused):

General: stable

HEENT: pink on conjunctiva, no JVD, no lymph node palpable

Chest: CTA bilateral, no rhochi, no rales; HRRR, no murmur

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

Skin/Extremity: no edema all extremity

Neuro: unremarkable

Labs/Studies:

Previously completed: Na+= 147, K^+=3.6, Cl^-=106, BUN=1.3, Creat=80, Glucose=4.8, Cholesterole=5.6, WBC=9, RBC=3.7, Hgb=9.9, Hct=31, MCV=83, MCH=27, MCHC=32,plate# count=218, lym#count=3.1
CXR as attachment
Completed today: U/A protein=1+, Leuk= 1+, RBC= 3+

Assessment:

1. HTN
2. UTI

Plan:

1. Propranolol 40 mg 1/2t po q12h one month
2. ASA 81 mg 1t po qd one month
3. Ciprofloxacine 500mg/5ml 5ml po q12h 10d

Labs or Studies:

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 02/5/2006**

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From: Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]
Sent: Wednesday, May 03, 2006 4:06 AM
To: tmed_rithy@online.com.kh; Telemedicine Cambodia
Cc: Kathleen M. Fiamma
Subject: Srey Thouk 56 F (Taing Treuk)

Greetings,

I agree overall. However, if we are concerned about limited renal function, we should think about renal dosing. Unfortunately, I am not familiar with the units used for reporting of BUN or Creatinine, but would adjust...(EX. CIPRO renal dosing: IF Creatinine Clearance in mls/min >50/ no change || 10-50/ 50-75% of usual dose q12h || <10/50% of usual dose q12.)

If you only have 500mg tablets, I would perhaps go 500mg BID for 5 days.

Best,
Paul Heinzelmann, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, May 02, 2006 9:27 PM
To: Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006, Case#5 Dourng Sunly 50M (Taing Treuk Village)

Dear all,

This is case number five with picture.

Best Regards,
Rithy/Sovann

SOAP Note (Follow-Up)

Patient Name & Village: Dourng Sunly 50 M (Taing Treuk)

Subjective: 50 M came to follow up for GOUT, HTN, Lateral IHD??, Dyspnea. Patient is much better than before with symptoms of poor appetite, hyper salivary, headaches on and off, no fever, no joint pain, no edema, good urine output, can walk by himself without assistance

Objective:

Current Medications:
Diflunisal 500 mg 1t po q12h
HCTZ 50 mg 1/2t po qd
Propranolol 40 mg 1/4t po q12h
ASA 81 mg 1t po q12h
Famotidine 40 mg 1t po q12h

Allergies: NKDA

VS: BP=120/70 P=86 R=20 T=37 Wt= 64kg

PE (focused):

General: stable

HEENT: unremarkable

Chest: CTA bilateraly, no rales, no rhonchi; HRRR, no murmur

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

Musculo-Skeletal/Extremity: no edema, no joint pain on extremities, no rash

Neuro: unremarkable

Labs/Studies:

Previously completed: on 07/4/06: Na+=149, K+=4.3, CL^-=108, BUN=2.9, Creat=248, Glucose=3.8mg/dl, Cholesterol=7.5

Completed today: BS=116mg/ dl, U/A protein trace

Assessment:

1. GOUT
2. HTN
3. Dyspepsia
4. Renal insufficiency

Plan:

1. Propranolol 40 mg ½t po q12h one month
2. ASA 81mg 1t po qd one month
3. Diflunisal 500 mg 1t po qd prn pain one month
4. Famotidine 40 mg 1t po qhs one month

Labs or Studies: Creat, Lyte, Cholesterol, Glucose

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 02/5/2006**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, May 03, 2006 8:19 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Robib TM Clinic May 2006, Case#5 Dourng Sunly 50M (Taing Treuk Village)

Kathy Fiamma
617-726-1051

-----Original Message-----
From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Tuesday, May 02, 2006 2:34 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic May 2006, Case#5 Dourng Sunly 50M (Taing Treuk Village)

I agree with your assessment. You can also add to your problem list hyperlipidemia, because his cholesterol is quite high.

I agree with stopping HCTZ, which could have been increasing uric acid levels. I think that with the renal insufficiency and trace proteinuria, lisinopril may be a better choice than propranolol. You should start 5mg once daily.

I also don't think you need to check any blood tests today, since you're stopping HCTZ and starting a new drug. When the patient returns in one month, you can recheck potassium, BUN, creatinine, and also uric acid (if possible).

Thanks.

- Danny

Daniel Z. Sands, MD, MPH, FACP, FACMI
Assistant Clinical Professor of Medicine, Harvard Medical School
Faculty, Harvard-MIT Division of Health Sciences and Technology
Associate in Medicine, Beth Israel Deaconess Medical Center
Director, American Medical Informatics Association
Advisor, Center for Health Information and Decision Systems, Robert H. Smith School of Business, University of Maryland

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From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, May 02, 2006 9:29 PM
To: Kruy Lim; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006 Case #6, Chhin Chheut, 12M

Dear All,

Here is the sixth case and photos.

Best regards,
Rithy/Sovann

SOAP Note (Follow-Up)

Patient Name & Village: Chhin Chheut 12 M (Trapang Reusey)

Subjective: 12 M came to follow up for PMH of NS, Renal Insufficiency, UTI?, Hypochromic Microcytic anemia, Malnutrition. Patient is much better than before now with symptoms of low grade fever, yellow on eyeball, no cough, no dyspnea, no GI complaint, no edema, good appetite, good urine output.

Objective:

Current Medications:

Prednisolone 5 mg 4t po qd
ASA 81 mg 1t po qd
MTV 1t po qd
FeSO4/Folic Acid 200/0.25 mg 1t po qd

Allergies: NKDA

VS: BP= no cuff P=108 R=20 T=37.3°C Wt=18kg

PE (focused):

General: looks stable

HEENT: +icteric, (+)JVD, no oropharyngeal lesion

Chest: CTA bilaterally, no rhonchi, no rales; HRRR, +2 systolic murmur loudest at apex

Abd: soft, no tender, mild distension, (+)BS, no HSM, no fluid wave

Skin/Extremity: no edema, no rash

Neuro: unremarkable

Labs/Studies:

Previously completed: on 07/04/06: Na+=144mmol/L, K^+=3.8mmol/L, Cl^-=120mmol/L, BUN=7.6mmol/L, Creat=397mmol/L, Glucose=6.0mmol/L, Cholesterole=6.3mmol/L, Albumin=26mmol/L, Protein=52mmol/L, WBC=14.10^9/L, RBC=2.9.10^{12}/L, Hgb=7.3g/dl, Hct=22%, MCV=76fl, MCH=25pg, MCHC=33%, Platelete count=393.10^9/L, Lym# count=57.10^9/L, Anisocytosis 2+, Microcytes 2+, Hypocromic 2+, Reticulocyte count= 1.8%

Completed today: U/A Protein 3+, Blood (hemolyzed) 3+, Glucose1+, Hb=9

Assessment:

1. NS
2. Renal Insufficiency
3. Hypochromic Microcystic Anemia
4. Malnutrition

Plan:

1. Prednisolone 5 mg 4t po qd one month
2. ASA 81 mg 1t po qd one month
3. MTV 1t po qd one month
4. FeSO4/Folic Acid 200/0.25 mg 1t po qd one month

Labs or Studies: draw blood for LFT and other tests can wait until June

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 2/5/06**

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For this patient, we didn't receive the replies from the partners.

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, May 02, 2006 9:40 PM
To: Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006, Case#7 Ros Yoeu 29M (Taing Treuk Village)

Dear all,

This is the last case with pictures. Please wait for other cases tomorrow. Thank you very much and we hope to get your replies soon.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note (Follow-Up)

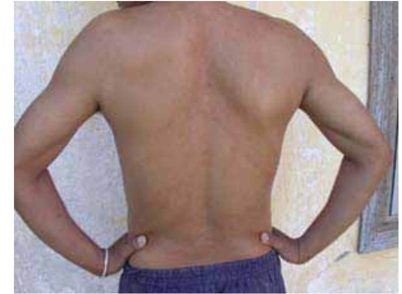
Patient Name & Village: Ros Yeou 29 M (Taing Treukl)

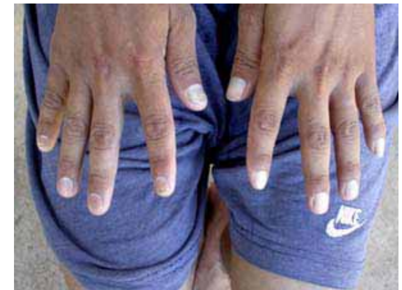
Subjective: 29 M came to follow up of PMH of Gastritis, Tinea versicolor, Psoriasis?, Parasitis. Patient is much better than before, but now with symptoms of sore throat, HA on and off x 2 weeks with cough and white sputum, no fever, good appetite, good urine output, rash on the body and all extremities completely healed except fingers and toes nails.

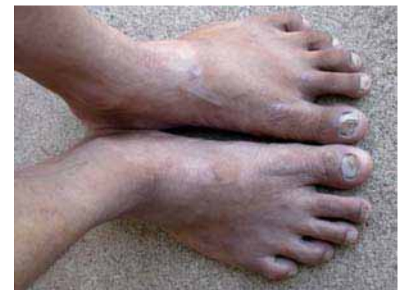
Objective:

Current Medications:

Famotidine 40 mg 1t poqhs
Griseofulvin 500 mg 1t po q12h







Allergies: NKDA

VS: BP= 120/80 P= 96 R=20 T=37°C Wt= 65Kg

PE (focused):

General: Stable

HEENT: pink on conjunctiva, no lymph node palpable, no JVD

Chest: CTA bilaterally no rales, no rhonchi; HRRR, no murmur

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

Skin/Extremity: no rash on the body and all extremity, finger and toe nail deformity

Neuro: unremarkable

Labs/Studies:

Previously completed: on 07/4/06: SGOT/AST=33, SGPT/ALT=14, WBC=8, RBC=6.5, Hgb=13.2, Ht=42, MCV=64, MCH=20, MCHC=32, Platelet count=163, Lymp# count=2.9, Mxd=13, Neut#count=3.8

Completed today: none

Assessment:

1. Gastritis
2. Onychiomycosis

Plan:

1. Famotidine 40 mg 1t po qhs one month
2. Griseofulvin 250 mg 2t po q12h one month

Labs or Studies: none

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 02/5/06**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, May 04, 2006 7:39 AM
To: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: FW: Robib TM Clinic May 2006, Case#7 Ros Yoeu 29M (Taing Treuk Village)

-----Original Message-----
From: Smulders-Meyer, Olga,M.D.
Sent: Wednesday, May 03, 2006 4:51 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic May 2006, Case#7 Ros Yoeu 29M (Taing Treuk Village)

I agree with his plans as outlined.

Olga Smulders-Meyer MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 03, 2006 8:13 PM
To: Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Kruy Lim; Ruth Tootill; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006 case#8 Same Kun 27F (Boeung Village)

Dear all,

Today is the second day for Robib TM Clinic and we have three new cases and seven follow up cases. This is case number eight continued from yesterday.

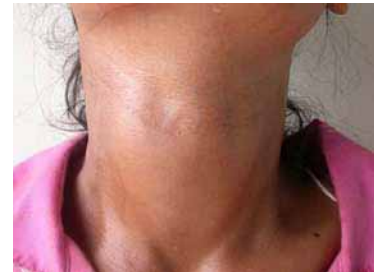
Best Regards,
Rithy/Sovann

History and Physical

Name/Age/Sex/Village: Same Kun, 27F (Boeung Village)

Chief Complaint (CC): Neck mass x 14 mo

History of Present Illness (HPI): 27F farmer with 3 small children presented with c/o neck mass growing progressively from thumb to orange size in 14 months; she said she noticed the mass on anterior of her neck 1 month prior to the birth of her 3rd child last March. She was without any sx then and her delivery was uneventful, but about 4 mo ago, she started to experience palpitation, blurred vision, tremor and heat intolerance off and on and now increased in frequency with fatigue, malaise, diaphoresis, wt loss (?), and sometimes SOB after a short distance walking or doing chores. +Good appetite, good BM, no N/V/D, no dysphagia, no syncope, no dizziness, no eye pain or pressure, slept well, but "felt weak at the knees." Used iodized salt at home.



Past Medical History (PMH): None

Current Medications: Non-alcoholic herbal drink

Allergies: NKDA

Social History: No smoke, +EtOH with herbal traditional medicine post-partum for first 2 children, but none for this one.

Family Hx: 2nd cousin with goiter

Review of Systems (ROS): Inadequate breast milk for the baby and started to give sweetened rice soup as supplement—her 13mo old baby appeared undergrowth, unable to sit, walk, or talk yet; +dysuria with burning sensation, no vaginal d/c or bleeding, no mense yet

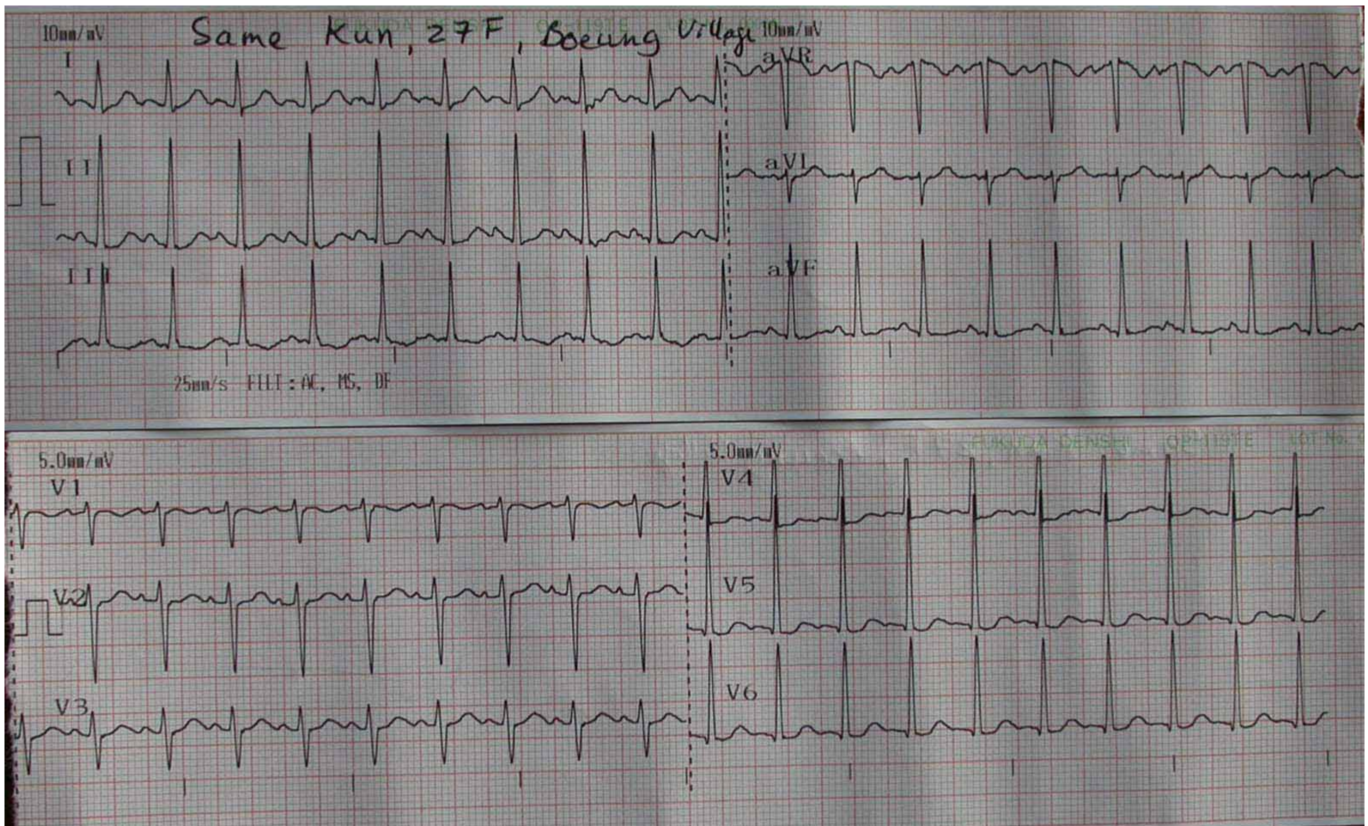
PE:

Vitals: BP=120/70 P=132 R=22 T=38 Wt=41Kg

General: A&Ox3, seemed mildly agitated, stare, slightly diaphoretic

HEENT: Normocephalic, +slight exophthalmos?, PERRLA & EOMI, normal vision, no oropharyngeal lesions, no lymphadenopathy, mass on anterior neck 5cmx5cm bilaterally, mobile on swallowing, slightly irregullar surface, slightly hard, no tenderness, +bruit over mass bilaterally; no JVD.

Lungs: CTA



Heart: +tachycardia, reg rhythm, no murmur

Abdomen: Soft, +BS, non-tender, no HSM, no CVA tenderness

Extremities: Mild tremor, good tone, MS +5/5; moist skin, no edema, good pulses

Neuro: DTRs +2/4 UE and +1-2/4 LE bilaterally, motor and sensory intact, normal gait, -Rhomberg

Lab done: U/A➔ trace prot, +1 gluc, +3 blood, trace leuk; Hb=10mg/dL; RBS=142mg/dL

Assessment:

1. Hashimoto's thyroiditis?
2. Graves' dz?
3. Nodular goiter?
4. UTI
5. Hyperglycemia
6. Anemia
7. Cachexia

Plan:

1. Propranolol 40mg ½ tab po bid x 1mo
2. Carbimazole 5mg 1 po tid x 1mo
3. Cipro 500mg 1 po bid x 10d
4. Para 500mg 1 po qid prn
5. MTV 1 po bid
6. FeSO4/folate 200/0.25mg 1 po bid
7. Similac cereal powder (for her baby), stop breastfeeding and give milk bottle feeding

Lab/Study Requests: TFT, CBC, Chem, BUN, Creat, gluc

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

Specific Comments/Questions for Consultants:

Examined by: PA Chau Rithy **Date: 3/5/06**

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From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Thursday, May 04, 2006 12:02 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic May 2006 case#8 Same Kun 27F (Boeung Village)

This 27 y/o woman with goiter and symptoms and sign of hyperthyroidism. It is unclear from pictures and description whether this is a diffuse goiter or a discrete mass
I agree with beta-blockers.
Would confirm hyperthyroidism with TFTs before starting methimazole
If hyperthyroidism is confirmed, a thyroid scan and uptake should be done to clarify etiology, also before starting methimazole
Scan should show:
-Diffuse and increased uptake: Graves' disease. Ok to start methimazole, consider radioiodine in the future.
-Focal uptake: Ok to start methimazole, but either surgery or radioiodine in the future as it almost never remits.
-Cold nodules: should have a biopsy.

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

-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Wednesday, May 03, 2006 12:52 PM
To: Barbesino, Giuseppe,M.D.
Subject: FW: Robib TM Clinic May 2006 case#8 Same Kun 27F (Boeung Village)

Hello Dr. Barbesino:

I have one new case for you and one follow-up case.

Many thanks,

From: Cornelia haener [mailto:Cornelia_Haener@online.com.kh]
Sent: Thursday, May 04, 2006 3:58 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Kruy Lim'; 'Ruth Tootill'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic May 2006 case#8 Same Kun 27F (Boeung Village)

Dear all,
I think your assessment of Graves' disease is correct. I would suggest to treat her medically at least 18 months, if the laboratory tests confirm hyperthyroidism. Surgery is only indicated, if the goiter is much bigger and/or hyperthyroidism relapses after correct treatment.
Thanks
Cornelia Haener

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 03, 2006 8:24 PM
To: Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Kruy Lim; Ruth Tootill; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006 case#9 Srey San 42F (Taun Laep Village)

Dear all,

This is case number nine with pictures.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Patient Name (or identifier) and village: Srey San 42 F (Toun Laep Village)

Date: 03/5/2006

Chief Complaint (CC): (R) buttock pain two months

History of Present Illness (HPI):42F, Traditional midwife, fell from a moving motorcycle onto her right side and the motorcycle fell on top of her right thigh two months ago. Her right thigh became swollen, bruised with severe pain, but she didn't find medical care and got treatment from traditional healer. She denied any referred pain or numbness/tingling. She was unable to walk or stand for more than 5-10 minutes due to pain; Now she has less pain but still she couldn't walk by herself and was able to be mobile with assistance of 2 persons carrying her on each side. She has normal function for BM and urination. No LOC, no head injury. She could passively move her right leg but with clicking/popping sound. She took unknown drugs from local pharmacy to relieve pain prn and traditional medication. Today she came here to see us.

Past Medical History (PMH): Motorcycle accident 2 mo ago

Social History: no alcohol drinking, no smoking

Review of Systems (ROS): no weight loss, no fever, no headache, good bowel movement, good urine output.

Current Medications: traditional medication, unknown name drugs to relieve pain

Allergies: NKDA

Physical Exam (PE):

V/S: BP=101/62 P=78 R=20 T=36.5 Wt=41kg

General: look stable, unable to move around using her lower extremities

HEENT: no orolaryngeal lesion, pink on conjunctiva, no JVD, no lymph node palpable

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

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

Musculoskeletal/Neuro: decreased muscle strength active ROM 0-1/5 flexion at right hip, 1-2/5 for extension; passive ROM almost full but with pain and no crepitus or popping sound; decreased about 50-70% adduction, abduction on right leg at hip and left side ROM without pain and full. Palpation of right femur head area with mild pain, possible step off??; no psoas sign, no sciatic nerve pain illicited. Spinal and sacral palpation normal without pain. DTRs +2/4 bilaterally, sensation intact. Moving around using her upper extremities and hardly using her left leg (ie used only as support to stabilize or relieve pain from right side). Muscle tone somewhat flaccid and wasting.

Rectal: good tone, no mass palpable, colocheck neg.

Labs/Studies:

BS=112mg/dl, Hb=11g/dl, U/A Leucocyte 2+, blood trace

Assessment:

1. (R) Hip dislocation?
2. (R) Femoral closed fracture?
3. UTI?

Plan:

1. Diflunisal 500mg 1 po bid prn severe pain
2. Ciprofloxacine 500mg 1t po q12h 5d
3. Para 500mg 2 tab po qid for prn moderate pain
4. do hip and right thigh x-rays (lateral and AP) at Kg Thom

Specific Comments/Questions from RN to consultants: do you agree with my plan? Please give me good idea!

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

Examined by: Peng Sovann/Chau Rithy **Date: 03/5/06**
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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, May 04, 2006 7:42 AM
To: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: FW: Robib TM Clinic May 2006 case#9 Srey San 42F (Taun Laep Village)

-----Original Message-----
From: Patel, Dinesh,M.D.
Sent: Wednesday, May 03, 2006 4:35 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic May 2006 case#9 Srey San 42F (Taun Laep Village)

Based on this, I think there are several possibilites:

- subcapital fracture of hip
- hematoma thigh muscles with scar tissue
- ruptured quadriceps muscle with scar
-

Less likely femur fracture or disclocation

I will favor crutches till we have hip and femur xrays and see the status of thigh muscles

Thanks,

Dinesh Patel, MD

From: Cornelia haener [mailto:Cornelia_Haener@online.com.kh]
Sent: Thursday, May 04, 2006 4:05 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Kruy Lim'; 'Ruth Tootill'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic May 2006 case#9 Srey San 42F (Taun Laep Village)

Dear all,
I agree with your excellent plan.
Thanks
Dr. Cornelia Haener

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 03, 2006 8:31 PM
To: Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Kruy Lim; Ruth Tootill; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006 case#10 Puth Lat 77F (Rovieng Tbong Village)

Dear all,

This is case number ten with pictures.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

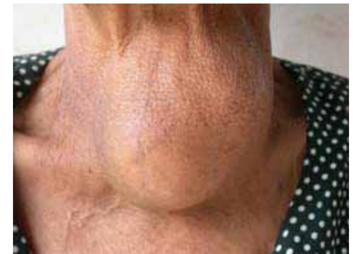
Rovieng Commune, Preah Vihear Province, Cambodia

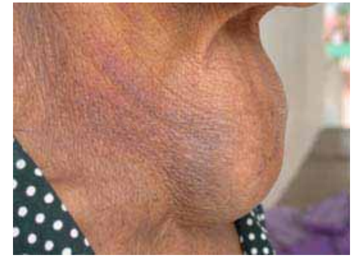
History and Physical

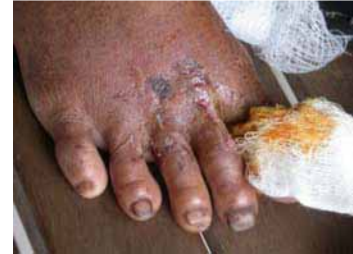
Patient Name (or identifier) and village: Puth Lat 77F (Rovieng Tbong Village)

Date: 03/5/06

Chief Complaint (CC): Neck mass for 30 years







History of Present Illness (HPI): 77F, farmer, has had a mass about 3x3cm 30 years ago. It was movable, no pain, no other complications, and it became bigger and bigger from year to year. In these five months she started symptoms of chest tightness, palpitation, headache, she can drink fluid but difficult to swallow food. She didn't find any medical care just come to us today while she was being kept at the local health center for treatment of a recent motorbike accident. She said she used iodized salt at home several years now.

Past Medical History (PMH): HTN 20ys ago and took unknown medication prn when her BP was high

Social History: no alcohol drinking, smoking 2sticks/d on and off one year, stopped now

Family History: unremarkable

Review of Systems (ROS): Patient had motor accident and bruised and scraped on right lateral eyebrow, waist, small wound right knee and right foot, slight edema on right calf

Current Medications: unknown name on HTN drug, PNC IM injection 2 million units tid x 1 wk at local HC already PTC.

Allergies: NKDA

Physical Exam (PE):

V/S: BP=124/80 P=85 R=20 T=36.5 Wt=43kg

General: look stable

HEENT: small scrape with bruise on right lateral eyebrow with bandage, small bruises perinasal area also, no oropharyngeal lesion, pale on conjunctiva, mass on anterior neck about 10x8cm movable while swallowing, regular border, slightly undulated surface, no lymph node palpable

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

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

Skin/Extremity: swelling on right lower leg, small wound on right knee and right foot, (+) dorsalis pedis pulse

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

Labs/Studies: BS=128mg/dl, Hb=11mg/dL

Assessment:

1.
2. Nodular goiter
3. HTN?
4. Wound on right knee and right foot

Plan:

1. Check TFT, CBC, Chem, BUN, Creat at SHCH
2. Hold off her prn HTN meds for now and recheck BP next visit
3. Cephalexin 250mg 2 po tid x 7d
4. Para 500mg 1 po qid prn muscle pain

Specific Comments/Questions from RN to consultants: do you agree with my plan? Please give me good idea!

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

Examined by: Peng Sovann/Chau Rithy **Date: 03/5/06**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, May 04, 2006 2:45 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Robib TM Clinic May 2006 case#10 Puth Lat 77F (Rovieng Tbong Village)

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, May 03, 2006 3:06 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic May 2006 case#10 Puth Lat 77F (Rovieng Tbong Village)

Indeed she has a large goiter that poses some obstruction when she swallows solid foods.

There is a possibility she may have new onset superimposed Graves disease or toxic nodule based on history of palpitations. In the history and exam, one would look for the following symptoms and signs to diagnose thyrotoxicosis: heat intolerance with warm skin, emotional irritability with sleep disturbance, weight loss, fatigue, weakness, loose stools, change in menses if she was younger and still menstruating, bruit over the thyroid, tremors, hyperreflexia, lid retraction with stare, lid lag, tachycardia.

TSH and T4 would be a good test. She should consider thyroidectomy to relieve mechanical obstruction.

Heng Soon Tan, MS

From: Cornelia haener [mailto:Cornelia_Haener@online.com.kh]
Sent: Thursday, May 04, 2006 4:02 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Rithy Chau'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Kruy Lim'; 'Ruth Tootill'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic May 2006 case#10 Puth Lat 77F (Rovieng Tbong Village)

Dear all,
I agree to your plan. I would suggest conservative treatment at this age and a thyroid operation only if the signs of compression are severe and lead to weight loss or stridor.
Thanks
Cornelia Haener

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 03, 2006 8:35 PM
To: Kruy Lim; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006, Day 2, Case#11, Chheak Leang Kry, 65F

Dear All,

Here is the first follow-up case for second day of Robib TM Clinic.

Best Regards,
Rithy/Sovann

SOAP Note (Follow-Up)

Patient Name & Village: Chheak Leang Kry 65F (Rovieng Cheung)

Subjective: 65F came to follow up for DMII, PNP, HTN. She is much better, but now c/o symptoms of suprapubic pain, dysuria, hesitency, no hematuria, no N/V, no headache, no dizziness, no chest pain, no palpitation, no fever, no GI complaint, no edema.

Objective:

Current Medications:
Meformine 500mg 2t po qhs
Lisinopril 5mg 1t po q12h
ASA 81mg 1t po qd
Amitriptyline 25mg 1/2t po qhs

Allergies: NKDA

VS: BP=120/70 P=80 R=20 T=36.7 Wt=62kg

PE (focused):

General: Look stable

HEENT: unremarkable

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

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

Skin/Extremity: unremarkable

Neuro: unremarkable

Labs/Studies:

Completed today: FBS=110mg/dl, U/A Leucocyte 1+, Protein trace

Assessment:

1. DMII<PNP
2. HTN
3. UTI?

Plan:

1. Meformine 500mg 2t po qhs for four months
2. Captopril 25mg 1t po q12h for four months
3. ASA 81 mg 1t po qd for four months

4. Amitriptyline 25mg 1/2t po qhs for four months
5. Ciprofloxacin 500mg 1t po q12h x 5d
6. DM/HTN education, foot care

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 03/5/06**

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From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Thursday, May 04, 2006 2:19 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic May 2006, Day 2, Case#11, Chheak Leang Kry, 65F

I agree with your plan. Patient seem to have is UTI again now, most likely. Diabetes seesm to be better controlled, but only one blood sugar vailable, it would be important to obtain HGBA1C, as best indicator of average glycemia. Overall it seems she has made progress.

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

-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Wednesday, May 03, 2006 1:14 PM
To: Barbesino, Giuseppe,M.D.
Subject: FW: Robib TM Clinic May 2006, Day 2, Case#11, Chheak Leang Kry, 65F

Hello Dr. Barbesino:

Here is the follow up case.

The attached "word" document contains the previously presented material and your responses.

Many thanks,

Kathy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 03, 2006 8:43 PM
To: Kruy Lim; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006, Day 2, Case#12, Chheuk Norn, 51F

Dear All,

Here is the next case #12 for second day of Robib TM Clinic.

Best Regards,
Rithy/Sovann

SOAP Note (Follow-Up)

Patient Name & Village: Chheuk Norn 51F (Thnout Malou Village)

Subjective: 51F came to follow up for DMII. Patient is much better than before with symptoms of no headache, no dizziness, no cough, no fever, no diaphoresis, no GI complaint, good urine output, no edema, no rash.

Objective:

Current Medications:
Glibenglamide 5mg 1/2t po q8h
ASA 81mg 1t po qd

Allergies: NKDA

VS: BP=100/60 P=64 R=18 T=36.7 Wt=49kg

PE (focused):

General: look stable

HEENT: unremarkable

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

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

Skin/Extremity: unremarkable

Neuro: unremarkable

Labs/Studies:

Completed today: FBS=197mg/dl, U/A normal

Assessment:

1. DMII

Plan:

1. Increase Glibenglamide 5mg 1t bid
2. ASA 81mg 1t poqd
3. DM education, foot care

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 03/5/2006**

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From: Paul [mailto:ph2065@yahoo.com]
Sent: Thursday, May 04, 2006 2:26 AM
To: robibtelemed@yahoo.com; Rithy Chau; Kathleen M. Fiamma
Subject: Chheuk Norn 51F (Thnout Malou Village)

Peng Sovann/Chau Rithy

I agree with you plan. Again, always make people aware of hypoglycemia risk when diabetes meds are increased.

Thanks again!

Paul Heinzelmann, MD
PS. Aspirin may be good for Tann Kin Horn also if he can tolerate

---

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 03, 2006 8:55 PM
To: Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006 case#13 Svay Tevy 42F (Thnout Malou Village)

Dear all,

This is case number thirteen with pictures.

Best Regards,
Rithy/Sovann

SOAP Note (Follow-Up)

Patient Name & Village: Svay Tevy 42F (Thnout Malou)

Subjective: 42F came to follow for DMII. She is better than before only with symptom of headache on and off, no diaphoresis, no edema, no ext. numbness/tingling, no fever, no GI complaint, good urine output, no numbness, no edema. Her BS is still uncontrolled.

Objective:

Current Medications:

Glibenglamide 5mg 1t po q12h
Meformine 500mg 1t po qd

Allergies: NKDA

VS: BP=110/68 P=68 R=18 T=36.5 Wt=61kg

PE (focused):

General: look stable

HEENT: unremarkable

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

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

Skin/Extremity: unremarkable, no foot wound

Neuro: unremarkable

Labs/Studies:

Previous completed: on 07/4/06: WBC=16, RBC=5.3, Hb=14.1, Ht=41, MCV=77, MCH=27, MCHC=35, platelete count=304, Lym#count=2.3, Mxd#count=0.8, Neut#count=12.7,Na=143, K=3.7, Cl=104, BUN=1.3, Creat=48, Glucose=11.5mmol/L, Cholesterole=5.9mmol/L

Completed today: FBS=217, U/A Protein trace, blood 1+, Leukocyte 1+

Assessment:

1. DMII
2. UTI?

Plan:

1. Glibenglamide 5mg 1t po q12h for one month
2. Increase Meformine 500mg 1t po q12h for one month
3. Ciprofloxacin 500mg 1t po q12h for 5d
4. DM foot care and educ

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 03/5/06**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, May 04, 2006 2:42 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Robib TM Clinic May 2006 case#13 Svay Tevy 42F (Thnout Malou Village)

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, May 03, 2006 3:41 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic May 2006 case#13 Svay Tevy 42F (Thnout Malou Village)

She still has significant hyperglycemia despite absence of symptoms. A monthly A1c would give you a better sense of how well controlled she is. She needs more aggressive therapy: I would increase the glibenclamide to 10 mg am and 5 mg pm, and increase metformin to 1000 mg bid.

What happened to the lisinopril that she was taking for renal protection?

I'm not sure she has a urinary tract infection without symptoms. A urine culture to confirm an infection would be useful, otherwise you have to end up treating her empirically as you are doing. For lower tract infection, ciprofloxacin 250 mg bid 3 days would suffice.

Heng Soon Tan, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 03, 2006 8:50 PM

To: Kruy Lim; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006, Day 2, Case#14, Meas Lone, 58F

Dear All,

Here is the next case #14 for second day of Robib TM Clinic.

Best Regards,
Rithy/Sovann

SOAP Note (Follow-Up)

Patient Name & Village: Meas Lone 58F (Ta Tong Village)

Subjective: 58F came to follow up for COPD, Anemia. Patient is better than before with less symptoms of SOB on and off, no cough, no fever, no sore throat, no dizziness, no headache, good appetite, good urine output, no edema, and she felt a little upset stomach these 10d before lunch time.

Objective:

Current Medications:
Azmacort 1 puff q12h
MTV 1t po qd
FeSO4/Folic Acid 200/0.25mg 1t po qd
Paracetamole 500mg 1t po q6 prn headache

Allergies: NKDA

VS: BP=100/60 P=88 R=22 T=36.8 O2sat=97% Wt=34kg

PE (focused):

General: look stable

HEENT: pale on conjunctiva

Chest: CTA on the upper lobes and decreased breath sound on the lower lobes; H RRR, no murmur

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

Skin/Extremity: unremarkable

Neuro: unremarkable

Labs/Studies:

Completed today: Hb=10g/dl

Assessment:

1. COPD
2. Anemia
3. Upset stomach from iron tablet?

Plan:

1. Albuterole inhaler 2 puffs bid prn SOB for four months

2. MTV 1t po qd for four months
3. FeSO4/Folic Acid 200/0.25mg 1t poqd for four months
4. Mg/Al(OH)3 200/120mg 1t po q12h prn for stomach upset
5. Similac Cereal 3scopes/180cc water po q12h for four months

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 03/5/06**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, May 04, 2006 6:34 PM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Robib TM Clinic May 2006, Day 2, Case#14, Meas Lone, 58F

-----Original Message-----
From: Medoff, Benjamin D.,M.D.
Sent: Thursday, May 04, 2006 7:15 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic May 2006, Day 2, Case#14, Meas Lone, 58F

My thoughts:

Case Summary: 57 year old woman returns for evaluation for COPD. During last evaluation TB was suspected, it is unclear if this was ever diagnosed definitively and what treatment the patient received. Otherwise the patient feels better with less SOB, no fever, and an improved lung exam (less crackles).

Impression: I agree with their assessment and the treatment plan. I assume the patient had a negative evaluation for TB or received treatment (?). If not I would still obtain a chest X-ray and assuming it is abnormal get 3 sputums for AFB and mycobacterial culture.

Thank you for letting me consult on this case.

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

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 03, 2006 8:58 PM
To: Kruy Lim; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006, Day 2, Case#15, Prum Pri, 52M

Dear All,

Here is the next case #15 for second day of Robib TM Clinic.

Best Regards,
Rithy/Sovann

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

SOAP Note (Follow-Up)

Patient Name & Village: Prum Pri 52M (Rovieng Tbong Village)

Subjective: 52M came to follow up for CHF, Pneumonia, PTB?, Anemia, Parasititis, Left elbow ulcer, DMII. Patient is much better than before with symptoms of no diaphoresis, no headaches, no fever, no cough, no palpitation, no chest tightness, good appetite, no GI complaint, good urine output, no edema, but patient didn't take medication regularly because he forgot.

Objective:

Current Medications:
Lisinopril 5mg 1t po q12h
Furosemide 40mg ½ t po q12h
MTV 1t po qd
FeSO4/Folic Acid 200/0.25mg 1t po q12h
Similac Cereal 3scopes/180cc water po q12h

Allergies: NKDA

VS: BP(R)=148/98, (L)=150/100 P(R)=76, (L)=76 R=24 T=36 O2 sat=98% Wt=45kg

PE (focused):

General: look stable

HEENT: no orolaryngeal lesion, pale on conjunctiva, no JVD, no mass palpable

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

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

Skin/Extremity: no edema, ulcer on left elbow is healed

Neuro: unremarkable

Labs/Studies:

Previous completed: on 07/4/2006
WBC=6, RBC=3.1, Hb=8.9, Ht=28, MCV=95, MCH=30, MCHC=32, Platelet count=276, Lym# count=1.5, Mxd#count=1.6, Neut# count=2.7, Microcyte 1+, Hypochromic 1+, Reticulocyte 1.2, Hbs-Ag(-), HCV(-), Na=143, K=4.8, $Cl^{=}$113, BUN=7.2, Creat=305, Glucose=4.1, SGOT/AST=32, SGPT/ALT=31
CXR as attached
Completed today:
Hb=9g/dl, U/A Protein 4+, Blood hemolyzed 1+, PH=6.0

Assessment:

1. CHF
2. Anemia due to Vit/Iron deficiency
3. Renal insufficiency
4. UTI?

Plan:

1. Captopril 5mg 1t po q12h one month
2. Furosemide 40mg ½ t po qd one month
3. MTV 1t po qd one month
4. FeSO4/Folic Acid 200/0.25mg 1t po q12h one month
5. Ciprofloxacine500mg 1t po q12h 5d
6. Similac Cereal 3scopes/180cc water po q12h
7. Advised strongly to take medications regularly
8. Ask patient to do 2D echocardiography at Calmette Center in Phnom Penh if able to afford on his own

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 03/5/06**

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From: Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]
Sent: Thursday, May 04, 2006 2:06 AM
To: robibtelemed@yahoo.com; Rithy Chau; Kathleen M. Fiamma
Subject: Prum Pri 52M (Rovieng Tbong Village)

Thank you for the follow -up on this patient. Unfortunately, I am not familiar with the units that the labs are reported in.

1. **Congestive Heart Failure:** I agree with your assessment of CHF and the value of a ECHO (ultrasound). The CXR shows cardiomegaly, cephalization of vessels, and fluid in the pulmonary fissue on the R. I dont see evdence of effusion otherwise, or of infection or cancer. Furosemide makes sense, but may need to be elevated in the future. We don't have a previous weight on him, but we should get in the habit of tracking his weight, which will help us tell when he is fluid overloaded.

2. **Renal Insufficiency/ Nephrotic Syndrome** (evidenced by protein in urine): Lisinopril and furosemide makes sense. Salt intake should be limited to max 3 Gm per day.

3. **Anemia:** This may be due in part to kidney problems. If a fecal occult blood test (i.e. Colocheck) wasn't done, it should be.. Continue multivitamin

4. **Diabetes:** I know we can't do hemoglobin A1C, but a random glucose would be helpful. There appears to be no glucose in the urine, but this isnt always very reliable.

5. **UTI** - I am not convinced this is going on...no dysuria, leukocyte esterase and nitrite on the UA were apparently negative, no fever, back pain/nausea. I would hold off on the Cipro at this time

Best,
Paul Heinzelmann, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 03, 2006 9:05 PM
To: Rithy Chau; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006 case#16 Tann Kin Horn 51(Thnout Malou Village)

Dear all,

This is case number sixteen with pictures.

Best Regards,
Rithy/Sovann

SOAP Note (Follow-Up)

Patient Name & Village: **Tann Kin Horn 51F (Thnout Malou Village)**

Subjective: 51F came to follow up for DMII. Patient is better than before with only symptom of headache on and off, no fever, no diaphoresis, no dizziness, no cough, good appetite, no GI complaint, good urine output, no edema, but her BS is still uncontrolled. She admitted to eating more sweet and greasy food over the Khmer New Year period.

Objective:

Current Medications:
Gliburide 5mg 1/2t po q12h
Enalapril 5mg 1/4t po qd
Mg/Al(OH)3 200/120mg 1t po q12h PRN

Allergies: NKDA

VS: BP=120/80 P=84 R=20 T=36.5 Wt=60

PE (focused):

General: look stable

HEENT: unremarkable

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

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

Skin/Extremity: unremarkable

Neuro: unremarkable

Labs/Studies:

Completed today: on 02/5/06 FBS=177mg/dl, U/A normal
on 03/5/06 FBS=347mg/dl

Assessment:

1. DMII

Plan:

1. Glibenglamide 5mg 1t po q12h one month
2. Captopril 5mg ¼ t po qd one month
3. DMII diet education

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 03/5/06**

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From: Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]
Sent: Thursday, May 04, 2006 2:15 AM
To: robibtelemed@yahoo.com; Rithy Chau; Kathleen M. Fiamma
Subject: Tann Kin Horn 51F (Thnout Malou Village)

Peng Sovann & Chau Rithy

I agree with your assessment.

If that is truely fasting glucose, that is quite high...I agree with you choice of meds and diet.

1. Glibenglamide 5mg 1t po q12h one month
2. Captopril 5mg ¼ t po qd one month
3. DMII diet education

I would warn them about hypoglycemic symptoms associated with Glibenglamide (weakness, sweating, fatigue, dizziness,...) and how to treat (sugar, juice, candy).

Foot exam is always a nice addition to the exam if you can do it.

Nice work! Thanks .

Paul Heinzelmann, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 03, 2006 9:13 PM
To: Kruy Lim; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2006, Day 2, Case#17, Tith Hun, 54F

Dear All,

Here is the last case #17 for second day of Robib TM Clinic. Please try to reply by 11 AM tomorrow Cambodian time, Thank you.

Best Regards,
Rithy/Sovann

SOAP Note (Follow-Up)

Patient Name & Village: Tith Hun 54F (Ta Tong)

Subjective: 54F came to follow up for HTN. She has symptoms of epigatric pain, burning, burping, mild salivary, heavy on the head, dizziness, no palpitation, no chest pain, good appetite, good urine output, no dysuria, no edema. She has dysparunia this past few weeks and post menopause ten years ago.

Objective:

Current Medications:
Propranolol 40mg 1t po q8h
HCTZ 50mg 1/4t po q12h

Allergies: NKDA

VS: BP=152/88 P=62 R=18 T=36.5 Wt=42kg

PE (focused):

General: look stable

HEENT: unremarkable

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

Abd: soft, no tender, no distension, (+)BS, no HSM, no CVA tenderness

Skin/Extremity: unremarkable

Neuro: unremarkable

Labs/Studies:

Completed today: U/A Protein trace, Blood 1+, Leukocyte 1+

Assessment:

1. HTN
2. UTI?
3. Dysparunia

Plan:

1. Propranolol 40mg 1t po bid for 2 months
2. HCTZ 50mg 1t po qd for 2 months
3. Ciprofloxacine 500mg 1t po q12h x 5d

4. Use gel when having sex

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

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

Examined by: Peng Sovann/Chau Rithy **Date: 03/5/06**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, May 04, 2006 7:06 PM
To: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: FW: Follow-Up case y 2006, Day 2, Case#17, Tith Hun, 54F

-----Original Message-----
From: Crocker, Jonathan T., M.D.
Sent: Wednesday, May 03, 2006 3:05 PM
To: Fiamma, Kathleen M.
Subject: RE: Follow-Up case y 2006, Day 2, Case#17, Tith Hun, 54F

Agree with plan except would only give HCTZ 50mg ONE HALF TABLET daily, and continue PROPRANOLOL 40mg THREE TIMES DAILY as she was already doing.

Dr. Crocker

Thursday, May 4, 2006

Follow-up Report for Robib TM Clinic

There were 6 new and 11 follow-up patients seen during this month Robib TM Clinic (and other patients came for medication refills only). The data of all 17 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 May 2006

I. Meas Samen, 58F (Koh Pon Village)

Diagnosis

1. Vit B difficiency?
2. Sciatica
3. GERD
4. PVCs
5. Cachexia
6. Pott's Disease?

Treatment

1. Vit B complex 2ml 5Amp/d IM for 3d
2. MTV 1t po q12h for one month
3. FeSO4/Folic Acid 200/0.25mg 1t po q12h for one month
4. Famotidine 40mg 1t po qhs for one month
5. Do CXR and T_{10} - Sacral spinal x-rays

II. Yoeung Chanthorn, 35F (Doang Village)

Diagnosis

1. Ideopathic Epilepsy
2. Grand mal seizure?

Treatment

1. Phenytoin 200mg 1t po qd for one month
2. FeSO4/Folic Acid 200/0.25mg 1t po q12h for one month

III. Seng Bora, 8M (Damnak Chen Village)

Diagnosis

1. Meningocale

Treatment

1. Return to KB or NPH in Phnom Penh

IV. Same Kun, 27F (Boeung Village)

Diagnosis

1. Graves' dz?
2. Nodular goiter
3. UTI
4. Hyperglycemia
5. Anemia
6. Cachexia

Treatment

1. Propranolol 40mg 1/2t po bid for one month
2. Ciprofloxacin 500mg 1t po q12h for 5d
3. Paracetamol 500mg 1t po q6h PRN headache for one month
4. MTV 1t po bid for one month
5. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
6. Similac Cereal 3scoops/180cc water tid po for her child
7. Draw blood for CBC, TFT, Lyte, BUN, Creat, and Glucose

V. Srey San, 42F (Toun Laep Village)

Diagnosis

1. Subcapital fracture of hip?
2. Hematoma of thigh muscle with scar tissue?
3. Ruptured quadriceps muscle scar?
4. UTI

Treatment

1. Diflunisal 500mg 1t po bid for one month
2. Paracetamol 500mg 2t po qid for one month
3. Ciprofloxacin 500mg 1t po q12h for 5d
4. Send to Kg Thom for (R) hip and thigh x-ray
5. Find Frame crutches for patient

VI. Puth Lat, 77F (Rovieng Tbong Village)

Diagnosis

1. Goiter
2. (R) foot and knee infected wound

Treatment

1. Cephalexin 250mg 2t po tid for one month
2. Paracetamol 500mg 1t po q6h prn pain for one month
3. Draw blood for CBC, Lyte, TSH, BUN, Creat, Glucose

VII. Srey Thouk, 56F (Taing Treuk Village)

Diagnosis

1. HTN
2. UTI

Treatment

1. Propranolol 40mg 1/2t po q12h for three months
2. ASA 300mg 1/4t po qd for three months
3. Ciprofloxacin 500mg 1t po q12h for 5d

VIII. Doung Sunly, 50M (Taing Treuk Village)

Diagnosis

1. GOUT
2. HTN
3. Hyperlipidemia
4. Renal Insufficiency

Treatment

1. Captopril 25mg 1t po qd for one month
2. ASA 81mg 1t po qd for one month
3. Diflunisal 500mg 1t po qd for one month

IX. Ros Yoeu, 29M (Taing Treuk Village)

Diagnosis

1. Gastritis
2. Onychiomycosis

Treatment

1. Famotidine 40mg 1t po qhs
2. Griseofulvin 250mg 2t po q12h

X. Chheak Leangkry, 65F (Rovieng Cheung Village)

Diagnosis

1. DMII, PNP
2. HTN
3. UTI

Treatment

1. Meformine500mg 2t po qhs for three months
2. Lisinopril 5mg 1t po bid for three months
3. Amitriptyline 25mg 1/2t po qhs for three months
4. ASa 81mg 1t po qd for three months
5. Ciprofloxacin 500mg 1t po q12h for 5d

XI. Chheuk Norn, 51F (Thnout Malou Village)

Diagnosis

1. DMII

Treatment

1. Glibenglamide 5mg 1t po bid for one month
2. ASA 81mg 1t po qd for one month

XII. Svay Tevy, 42F (Thnout Malou Village)

Diagnosis

1. DMII

Treatment

1. Glibenglamide 5mg 1t po q12h for one month
2. Meformine 500mg 2t po q12h for one month
3. Captopril 25mg 1/4t po qd for one month
4. ASA 81mg 1t po qd for one month

XIII. Prum Pri, 52M (Rovieng Tbong Village)

Diagnosis

1. CHF
2. Anemia due to vit/iron difficiency
3. Renal Insufficiency

Treatment

1. Captopril 25mg 1t po q12h for two months
2. Furosemide 40mg 1/2t po q12h for two months
3. MTV 1t po qd for two months
4. FeSO4/Folic Acid 200/0.25mg 1t po q12h for two months
5. Advise patient to take medication regularly

XIV. Tann Kin Horn, 51F (Thnout Malou Village)

Diagnosis

1. DMII

Treatment

1. Glibenglamide 5mg 1t po q12h for one month
2. Captopril 25mg 1/4t po qd for one month
3. DMII education

XV. Chhin Chheut, 12M (Trapang Reusey Village)

Diagnosis

1. NS

2. Hyperchromic Microcytic Anemia
3. Renal Insufficiency
4. Malnutrition

Treatment

1. Prednisolone 5mg 4t po qd for one month
2. ASA 81mg 1t po qd for one month
3. MTV 1t po qd for one month
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month

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

Diagnosis

1. HTN
2. UTI
3. Dysparunia

Treatment

1. Propranolol 40mg 1t po bid for one month
2. HCTZ 50mg 1t po qd for one month
3. Ciprofloxacin 500mg 1t po q12h for 5d
4. Use water-based gel when having sex

XVII. Meas Lone, 58F (Ta Tong Village)

Diagnosis

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

Treatment

1. Albuterol Inhaler 2 puff prn SOB
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for four months
3. MTV 1t po qd for four months
4. Paracetamol 500mg 1t po q6h for prn headache for four months

Patient who come to refill medication

I. Vong Cheng Chan, 52F (Rovieng Cheung Village)

Diagnosis

1. HTN

Treatment

1. Propranolol 40mg 1/2t po q12h for four months
2. Low salt/fat diet and regular exercise

II. Sao Phal, 57F (Thnout Malou Village)

Diagnosis

1. HTN
2. DMII
3. GERD
4. Hypochromic Microcytic Anemia

Treatment

1. HCTZ 50mg 1/2t po qd for two months
2. Amitriptyline 25mg 1t po qhs for two months
3. MTV 1t po qd for two months
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months
5. Omeprazole 20mg 1t po qhs for two months

III. So Soksan, 23F (Thnal Keing Village)

Diagnosis

1. Nephrotic Syndrome
2. Dyspepsia (Improving)
3. Anemia dre to Iron deficiency

4. Hypokalemia

Treatment

1. Prednisolone 5mg 5t po qd for one month
2. Furosemide 40mg 1t po qd for one month
3. ASA 81mg 1t po qd for one month
4. Lisinopril 5mg 1/4t po qd for one month
5. Omeprazloe 20mg 1t po qhs for one month
6. FeSO4/Folic Acid 200/0.25mg 1t po qhs for one month

New patients seen by PA Rithy Chau without sending data:

I. Hem Sam Ath, 40F (Bakhdaong Village)

Diagnosis

1. Sciatica

Treatment

1. Diflunisal 500mg 1t po bid prn pain for one month

II. Lim Nai, 54F (Bakhdaong village)

Diagnosis

1. Myopia
2. Tension Headache

Treatment

1. MTV 1t po qd
2. Paracetamol 500mg 1t po qid prn headache
3. Refer to Ang Doung Hosp. or Eye Center for prescription glasses

III. Koeut Hong, 34F (Chamback Phaem Village)

Diagnosis

1. Dyscentheric
2. Parasititis
3. Cachexia
4. PID/Vaginal Candidasis

Treatment

1. Metronidazole 250mg 2t po tid for 10d
2. Mebendazle 100mg chew 1t po bid for 3d
3. MTV 1t po qd
4. Mg/Al(OH)3 250/120mg chew 2t po qid prn
5. Antifungal vaginal suppository use as directed (local HC)

IV. Yin Eit, 37M (Oh Village)

Diagnosis

1. UTI
2. Muscle Pain

Treatment

1. Ciprofloxacin 500mg 1t po bid for 5d
2. Paracetamol 500mg 1t po qid prn pain

V. Pang Phai, 67M (Oh Village)

Diagnosis

1. UTI

Treatment

1. Ciprofloxacin 500mg 1t po bid for 5d
2. MTV 1t po qd

VI. Ros Loh, 77F (Bakhdaong Village)

Diagnosis
1. UTI
2. Elevated BP

Treatment
1. Ciprofloxacin 500mg 1t po bid
2. Return next month for BP control

VII. Tien Kieh, 46F (Pal Hal Village)

Diagnosis
1. Sciatica
2. Dyspepsia

Treatment
1. Paracetamol 500mg 2t po qid prn pain
2. Mg/Al(OH)3 250/125mg chew 2t po qid prn upset stomach

The next Robib TM Clinic will be held on June 5-9, 2006