Robib *Telemedicine* Clinic

Preah Vihear Province

M A Y 2 0 0 8

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

On Monday, April 28, 2008, SHCH staff, PA Rithy and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), April 29 & 30, 2008, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 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, April 30 & May 01, 2008.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston and SHCH, 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: Wednesday, April 23, 2008 9:24 AM
To: Rithy Chau; Kruy Lim; Cornelia Haener; Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Dan Liu; Seda Seng; Peou Ouk; Sam Oeurn Lanh; Sochea Monn
Subject: Schedule for Restarting Robib TM Clinic

Dear all,

I would like to inform you that Robib TM Clinic is going to be restarting on April 28, 2008 to May 02, 2008.

The agenda for the Clinic is as following:
1. Monday April 28, 2008, PA Rithy, driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihea
2. Tuesday April 29, 2008, The clinic opens to see the patients for evaluation for the whole morning, then type the information up into the computer in the everning then send to both partners in Boston and Phnom Penh
3. Wednesday April 30, 2008, We do as on Tuesday
4. Thursday May 01, 2008, We download all the answers replied from both partners, make the treatment plan accordingly then prepare the medicine for patients in the everning
5. Friday May 02, 2008, Draw blood from the patients for lab test at SHCH then come back to Phnom Penh

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

Best regards,
Sovann

From: Samoeurn Lanh [mailto:lanhsamoeurn@gmail.com]
Sent: Wednesday, April 23, 2008 9:38 AM
To: Robib Telemedicine
Cc: Rithy Chau; Kruy Lim; Cornelia Haener; Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Dan Liu; Seda Seng; Peou Ouk; Sochea Monn
Subject: Re: Schedule for Restarting Robib TM Clinic

Dear Mr. Sovann and Mr. Rithy,

Please be informed you that everything in Robib now is working as usual.
All the patients who used to get medicines are happy when they heard, this system is coming back soon.

Best regards,

Lanh Samoeun

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, April 29, 2008 8:28 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2008, Pov Heng, 73F (Rovieng Tbong Village)

Dear all,

We are at Rovieng for Robib TM Clinic May 2008. There are 2 new cases and 3 follow up for today. This is case number one Pov Heng, 73F and Photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Pov Heng, 73F (Rovieng Tbong Village)

Chief Complaint (CC): dizziness x 4 months

History of Present Illness (HPI): She presented with symptoms of dizziness, fatigue, palpitation, neck tension, insomnia for 4d then she became unconscious, and was brought to provincial hospital and told she has hypertension, hyperglycemia. She was treated with 2 kind of medication. Now she got much better than before but still dizziness, fatigue, neck tension. She denied of fever, dyspnea, chest pain, nausea, vomiting, abd pain, oliguria, dysuria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No alcohol drinking, no cigarette smoking

Current Medications: 2 types of med bid, stopped take them for 2d

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: (R) 200/90, (L) 190/90 P: 84 R: 22 T: 37^{o}C Wt: 53Kg

General: Look stable

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

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

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

Extremity/Skin: No edema, no rash, no foot wound

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

Lab/study: UA normal, RBS: 108mg/dl

Assessment:

1. Severe HTN

Plan:

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

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

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

Examined by: Nurse Sovann Peng **Date: April 29, 2008**

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

From: Kreinsen, Carolyn Hope,M.D.,M.Sc. [mailto:CKREINSEN@PARTNERS.ORG]
Sent: Thursday, May 01, 2008 6:45 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh; Kreinsen, Carolyn Hope,M.D.,M.Sc.
Subject: RE: Robib Telemedicine Clinic May 2008, Pov Heng, 73F (Rovieng Tbong Village)

This is a 73 year old woman presenting with a 4 month history of dizziness. She at some time over the past few months noted worsening of dizziness with fatigue, palpitations, neck stiffness, insomnia and ultimately loss of consciousness. She was diagnosed at the provincial hospital with hyperglycemia and hypertension and was treated with two unknown medications on a BID basis. She stopped taking her meds two days before presenting. She reports feeling much better but still has dizziness, fatigue and neck stiffness. She denies fever/cardiac/gastrointestinal/urological symptoms. She does not smoke or consume alcohol.

Her reported physical exam was normal aside from severe systolic and mild diastolic hypertension noted in both arms, 200/90 on the right and 190/90 on the left. Urine dipstick was normal and non-fasting fingerstick blood sugar was 108 mg/dl.

Assessment:

This woman has severe systolic hypertension. it's unclear how long she has had blood pressure elevation. I agree with your plan to start HCTZ 25 mg po qd, as well as your other instructions to the patient. It is impotant that she knows to consume potassium and magnesium containing foods each day. Tomatoes, if available, would be a good choice of food for potassium. Unfortunately, bananas and oranges, while excellent sources of potassium, have high sugar content and should be consumed in small amounts by this woman who has a possible history of Diabetes. She also should know to drink increased water/non-caffeinated fluid while on diuretic therapy. I think that it is important to try to find out what medications she had been given at the provincial hospital and why she stopped taking them. Did she run out of her meds, did she stop because she was feeling better or were there other reasons? It would be helpful to call the provincial hospital to discover what kind of workup/testing she underwent while there. Given the severity of this woman's hypertension, I'd recommend recheck of her blood pressure in one to two weeks, if at all possible, to make certain that she is taking her medication and responding to it. She is at high risk for stroke and other seroius

consequences of hypertension if her blood pressure is not lowered, at least somewhat, fairly quickly. I completely agree with the lab tests that you ordered. In addition, I'd advise a differential with the CBC, a full fasting lipid panel - total cholesterol/LDL/HDL/triglycerides, a magnesium level and a TSH. It would be helpful to get a full urinalysis with sediment examination, given her hypertension, to look for red blood cells per high powered field and casts that might indicate kidney disease. However, the lack of microscopic blood and protein on the urine dipstick is very encouraging. Further work-up may be necessary once initial lab test results are available for review.

Dizziness is always a challenging symptom. I think that it's always a good idea to define what that means. Does this patient feel light-headed or as though she is going to faint? Does she note increased dizziness/lightheadedness with positional change? It would be helpful to check her orthostatic vital signs - heart rate and blood pressure lying, sitting and standing - to check for drop in blood pressure and/or increase in heart rate with positional change. Does she feel as though she is moving while she is stationary, does she feel as though her surroundings are moving while they are not or does she feel unstable on her feet. Is the dizziness worse when she turns her head quickly or when she turns over in bed? Has she noted any loss of hearing, ringing in her ears, visual changes, headaches or numbness/tingling in her arms/legs? The dizziness may be related to the hypertension but may not be. The stiff neck raises question of possible osteoarthritis of her cervical spine. It would be helpful to check the range of motion of her neck. Sometimes osteoarthritis of the neck can cause a sense of dizziness.

The possibility of Diabetes Mellitus II requires further follow-up. Again, I think that it would be very helpful to know what medications this patient was taking up until two days ago and what kind of testing was done at the provincial hospital. A Hemoglobin A1C, 3 month trend of blood sugars, would be a helpful blood test to check along with the fasting blood sugar. She should probably follow a low concentrated sweets diet until the issue of hyperglycemia is clarified. Has she had increased thirst, increased urination or increased hunger?

The fatigue, again, is a symptom with a wide differential. I think that the initial testing ordered is a good first step to try to determine the source of the fatigue.

Good luck and please keep me posted regarding this woman. Hope this was helpful!

Take care,

Carolyn K

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, April 29, 2008 8:33 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2008, Case#2, Po Our, 80F (Thnout Malou Village)

Dear all,

This is case number two, Po Our, 80F and Photos.

Best regards,
Sovann

Robib Telemedicine Clinic

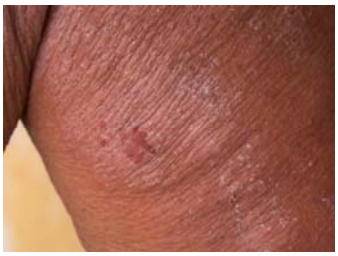
Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

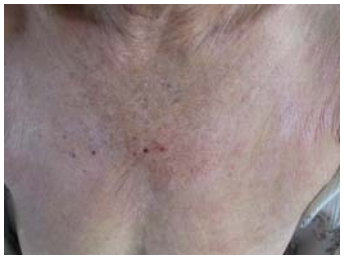
History and Physical

Name/Age/Sex/Village: **Po Our, 80F (Thnout Malou Village)**

Chief Complaint (CC): Skin rash x 7y



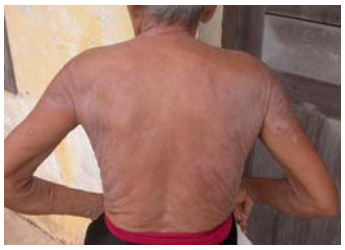
History of Present Illness (HPI): 80F presented with skin rash, itchy, slightly red color on the back and got treatment at Phnom Penh with unknown name ointment then all the rash had gone. A few months later the rash developed to other places as upper arm, anterior chest and got treatment with the same ointment and the rash gone for a while the developed again. She denied of vesicle or pustule.



Past Medical History (PMH): Unremarkable

Family History: None

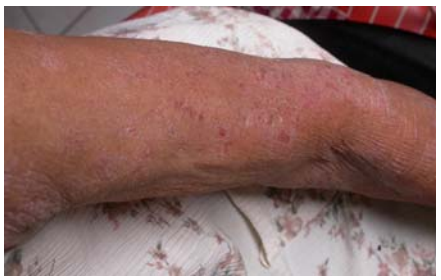
Social History: Chewing tobacco, no alcohol drinking, no cigarette smoking



Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable



PE:

Vitals: BP: 140/70 (both) P: 74 R: 20 T: 37^{o}C Wt: 39Kg

General: Look stable

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

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

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

Skin: maculopapular, raised border, flaky with excoriation, patchy, no pustule, no vesicle, pruritis on bilateral upper arms, chest, and back; sparing hands, head, and from waist down; no lesions on elbows or knees, but prominent on antecubital folds of arms.

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

Lab/study: None

Assessment:

1. Eczema (Atopic dermatitis)
2. Tinea Corporis?
3. Piryriasis Rosea?
4. Psoriasis?

Plan:

1. Mometasone Furoate cream 0.1% apply bid until the rash gone

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

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

Examined by: Nurse Sovann Peng **Date: April 29, 2008**

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

From: Kvedar, Joseph Charles,M.D.
Sent: Tuesday, April 29, 2008 8:58 PM
To: Fiamma, Kathleen M.
Subject: Re: Robib Telemedicine Clinic May 2008, Case#2, Po Our, 80F (Thnout Malou Village)

It certainly has the look of an eczematous dermatitis, chronic type. One wonders why an 80 yo woman is coming up with eczema. If it really is a new condition for her, it would be a good idea (if feasible) to do a basic malignancy work up (chest xray, careful lymph node exam, careful oral exam, agree with the labs – an ESR would be helpful as well.

Therapy wise, mometasone is a good choice. If something stronger such as clobetasol or halobetasol is available, that'd be better. Ointment vehicle is preferred if available.

Recommend f/u in a month
--
Joseph C. Kvedar, MD
Director, Center for Connected Health
Partners HealthCare System, Inc.
Associate Professor of Dermatology
Harvard Medical School

25 New Chardon Street
Suite 400 D

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, April 29, 2008 8:38 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2008, Case#3, Phim Sichin, 35F (Taing Treuk Village)

Dear all,

This is case number 3, Phim Sichin, 35F and Photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Phim Sichin, 35F (Taing Treuk Village)

Subjective: 35F came to follow up of DMII, LVH, TR/MS, cardiomegaly, Thalasemia. She had been out of medicine for a few months then she developed with symptoms of fatigue, dizziness, palpitation, polyphagia, polydypsia, polyuria. She bought Glebenclamide taking 1/2t po qd on/off because she has no money. She denied of fever, chest pain, nausea, vomiting, abd pain, stool with blood or mucus, hemtaturia, dysuria, edema.

Current Medications:

1. Glibenclamide 5mg 1/2t po qd

Allergies: NKDA

Objective:

Vitals: BP: 94/60 P: 90 R: 22 T: 37^{o}C Wt: 36Kg

PE (focused):

General: Look sick, cachexia

HEENT: No oropharyngeal lesion, pale conjunctiva, no thyroid enlargement, no lymph node palpable, (+) JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, 2+ cresendo systolic murmur

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

Extremity/Skin: no edema, no rash, no foot wound

MS/Neuro: Unremarkable

Lab/Study: done today April 29, 2008

BS: 305mg/dl, UA: Gluc 3+, Hb: 9g/dl

Assessment:

1. DMII
2. LVH
3. Cardiomegaly
4. TR/MS
5. Thalasemia
6. Cachexia

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 25mg 1/4t po bid for one month
3. MTV 1t po bid for one month
4. Review on diabetic diet and foot care, regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: April 29, 2008**

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

From: Fang, Leslie S.,M.D.
Sent: Tuesday, April 29, 2008 10:46 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic May 2008, Case#3, Phim Sichin, 35F (Taing Treuk Village)

Major concern is the poor control of her diabetes
I agree with the medication adjustments as detailed
She may need more than one agent for better blood sugar control

Les

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, April 29, 2008 8:41 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2008, Case#4, So Sok San, 24F (Thnal Keng Village)

Dear all,

This is case number 4, So Sok San, 24F and Photos.

Best regards,
Sovann

Robib Telemedicine Clinic

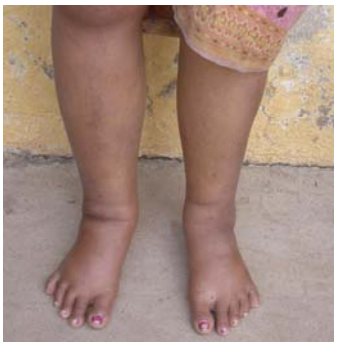
Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: So Sok San, 24F (Thnal Keng Village)

Subjective: 24F came to follow up of Nephrotic Syndrome, she was out of medicine for a few months she presented with fatigue, palpitation, poor appetite, nausea, small amount of urine and progressive edema, she bought Diuretic taking prn then she has pass more urine and less edema. She denied of fever, cough, dyspnea, chest pain, hematuria, dysuria, stool with blood or mucus.



Current Medications:

1. Diuretic 5t po qd prn

Allergies: NKDA

Objective:

Vitals: BP: 100/60 P: 86 R: 24 T: 37°C Wt: 65Kg

PE (focused):

General: Look sick, moon face

HEENT: No oropharyngeal lesion, slightly pale conjunctiva, no lymph node palpable, (+) JVD

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

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

Extremity/Skin: 2+ ptting edema, no rash

MS/Neuro: Unremarkable

Lab/Study: done today April 29, 2008

UA: Protein 4+

Assessment:

1. Nephrotic Syndrome
2. Anemia

Plan:

1. Prednisolone 5mg 12t po bid for two months
2. Captopril 25mg 1/4t po bid for two months
3. Furosemide 20mg 2t po qd for one months
4. MTV 1t po qd for one months
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one months
6. Albendazole 200mg 2t bid for 5d
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Protein, Albumin, Chole at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: April 29, 2008**

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

From: Fang, Leslie S.,M.D.
Sent: Tuesday, April 29, 2008 11:00 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic May 2008, Case#4, So Sok San, 24F (Thnal Keng Village)

Recurrent nephrotic syndrome is indicative of:
Membranous
Minimal change disease or
Focal sclerosis
She previously has responded to steroids and I agree that we should resume

In the absence of a renal biopsy, we should continue to treat empirically

Les

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, April 29, 2008 8:58 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic May 2008, Case#5, Chhin Chheut, 13M (Trapang Reusey Village)

Dear all,

This is the last case for first day of TM clinic May 2008, case number 5, Chhin Chheut, 13M and Photo. The other cases will be sent to you tomorrow. Please reply to the case before Thursday afternoon. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Chhin Chheut, 13M (Trapang Reusey Village)

Subjective: 13M with PMH of Nephrotic Syndrome and became stable for over one year without treatment with medicine; In March, he presented with symptoms of fever, fatigue, muscle pain on extremity, lower back pain, and he was brought to and admitted to Kg Thom hospital for a week and told he had malaria. He was treated with some injective medicine (unknown name). Since he has been discharged from hospital, he was not able to walk because he feels pain on both legs. He denied of dyspnea, nausea, vomiting, abd pain, oliguria, hematuria, dysuria, edema, trauma.

Current Medications:

1. None

Allergies: NKDA

Objective:

Vitals: BP: 110/68 P: 90 R: 24 T: 37.5^{o}C Wt: 17Kg

PE (focused):

General: Look sick, cachexia

HEENT: No oropharyngeal lesion, pink conjunctiva, no lymph node palpable, (-) JVD

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

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

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

MS/Neuro: MS +5/5, motor and sensory intact. DTRs +3/4 on knee jerk and tendon achil, mechanical robotic gait

Rectal Exam: Good sphincter tone, no mass palpable, (–) colo check

Lab/Study: done today April 29, 2008

UA: Gluc 1+, Protein 4+, Leukocyte 1+

Assessment:

1. Bilateral Lower extremity muscle weakness due to vita deficiency/post viral infection
2. Cachexia
3. Nephrotic Syndrome

Plan:

1. Vitamin B complex 10cc in NSS 250ml infusion qd for 3d
2. MTV 1t po bid for one month
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Protein, Albumin, TSH at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: April 29, 2008**

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

From: Fang, Leslie S.,M.D.
Sent: Tuesday, April 29, 2008 11:37 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic May 2008, Case#5, Chhin Chheut, 13M (Trapang Reusey Village)

Unfortunately, the patient has persistent nephrotic syndrome and is undoubtedly getting progressive more malnourished in that setting
It is not clear from the record if he previously responded to steroids. If he did, he may benefit from repeat course of treatment

Les

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 30, 2008 9:25 PM
To: Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann; Cornelia Haener; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2008, Case#6, Sath Khom, 18M (Khna Village)

Dear all,

Today is the second day for Robib TM Clinic May 2008. There are 6 new cases and two follow up cases. This is case number 6 continued from yesterday, Sath Khom, 18M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Sath Khom, 18M, Khna Village

Chief Complaint (CC): Hematuria x 15d

History of Present Illness (HPI): Patient came in c/o hematuria for 15d. Initially, he started with a high fever/chills and HA for 3d prior to his noticing of the hematuria. Because his younger brother was sick with malaria (++++), his mother decided to buy quinine and paracetamol at the local pharmacy to tx him single dose. Subsequently she gave him more paracetamol for fever which temporarily helped. He did not seek medical attention (nor traditional healer or medicine) until 3d ago when he came to the local health center and was tx w/ IV fluids and paracetamol since his malaria smear was negative. Because his hematuria still persisted, he came to our TM clinic this AM. He denied any N/V/D, dizziness, syncope, seizure, SOB, cardiopulmonary or abd problem or any trauma, injury, accident. He c/o burning sensation in his urethra when passing urine and a mild LBP. +constipation since illness, but normal BM during past 3d, no blood, no mucus. No more fever/chills/HA. Single, not sexually active.

Past Medical History (PMH): Abscess posterior right ear 10 yrs old; no surgery

Current Medications: IV fluids, Paracetamol

Allergies: NKDA

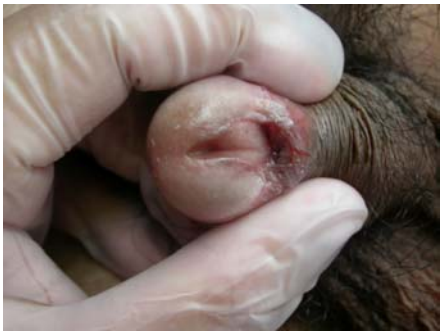
Family History: Father died 12 years ago from liver problem; sister with urinary hesitancy (was raped when she was 12 yo)

Social History: No smoke, no EtOH, no illicit drugs, quitted school after 5th grade (family hardship), widow mother with 10 children

Review of Systems (ROS): unremarkable

PE:

Vitals: BP 108/64 P 64 R 16 T 36.8C Wt 49Kg
General: A&Ox3, appeared stable
HEENT: Pink conjunctiva, no lymphadenopathy, no thyromegaly, no JVD
Lungs: CTA
Heart: HRRR, no murmur
Abdomen: Soft, flat, +BS, increased tympany, no HSM, +CVA tenderness bilaterally
Back: No spinal tenderness or gross abnormality
Skin: good turgor, maculopapular rashes in ring forms in groin and gluteal areas with clear center and white scales, pruritus



Extremities: No edema
Neuro: +5/5 MS, +2/4 DTRs, normal gait, no tremor, normal motor and sensory fn
GU: Normal male genital with normal secondary characteristic changes, but unable to pull foreskin freely—foreskin appeared to fuse with part of glans penis (see image); suburetra area (frenulum broken?) with a second tract parallel to urethra ? (see image)--which patient said that was there since he was born and erection created pain.
Rectal: good rectal tone, stool debris in vault, no gross blood, prostrate not tender or enlarge, no gross mass palpable
Psych: not anxious or depressed

Assessment:

1. Nephrolithiasis
2. UTI
3. Congenital urinary tract anomaly (Urethral fistula?)
4. Tinea cruris

Plan:

1. Cirpo 500mg 1 po bid x 7d
2. Paracetamol 500mg 2 po qid prn fever/pain
3. Ciclopirox cream apply bid until rashes gone then 2d more
4. increase fluid intake

Lab/Study Requests: U/A: gross macroscopic bloody urine, +4 blood (hemolyzed?), +4 prot (UA strip expired over a year already)

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

Specific Comments/Questions for Consultants: Any suggestion about helping with the abnormal penile problem? Can surgery or reconstruction surgery be done? Do we want to refer him to SHCH for further workup?

Examined by: PA Rithy Chau **Date: 30 April 2008**

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

From: cornelia_haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, May 01, 2008 11:27 AM
To: 'Robib Telemedicine'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kruy Lim'; 'Rithy Chau'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic May 2008, Case#6, Sath Khom, 18M (Khna Village)

Dear all,
The patient has hypospadia and phimosis. He might benefit from a circumcision. You might like to send him to the Sihanouk Hospital Center of HOPE to meet the urologist Dr. Bou Sopheap.

Kind regards
Cornelia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 30, 2008 9:36 PM
To: Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann; Cornelia Haener; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2008, Case#7, Im Thhun, 35M (Sanke Roang Village)

Dear all,

This is case number 7, Im Thhun, 35M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

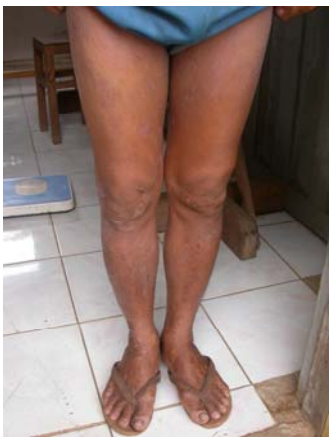
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Im Thhun, 35M (Sangke Roang Village)

Chief Complaint (CC): Back bone fracture x 3months

History of Present Illness (HPI): 35M, farmer, complaining of back bone fracture x 3months. He felt from the palm tree with 5m high in sitting position. The fracture site was swelling, severe pain, unable to stand and pass urine, no opened wound. He was brought to local health center and treated him IV fluid and pain killer. A week later the pain released and he can pass urine by himself and started to stand and walk with help. He still complaint of pain when he had long time sitting. No spine x-ray done.



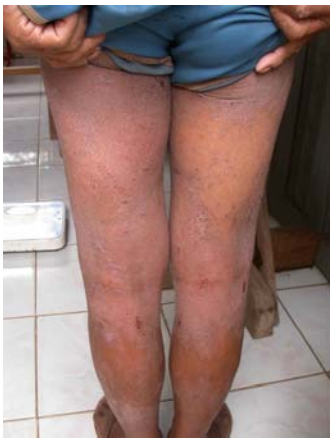
Past Medical History (PMH): Unremarkable

Family History: None

Social History: Drinking alcohol casually, no cigarette smoking

Current Medications: Pain killer prn

Allergies: NKDA



Review of Systems (ROS): Skin rash, itchy, developed from groin to legs, trunk, and hand

PE:

Vitals: BP: 100/60 P: 76 R: 20 T: 37^{o}C Wt: 45Kg

General: Look stable

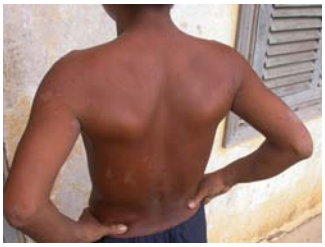
HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no complete healthed burining scar

Spinal Exam: T10 – T12 column vertebra became outward curve, no swelling, slightly tender,

Skin: maculopapular, flaky with excoriation, central clearing, no pustule, no vesicle, pruritus on groins, trunk, hands, sparing on the head



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

Lab/study: None

Assessment:

1. T10 – T12 Spine fracture?
2. Tinea Cruris
3. Psoriasis?

Plan:

1. Naproxen 375mg 1t po bid prn pain for one month
2. Paracetamol 500mg 1t po qid prn pain for one month
3. Ciclopirox 0.77% apply bid until the rash gone
4. Send to Kg Thom for T_{10} – T_{12} Spine x-ray (AP, Lateral)

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

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

Examined by: Nurse Sovann Peng **Date: April 30, 2008**

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

From: Kvedar, Joseph Charles,M.D.
Sent: Wednesday, April 30, 2008 4:06 PM
To: Fiamma, Kathleen M.
Subject: Re: Robib TM Clinic May 2008, Case#7, Im Thhun, 35M (Sanke Roang Village)

If possible I'd get a vdrl test. The rash is probably eczema as you suggest, but could be secondary syphilis, and we would not want to miss that. It seems more likely to me that it is inflammatory rather than fungal, so I'd suggest treating with mometasone or triamcinolone ointment for a few weeks and seeing him back in follow up.

--

Joseph C. Kvedar, MD
Director, Center for Connected Health
Partners HealthCare System, Inc.
Associate Professor of Dermatology
Harvard Medical School

25 New Chardon Street
Suite 400 D

Boston, MA 02114

From: cornelia_haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, May 01, 2008 11:29 AM
To: 'Robib Telemedicine'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kruy Lim'; 'Rithy Chau'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic May 2008, Case#7, Im Thhun, 35M (Sanke Roang Village)

Dear all,
I agree with your suggestion. As it is 3 month after the trauma and he has no neurology deficits anymore, pain management and physiotheraoy to strengthen his intrinsic back muscles might be all he needs.
Kind regards
Cornelia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 30, 2008 9:46 PM
To: Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2008, Case#8, Yin Hun, 72F (Taing Treuk Village)

Dear all,

This is case number 8, Yin Hun, 72F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Yin Hun, 72F (Taing Treuk Village)**

Chief Complaint (CC): Dizziness and neck tension x 5y

History of Present Illness (HPI): 72F presented with symptoms of dizziness, neck tension, palpitation, fatigue, a few day later she developed to unconscious and was bought to private clinic and diagnosed with HTN (BP:200/?) and treated with unknown name antihypertensive medication. She became better after a week. Since then she took antihypertensive when she presented with above symptoms without seeking care at health center or other health facility. She denied of fever, cough, dyspnea, chest pain, GI problem, oliguria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Chewing tobacco; no cig smoking, no alcohol drinking

Current Medications: Traditional medication, antihypertensive med prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: (R) 200/70, (L) 220/70 P: 71 R: 20 T: 37^{o}C Wt: 33Kg

General: Look sick

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

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

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

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

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

Lab/study: UA normal

Assessment:

1. Severe HTN

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. Do regular exercise, Eat low Na^{+} diet
3. Stop taking traditional medicine
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: April 30, 2008**

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: Thursday, May 01, 2008 5:08 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic May 2008, Case#8, Yin Hun, 72F (Taing Treuk Village)

Thank you for your consultation
It is excellent that the Rohib Telemedicine clinic is active again. It is a wonderful opportunity to try to help you help the patients in that area.

This woman has significant systolic hypertension that is intermittently symptomatic with dizziness.

I agree that she needs treatment for htn. diuretic is a good first choice.
The lab tests that you sent will help to determine if there is secondary organ damage.
Can you do eye exams to look at retinal hypertensive disease?

What are the other antihypertensive drugs do you have to offer patients?

I agree with stopping traditional medications and stopping chewing tobacco.
she will need follow up check of blood pressure in 1 month and to recheck sodium,potassium, creatinine and urea nitrogen.

Best of luck

Paul Cusick MD
Internist

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 30, 2008 9:48 PM
To: Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2008, Case#9, Un Chhourn, 40M (Taing Treuk Village)

Dear all,

This is case number 9, Un Chhourn, 40M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Un Chhourn, 40M (Taing Treuk Village)

Chief Complaint (CC): Fatigue and polyuria x 1y

History of Present Illness (HPI): 40M, district police, came to us complaining of fatigue and polyuria. He presented with symptoms of fatigue, dizziness, polyphagia, polydypsia, polyuria, and noticed the ants came around his urine. He went to provincial hospital and had urine and blood test, UA gluco 4+, BS: 240mg/dl and diagnosed with DMII and was treated with Glamide 5mg 1t po bid. Now he became better with medication. He denied of fever, cough, SOB, chest pain, nausea, vomiting, stool with blood or mucus, hematuria, dysuria, numbness/tingling, edema.

Past Medical History (PMH): Remote malaria

Family History: None

Social History: Drinking alcohol casually; smoking chain of cig per day over 20y, stopped

Current Medications: Glibenclamide 5mg 1t po bid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 110/70 P: 91 R: 20 T: 37^{o}C Wt: 81Kg

General: Look stable

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

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

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

Extremity/Skin: No edema, no rash, no foot wound

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

Lab/study: UA normal, RBS: 135mg/dl

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 25mg 1/4t po qd for one months
3. ASA 300mg 1/4t po qd for one month
4. Educate on diabetic diet, Do regular exercise, and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: April 30, 2008**

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

From: Tan, Heng Soon,M.D.
Sent: Wednesday, April 30, 2008 1:42 PM
To: Fiamma, Kathleen M.
Cc: Hill, Shila S.
Subject: RE: Robib TM Clinic May 2008, Case#9, Un Chhourn, 40M (Taing Treuk Village):: Shila, do you have anything else to add? HS

This is a 40 M with newly diagnosed diabetes mellitus. Is he overweight? Without the height, I am unable to calculate his BMI to see whether he is overweight. The most common misconception about diabetic diet is that one only has to avoid sugars. It must be emphasized that total calories even from complex carbohydrates like rice has to be restricted appropriate for his BMI and physical activity, and meals have to be spaced out throughout the day. Since diabetes has a familial basis, he should be counseled to share his understanding about the prevention of diabetes with his siblings and children too.

In his workup, annual fundoscopy to check for retinal hemorrhages and ischemic changes would be useful for a baseline. A test for urine microalbumin would be useful to monitor for onset of diabetic nephropathy. He should also be educated about the natural history and complications of diabetes: macrovasculopathy like strokes, heart attacks, kidney failure and peripheral vascular disease; and microangiopathy like retinal blindness, autonomic neuropathy [bloating from gastroparesis, impotence] and risks for skin infection, poor wound healing with risk of toe amputation.

Self awareness and self help are critical for successful diabetic care. Should a patient support group be organized so that diabetic patients may meet regularly to discuss these issues among themselves in between clinic visits? During monthly visits, you could facilitate a group diabetic educational meeting to answer patient questions.
HS

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 30, 2008 9:51 PM
To: Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2008, Case#10, Prum Moeun, 56M (Bakdoang Village)

Dear all,

This is case number 10, Prum Moeun, 56M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

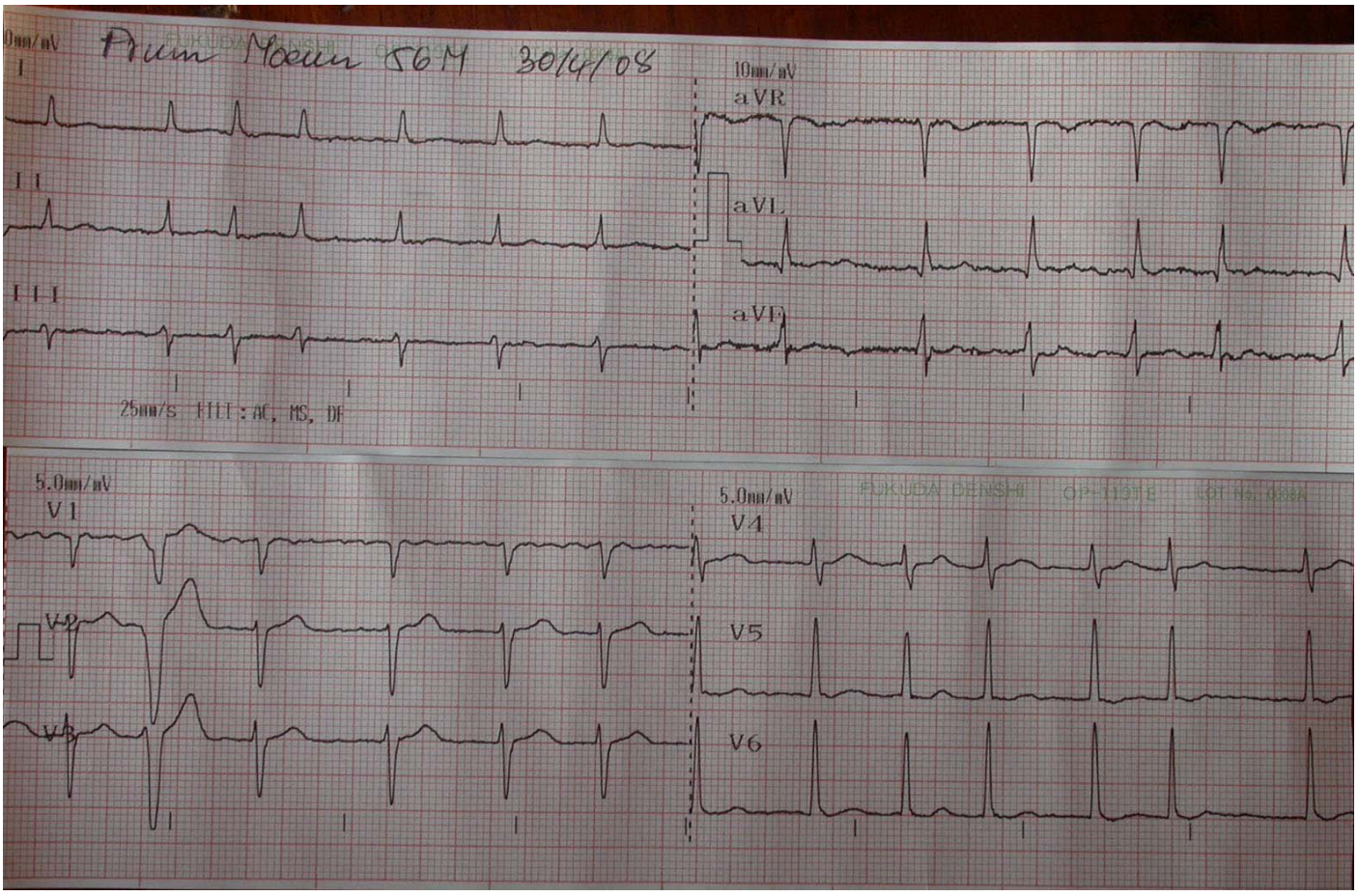
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Prum Moeun, 56M (Bakdoang Village)**

Chief Complaint (CC): Palpitation and dizziness x 6y

History of Present Illness (HPI): 56M presented with symptoms of palpitation, dizziness, fatigue, diaphoresis, neck tension, a few day later became unconscious. He was brought to Kg Thom hospital and diagnosed with HTN (BS: 200/?) and was treated with some unknown name medicine for 1w. He became normal for 2y then the above symptoms developed again and went to provincial hospital, treated with unknown name medicine. These two months, he presented with fatigue, dizziness, diaphoresis, palpitation, insomnia. He denied of fever, cough, chest pain, nausea, vomiting, oliguria, hematuria, edema.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Heavy alcohol drinking over 10y; smoking 20cig/d over 20y, stopped

Current Medications: Two kind of medicine unknown name for heart disease

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 140/60 P: 86 R: 22 T: 37^{o}C Wt: 50Kg

General: Look sick

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

Chest: CTA bilaterally, no rales, no rhonchi; H RR, irregular rhythm, multiple opening snap at LLSB

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

Extremity/Skin: No edema, no rash, moist skin

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

Lab/study: EKG attached

Assessment:

1. HTN
2. PVC
3. Atrial Fibrillation?

Plan:

1. Atenolol 50mg 1/2t po bid for one month
2. ASA 300mg 1/4t po qd for one month
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole at SHCH and send to Kg Thom for CXR

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

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

Examined by: Nurse Sovann Peng **Date: April 30, 2008**

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

No answer replied

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 30, 2008 9:58 PM
To: Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2008, Case#11, Hourn Panha, 4M (Thnout Malou Village)

Dear all,

This is case number 11, Hourn Panha, 4M and photo.

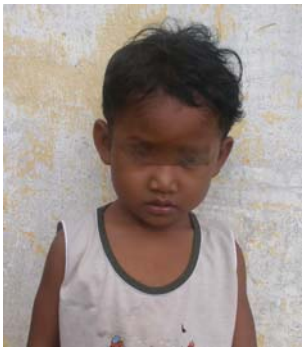
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Hourn Panha, 4M (Thnout Malou Village)

Chief Complaint (CC): Dyspnea x 1y

History of Present Illness (HPI): 4M brought to us by his mother complaining of dyspnea x 1y. He presented with symptoms of fever, cough, runny nose with white discharge, dyspnea and brought to private clinic and gave treatment with some injection (unknown name medication) then he became better. The above symptoms usually developed about 2-3months after treatment, she bought medicine at private pharmacy for him.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Got complete national program vaccination

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 94/50 P: 95 R: 26 T: 37.5^{o}C Wt: 14Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no lymph node palpable, clear white nasal discharge, no redness, no edematus

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

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

Extremity/Skin: No lesion

Lab/study: None

Assessment:

1. Allergic Rhinitis

Plan:

1. Citirizine 10mg 1/2t po qd for one month

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

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

Examined by: Nurse Sovann Peng **Date: April 30, 2008**

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

No answer replied

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 30, 2008 10:01 PM
To: Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2008, Case#12, Neth Ratt, 36M (Otalauk Village)

Dear all,

This is case number 12, Neth Ratt, 36M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

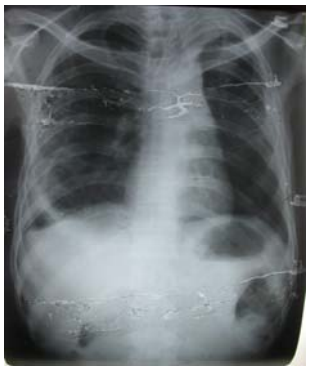
Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Neth Ratt, 37M (Otalauk Village)

Subjective: 37M came to follow up of DMII. He didn't take medicine because he was out of it and had no money to buy. Since last two months, he presented with symptoms of fever, pleuretic chest pain, dyspnea, night sweat, fatigue, dizziness and in April, he went to private clinic in province and has CXR done and told he had lung problem but he didn't get treatment for that. He bought Glibenclamide 5mg taking 1t bid during these two weeks. He denied of nausea, vomiting, abd pain, stool with blood or mucus, numbness and tingling, edema.



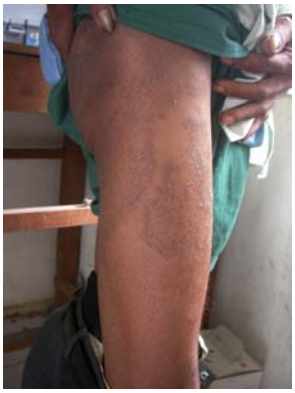
Current Medications:

1. Glibenclamide 5mg 1t po bid x 2w

Allergies: NKDA

Objective:

Vitals: BP: 100/60 P: 91 R: 22 T: 37°C Wt: 40Kg



PE (focused):

General: Look cachexia

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

Chest: Pleural friction rub on right lung, clear on left lung, no crackle; H RRR, no murmur

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

Extremity/Skin: no edema, no foot wound; Maculopapula rash, regular border, central clearing, no pustule, no vesicle, pruritus on groins, right hand and left calf

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

Lab/Study done: (April 30, 2008)

RBS: 446mg/dl; U/A Gluc 4+
CXR attached (film was wet with water in two places)

Assessment:

1. DMII
2. Tinea Cruris
3. Psoriasis??
4. Pneumonia
5. PTB?

Plan:

1. Glibenclamide 5mg 2t po bid for one month
2. Clarithromycin 500mg 1t po bid for 10d
3. MTV 1t po qd for one month
4. FeSO4/Vit C 120/500mg 1t po qd for one month
5. Ciclopirox cream 0.77% apply bid until the rash gone
6. Paracetamol 500mg 1t po qid prn pain/HA
7. Do AFB smear in local health center
8. Review patient on diabetic diet and regular exercise, foot care
9. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: April 30, 2008**

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

From: Fang, Leslie S.,M.D.
Sent: Wednesday, April 30, 2008 1:16 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic May 2008, Case#12, Neth Ratt, 36M (Otalauk Village)

Diabetes is clearly under poor control
Pulmonary situation is worrisome and TBC needs to be ruled out in this clinical setting

Les

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 30, 2008 10:08 PM
To: Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic May 2008, Case#13, Chheuk Norn, 53F (Thnout Malou Village)

Dear all,

This is last case for Robib TM Clinic May 2008, case number 13, Chheuk Norn, 53F and photos. Please reply to the cases before Thursday afternoon. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

Robib Telemedicine Clinic

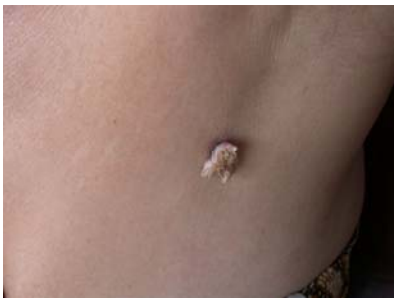
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

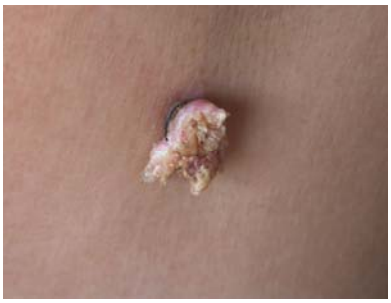
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Chheuk Norn, 53F (Thnout Malou Village)

Subjective: 53F came to follow up of DMII. She noticed a small bean size, a wart like, soft, itchy. These five months, this lesion developed to about 1/2x1cm, she scratched on it and it bleeds and seek treatment with private clinic but they dare not do surgery for her because she has DMII. And she was advised to tight with silk and apply with some kinds of traditional medicine. The lesion became increased pain, and redness, itchy. She denied of fever, cough, dyspnea, GI complaint, oliguria, hematuria, edema.





Objective:

VS: **BP: 130/70** **P: 74** **R: 20** **T: 37** **Wt: 46kg**

PE (focused):

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no mass, 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: No edema, no rash, no foot wound

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

Labs/Studies: FBS: 474mg/dl; UA protein trace

Current Medications:

1. Glibenclamide 5mg 11/2t po bid
2. ASA 300mg 1/4t po qd

Allergies: NKDA

Assessment:

1. DMII
2. Wart?
3. Squamous cell Carcinoma?
4. Keratoacanthomas?

Plan:

1. Glibenclamide 5mg 2t po bid for one month
2. ASA 300mg 1/4t po qd for one month
3. excision and biopsy of the lesion for histology at SHCH
4. Educate patient about hypoglycemia sign
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: April 30, 2008**

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

From: Danny Sands (dzsands) [mailto:dzsands@cisco.com]
Sent: Wednesday, April 30, 2008 4:36 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic May 2008, Case#13, Chheuk Norn, 53F (Thnout Malou Village)

I agree with assessment and plan (but defer to Dr. Kvedar on the dermatologic issue).

Thanks.

- Danny
Daniel Z. Sands, MD, MPH
Beth Israel Deaconess Medical Center
Harvard Medical School
617-667-9600
dsands@bidmc.harvard.edu

From: Kvedar, Joseph Charles,M.D.
Sent: Wednesday, April 30, 2008 5:26 PM
To: Fiamma, Kathleen M.
Cc: MPH Daniel Z. Sands
Subject: Re: Robib TM Clinic May 2008, Case#13, Chheuk Norn, 53F (Thnout Malou Village)

The skin lesion is most consistent with a wart. The most expedient way to care for it would be local excision with destruction of the base. It certainly could be a squamous cell ca as well, but excision with pathology exam, if this is feasible, would answer the question and treat it, if it is a wart.

--

Joseph C. Kvedar, MD
Director, Center for Connected Health
Partners HealthCare System, Inc.
Associate Professor of Dermatology
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Suite 400 D
Boston, MA 02114

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Friday, May 02, 2008 4:11 PM
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib TM Clinic May 2008 Case received

Dear Kathy,

I have received 12 cases from you except case number 10, Prum Moeun, 56M. Thank you very much for your answer to the case for Robib TM Clinic May 2008.

Best regards,
Sovann

Thursday, May 01, 2008

Follow-up Report for Robib TM Clinic

There were 8 new and 5 follow-up patients seen during this month Robib TM Clinic and the other 52 patients came for medication refills only, and other 30 patients seen by PA Rithy for minor problem. The data of all 13 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.]

Treatment Plan for Robib TM Clinic May 2008

1. Pov Heng, 73F (Rovieng Tbong Village)
Diagnosis:

1. Severe HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#25)
2. Do regular exercise, Eat low Na diet
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole at SHCH

Lab result on May 02, 2008

WBC	=7.8	[4 - 11x10^9/L]	Na	=145	[135 - 145]
RBC	=4.1	[3.9 - 5.5x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=11.9	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=4.2	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=95	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=7.3	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=5.1	[<5.7]
Plt	=259	[150 - 450x10^9/L]	TG	=2.3	[<1.71]
Lym	=2.7	[1.0 - 4.0x10^9/L]			
Mxd	=1.2	[0.1 - 1.0x10^9/L]			
Neut	=3.9	[1.8 - 7.5x10^9/L]			

2. Po Our, 80F (Thnout Malou Village)
Diagnosis:

1. Eczema (Atopic dermatitis)

Treatment:

1. Mometasone Furoate cream 0.1% apply bid until the rash gone (#4tubes)

3. Phim Sichin, 35F (Taing Treuk Village)
Diagnosis:

1. DMII
2. LVH
3. Cardiomegaly
4. TR/MS
5. Thalassemia
6. Cachexia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#90)
2. Captopril 25mg 1/4t po bid for one month (#25)
3. MTV 1t po bid for one month (#90)
4. Review on diabetic diet and foot care, regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

WBC	=3.5	[4 - 11x10^9/L]	Na	=136	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=6.4	[12.0 - 15.0g/dL]	Cl	=101	[95 - 110]
Ht	=27	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=68	[80 - 100fl]	Creat	=72	[44 - 80]
MCH	=16	[25 - 35pg]	Gluc	=20.4	[4.2 - 6.4]
MHCH	=24	[30 - 37%]	HbA1C	=12.8	[4 – 6]
Plt	=459	[150 - 450x10^9/L]			
Lym	=1.3	[1.0 - 4.0x10^9/L]			
Mxd	=0.2	[0.1 - 1.0x10^9/L]			
Neut	=2.0	[1.8 - 7.5x10^9/L]			

4. So Sok San, 24F (Thnal Keng Village)
Diagnosis:

1. Nephrotic Syndrome
2. Anemia

Treatment:

1. Prednisolone 5mg 12t po qd for one month (#480)
2. Captopril 25mg 1/4t po bid for one month (#25)
3. Furosemide 20mg 2t po qd for one month (#60)
4. MTV 1t po qd for one month (#45)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#45)
6. Albendazole 200mg 2t bid for 5d (#20)
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Protein, Albumin, Chole at SHCH

Lab result on May 02, 2008

WBC	=10.6	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=2.7	[3.9 - 5.5x10^{12}/L]	K	=2.5	[3.5 - 5.0]
Hb	=8.6	[12.0 - 15.0g/dL]	Cl	=99	[95 - 110]
Ht	=25	[35 - 47%]	BUN	=3.7	[0.8 - 3.9]
MCV	=93	[80 - 100fl]	Creat	=151	[44 - 80]
MCH	=32	[25 - 35pg]	Gluc	=4.6	[4.2 - 6.4]
MHCH	=35	[30 - 37%]	T. Chol	=21.7	[<5.7]
Plt	=585	[150 - 450x10^9/L]	Prot	=38	[66 - 87]
Lym	=3.1	[1.0 - 4.0x10^9/L]	Albu	=26	[38 - 51]
Mxd	=1.3	[0.1 - 1.0x10^9/L]			
Neut	=6.2	[1.8 - 7.5x10^9/L]			

5. Chhin Chheut, 13M (Trapang Reusey Village)
Diagnosis:

1. Bilateral Lower extremity muscle weakness due to vita deficiency/post viral infection

2. Cachexia
3. Nephrotic Syndrome

Treatment:

1. Prednisolone 5mg 4t po qd for one month (#160)
2. Captopril 25mg 1/4t po qd for one month (#12)
3. Albendazole 200mg 1t po bid for 5d (#10)
4. Vitamin B complex 10cc in NSS 250ml infusion qd for 3d
5. MTV 1t po bid for one month (#90)
6. Vit B1 10t po bid for one month (#600)
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Protein, Albumin, TSH at SHCH

WBC	=10.4	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=3.1	[4.6 - 6.0x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=7.5	[14.0 - 16.0g/dL]	Cl	=114	[95 - 110]
Ht	=23	[42 - 52%]	BUN	=6.2	[0.8 - 3.9]
MCV	=75	[80 - 100fl]	Creat	=408	[53 - 97]
MCH	=24	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	Prot	=52	[66 - 87]
Plt	=361	[150 - 450x10^9/L]	Albu	=37	[38 - 51]
Lym	=3.7	[1.0 - 4.0x10^9/L]			
Mxd	=1.4	[0.1 - 1.0x10^9/L]			
Neut	=5.3	[1.8 - 7.5x10^9/L]			

6. Sath Khom, 18M (Khna Village)
Diagnosis:

1. Hypospadia
2. Nephrolithiasis
3. UTI
4. Congenital urinary tract anomaly (Urethral fistula?)
5. Tinea cruris

Treatment:

1. Cipro 500mg 1 po bid x 7d (# 14)
2. Paracetamol 500mg 2 po qid prn fever/pain (# 50)
3. Ciclopirox cream apply bid until rashes gone then 2d more (# 3tubes)
4. Increase fluid intake

7. Im Thhun, 35M (Sangke Roang Village)
Diagnosis:

1. T10 – T12 Spine fracture?
2. Tinea Cruris
3. Psoriasis?

Treatment:

1. Naproxen 375mg 1t po bid prn pain for one month (# 50)
2. Paracetamol 500mg 1t po qid prn pain for one month (# 50)
3. Mometasone cream apply bid until the rash gone (# 3tubes)

8. Yin Hun, 72F (Taing Treuk Village)
Diagnosis:

1. Severe HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#25)
2. Do regular exercise, Eat low Na^+ diet
3. Stop taking traditional medicine
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on May 02, 2008

WBC	=7.1	[4 - 11x10^{9}/L]	Na	=145	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10^{12}/L]	K	=5.1	[3.5 - 5.0]
Hb	=11.4	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=2.6	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=95	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=182	[150 - 450x10^{9}/L]			
Lym	=2.2	[1.0 - 4.0x10^{9}/L]			
Mxd	=1.0	[0.1 - 1.0x10^{9}/L]			
Neut	=3.9	[1.8 - 7.5x10^{9}/L]			

9. Un Chhourn, 40M (Taing Treuk Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 90)
2. Captopril 25mg 1/4t po qd for one months (# 12)
3. ASA 300mg 1/4t po qd for one month (# 12)
4. Educate on diabetic diet, Do regular exercise, and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on May 02, 2008

WBC	=9.7	[4 - 11x10^{9}/L]	Na	=140	[135 - 145]
RBC	=6.9	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=14.5	[12.0 - 15.0g/dL]	Cl	=102	[95 - 110]
Ht	=49	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=70	[80 - 100fl]	Creat	=93	[44 - 80]
MCH	=21	[25 - 35pg]	Gluc	=6.5	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	HbA1C	=8.0	[4 – 6]
Plt	=248	[150 - 450x10^{9}/L]			
Lym	=3.1	[1.0 - 4.0x10^{9}/L]			
Mxd	=1.1	[0.1 - 1.0x10^{9}/L]			
Neut	=5.5	[1.8 - 7.5x10^{9}/L]			

10. Prum Moeun, 56M (Bakdoang Village)
Diagnosis:

1. HTN
2. PVC
3. Atrial Fibrillation?

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (# 45)
2. ASA 300mg 1/4t po qd for one month (# 12)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole at SHCH

Lab result on May 02, 2008

WBC	=7.7	[4 - 11x10^{9}/L]	Na	=143	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=14.3	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=44	[35 - 47%]	BUN	=2.5	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=109	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=5.6	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=3.9	[<5.7]
Plt	=256	[150 - 450x10^{9}/L]	TG	=2.0	[<1.71]

Lym	=3.0	[1.0 - 4.0x10^9/L]
Mxd	=1.4	[0.1 - 1.0x10^9/L]
Neut	=3.3	[1.8 - 7.5x10^9/L]

11. Hourn Panha, 4M (Thnout Malou Village)
Diagnosis:

1. Allergic Rhinitis

Treatment:

1. Citirizine 10mg 1/2t po qd for one month (#20)

12. Neth Ratt, 37M (Otalauk Village)
Diagnosis:

1. DMII
2. Tinea Cruris
3. Psoriasis??
4. Pneumonia
5. PTB?

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 180)
2. Clarithromycin 500mg 1t po bid for 10d (# 20)
3. MTV 1t po qd for one month (# 45)
4. FeSO4/Vit C 120/500mg 1t po qd for one month (# 45)
5. Ciclopirox cream 0.77% apply bid until the rash gone (# 2tubes)
6. Paracetamol 500mg 1t po qid prn pain/HA (# 50)
7. Do AFB smear in local health center
8. Review patient on diabetic diet and regular exercise, foot care
9. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

WBC	=3.9	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10^{12}/L]	K	=2.8	[3.5 - 5.0]
Hb	=13.1	[14.0 - 16.0g/dL]	Cl	=97	[95 - 110]
Ht	=41	[42 - 52%]	BUN	=1.0	[0.8 - 3.9]
MCV	=79	[80 - 100fl]	Creat	=83	[53 - 97]
MCH	=26	[25 - 35pg]	Gluc	=19.1	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	HbA1C	=15.0	[4 – 6]
Plt	=254	[150 - 450x10^9/L]			
Lym	=2.0	[1.0 - 4.0x10^9/L]			
Mxd	=0.5	[0.1 - 1.0x10^9/L]			
Neut	=1.4	[1.8 - 7.5x10^9/L]			

13. Chheuk Norn, 53F (Thnout Malou Village)
Diagnosis:

1. DMII
2. Wart?
3. Keratoacanthomas?

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 180)
2. ASA 300mg 1/4t po qd for one month (# 12)
3. Motrin 200mg/5cc 10cc q8h for 2d (#1)
4. Cephalexin 250mg 2t po q8h for 7d (# 42)
5. Excision and biopsy of the lesion for histology at SHCH
6. Educate patient about hypoglycemia sign
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on May 02, 2008

WBC	=6.3	[4 - 11x10^{9}/L]	Na	=143	[135 - 145]
RBC	=4.0	[3.9 - 5.5x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=12.1	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=1.6	[0.8 - 3.9]
MCV	=86	[80 - 100fl]	Creat	=73	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=11.5	[4.2 - 6.4]
MHCH	=35	[30 - 37%]	HbA1C	=13.0	[4 – 6]
Plt	=173	[150 - 450x10^{9}/L]			
Lym	=2.7	[1.0 - 4.0x10^{9}/L]			
Mxd	=1.8	[0.1 - 1.0x10^{9}/L]			
Neut	=1.8	[1.8 - 7.5x10^{9}/L]			

Histology result conclusion: **Verruca Vulgaris**

Patients who came for follow up and refill medication

1. Be Kim Ke, 54M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#90)
2. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on May 2, 2008

Na	=141	[135 - 145]
K	=4.8	[3.5 - 5.0]
Cl	=108	[95 - 110]
BUN	=1.4	[0.8 - 3.9]
Creat	=78	[53 - 97]
Gluc	=7.8	[4.2 - 6.4]
HbA1C	=9.4	[4 – 6]

2. Chan Him, 60F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two month (# 40)
2. ASA 300mg 1/4t po qd for two months (# 20)

3. Tey Yoeum, 28F (Doang Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 90)
2. Captopril 25mg 1/4t po qd for one month (#12)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

Lab result on May 2, 2008

WBC	=16.6	[4 - 11x10^{9}/L]	Na	=133	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10^{12}/L]	K	=3.8	[3.5 - 5.0]
Hb	=12.5	[12.0 - 15.0g/dL]	Cl	=97	[95 - 110]

Ht	=37	[35 - 47%]	BUN	=1.7	[0.8 - 3.9]
MCV	=78	[80 - 100fl]	Creat	=90	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=27.0	[4.2 - 6.4]
MHCH	=34	[30 - 37%]			
Plt	=267	[150 - 450x10^9/L]			
Lym	=2.3	[1.0 - 4.0x10^9/L]			
Mxd	=1.8	[0.1 - 1.0x10^9/L]			
Neut	=12.5	[1.8 - 7.5x10^9/L]			
HbA1C	=16.4	[4 - 6]			

4. Sath Rim, 51F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII with PNP
3. Renal Failure
4. Anemia

Treatment:

1. Metformin 500mg 1t po bid for one month (# 90)
2. Glibenclamide 5mg 2t po bid for one month (# 180)
3. Captopril 25mg 1t po bid for one month (# 90)
4. Atenolol 50mg 1t po bid for one month (# 90)
5. Nifedipine 10mg 1t po bid for one month (# 90)
6. Amitriptylin 25mg 1t po qhs for one month (# 45)
7. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month # (45)
8. Folic Acid 5mg 1t po qd for one month (#45)
9. ASA 300mg 1/4t po qd for one month (#12)

Lab/Study Requests: Draw blood for CBC, Creat, BUN, Gluc, HbA1C at SHCH

Lab result on May 02, 2008

WBC	=9.4	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=3.8	[3.9 - 5.5x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=8.7	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=26	[35 - 47%]	BUN	=6.3	[0.8 - 3.9]
MCV	=67	[80 - 100fl]	Creat	=342	[44 - 80]
MCH	=23	[25 - 35pg]	Gluc	=21.5	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	HbA1C	=8.9	[4 - 6]
Plt	=270	[150 - 450x10^9/L]			
Lym	=1.8	[1.0 - 4.0x10^9/L]			

5. Tith Hun, 54F (Ta Tong Village)
Diagnosis:

1. HTN
2. Renal Failure

Treatment:

1. Captopril 25mg 1/2t po bid for one month (# 45)
2. Atenolol 50mg 1/2t po bid for one month (# 45)

6. Ros Im, 53F (Taing Treuk Village)
Diagnosis:

1. Euthyroid goiter

Treatment:

1. Draw blood for Free T4 at SHCH

Lab result on May 02, 2008

Free T4=17.85 [9.14 - 23.81]

7. Chan Oeung, 57M (Sangke Roang Village)
Diagnosis:

1. HTN
2. Arthritis

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#45)
2. Naproxen 375mg 1t po bid prn severe pain for two months (# 50)
3. Paracetamol 500mg 1t po qid prn pain for two months (# 50)

8. Nop Sareth, 38F (Kampot Village)
Diagnosis:

1. Cardiomegaly
2. VHD (MS/TR)

Treatment:

1. Atenolol 50mg ½ t po qd for one month (# 20)
2. Captopril 25mg ¼ po bid for one month (# 20)
3. ASA 300mg 1/4t po qd for one month (# 10)

9. Prum Norn, 56F (Thnout Malou Village)
Diagnosis:

1. Liver cirrhosis with PHTN
2. HTN
3. Hypocromic Microcytic Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure

Treatment:

1. Spironolactone 25mg 1t po qd for one month (#40)
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#80)
3. Folic acid 5mg 1t po qd for one month (#40)
4. MTV 1t po qd for one month (#40)

10. Rim Sopheap, 32F (Doang Village)
Diagnosis:

1. Dilated Cardiomyopathy with EF 32% with increase RHD

Treatment:

1. Captopril 25mg 1/4t po bid for two months (#45)
2. ASA 300mg 1/4t po qd for two months (#20)

11. Thon Mai, 78M (Boeung Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 90)
2. Metformin 500mg 1t po qhs for one month (#45)
3. Captopril 25mg 1/4t po qd for one month (#12)
4. ASA 300mg1/4t po qd for one month (#12)

Lab/Test request: CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

WBC	=4.9	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=4.6	[4.6 - 6.0x10^{12}/L]	K	=4.1	[3.5 - 5.0]

Hb	=12.8	[14.0 - 16.0g/dL]	Cl	=102	[95 - 110]
Ht	=38	[42 - 52%]	BUN	=2.6	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=121	[53 - 97]
MCH	=28	[25 - 35pg]	Gluc	=11.9	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	HbA1C	=10.1	[4 – 6]
Plt	=161	[150 - 450x10^9/L]			
Lym	=1.6	[1.0 - 4.0x10^9/L]			
Mxd	=0.7	[0.1 - 1.0x10^9/L]			
Neut	=2.6	[1.8 - 7.5x10^9/L]			

12. Pou Limthang, 42F (Thnout Malou Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for one month (#100)
2. Draw blood for Free T4 at SHCH

Lab result on May 02, 2008

Free T4 =11.87 [9.14 - 23.81]

13. Srey Hom, 62F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII with PNP
3. Renal Failure

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (# 135)
2. Nifedipine 10mg 1t po bid for one month (# 90)
3. ASA 300mg 1/4t po qd for one month (# 12)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 25)
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on May 02, 2008

WBC	=6.3	[4 - 11x10^9/L]	Na	=147	[135 - 145]
RBC	=4.2	[3.9 - 5.5x10^{12}/L]	K	=3.1	[3.5 - 5.0]
Hb	=10.5	[12.0 - 15.0g/dL]	Cl	=112	[95 - 110]
Ht	=31	[35 - 47%]	BUN	=3.6	[0.8 - 3.9]
MCV	=74	[80 - 100fl]	Creat	=224	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=7.8	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	HbA1C	=7.7	[4 - 6]
Plt	=205	[150 - 450x10^9/L]			
Lym	=2.2	[1.0 - 4.0x10^9/L]			

14. Yoeung Chanthorn, 35F (Doang Village)
Diagnosis:

1. Epilepsy

Treatment:

1. Phenytoin 100mg 2t po qd for three months (# 200)
2. Folic Acid 5mg 1t po bid for three months (#200)

Lab/Study Requests: Draw blood for CBC, Lyte, Creat, Gluc, LFT at SHCH

Lab result on May 02, 2008

WBC	=8.7	[4 - 11x10^9/L]	Na	=141	[135 - 145]

RBC	=3.9	[3.9 - 5.5x10^{12}/L]	K	=3.3	[3.5 - 5.0]
Hb	=10.5	[12.0 - 15.0g/dL]	Cl	=102	[95 - 110]
Ht	=33	[35 - 47%]	Creat	=121	[44 - 80]
MCV	=85	[80 - 100fl]	Gluc	=4.2	[4.2 - 6.4]
MCH	=27	[25 - 35pg]	SGOT	=39	[<31]
MHCH	=32	[30 - 37%]	SGPT	=11	[<32]
Plt	=310	[150 - 450x10^{9}/L]			
Lym	=1.7	[1.0 - 4.0x10^{9}/L]			
Mxd	=2.2	[0.1 - 1.0x10^{9}/L]			
Neut	=4.8	[1.8 - 7.5x10^{9}/L]			

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

1. DMII

Treatment

1. Glibenclamide 5mg 1t po bid for one month (# 90)
2. Metformin 500mg 1t po qhs for one month (# 45)
3. Captopril 25mg 1/4t po qd for one month (# 12)

Lab/Study requested: Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on May 02, 2008

WBC	=5.1	[4 - 11x10^{9}/L]	Na	=139	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]	K	=4.3	[3.5 - 5.0]
Hb	=13.3	[12.0 - 15.0g/dL]	Cl	=100	[95 - 110]
Ht	=40	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=82	[80 - 100fl]	Creat	=71	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=16.4	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	HbA1C	=13.3	[4 – 6]
Plt	=157	[150 - 450x10^{9}/L]			
Lym	=2.1	[1.0 - 4.0x10^{9}/L]			
Mxd	=0.5	[0.1 - 1.0x10^{9}/L]			
Neut	=2.5	[1.8 - 7.5x10^{9}/L]			

16. Kaov Soeur, 63F (Sangke Roang Village)
Diagnosis:

1. HTN
2. Arthritis

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (# 45)
2. Paracetamol 500mg 1t po qid prn pain for two months (# 100)

Lab/Study Requests: None

17. Chourb Kimsan, 54M (Rovieng Tbong Village)
Diagnosis:

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

Treatment:

1. Atenolol 50mg ½t po bid for two months (# 75)
2. Trandolapril 0.5mg 1t po qd for two months (#75)
3. ASA 300mg 1/2t po qd for two months (# 45)

18. Chhay Chanthy, 43F (Thnout Malou)
Diagnosis

1. Euthyroid Goiter

Treatment

1. Draw blood for Free T4 at SHCH

Lab result on May 02, 2008

Free T4 =12.92 [9.14 - 23.81]

19. Lang Da, 45F (Thnout Malou Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#40)

20. Heng Pheary, 30F (Thkeng Village)
Diagnosis:

1. Asthma

Treatment:

1. Salbutamol Inhaler 2puffs po bid prn severe SOB for four months (# 3)

21. Ros Oeun, 50F (Thnout Malou Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 180)
2. Metformin 500mg 2t po bid for one month (# 180)
3. Captopril 25mg 1/2t po bid for one month (# 45)
4. ASA 300mg 1/4t po qd for one month (# 12)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on May 02, 2008

WBC	=6.2	[4 - 11x10^{9}/L]	Na	=141	[135 - 145]
RBC	=5.1	[3.9 - 5.5x10^{12}/L]	K	=4.5	[3.5 - 5.0]
Hb	=10.9	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=34	[35 - 47%]	BUN	=1.4	[0.8 - 3.9]
MCV	=67	[80 - 100fl]	Creat	=69	[44 - 80]
MCH	=22	[25 - 35pg]	Gluc	=11.1	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=253	[150 - 450x10^{9}/L]			
Lym	=2.8	[1.0 - 4.0x10^{9}/L]			
Mxd	=0.7	[0.1 - 1.0x10^{9}/L]			
Neut	=2.7	[1.8 - 7.5x10^{9}/L]			

22. Say Soeun, 67F (Rovieng Cheung Village)
Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 90)

2. Metformin 500mg 1t po bid for one month (# 90)
3. Captopril 25mg 1t po bid for one month (# 90)
4. HCTZ 50mg ½t po qd for one month (# 25)
5. ASA 300mg ¼t po qd for one month (# 12)
6. MTV 1t po qd for two month (# 45)

Lab/Study Requests: Draw blood fro CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on May 02, 2008

WBC	=7.9	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10^{12}/L]	K	=4.7	[3.5 - 5.0]
Hb	=10.9	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=33	[35 - 47%]	BUN	=3.2	[0.8 - 3.9]
MCV	=86	[80 - 100fl]	Creat	=115	[44 - 80]
MCH	=38	[25 - 35pg]	Gluc	=8.3	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	HbA1C	=12.4	[4 – 6]
Plt	=307	[150 - 450x10^9/L]			
Lym	=1.5	[1.0 - 4.0x10^9/L]			
Mxd	=0.7	[0.1 - 1.0x10^9/L]			
Neut	=5.7	[1.8 - 7.5x10^9/L]			

23. Nung Chhun, 70F (Ta Tong Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 90)
2. Metformin 500mg 1t po bid for one month (#90)
3. Captopril 25mg 1/4t po bid for one month (# 25)
4. ASA 300mg 1/4t po qd for one month (# 12)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

WBC	=4.7	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]	K	=2.9	[3.5 - 5.0]
Hb	=10.6	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=3.1	[0.8 - 3.9]
MCV	=72	[80 - 100fl]	Creat	=82	[44 - 80]
MCH	=22	[25 - 35pg]	Gluc	=15.7	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	HbA1C	=12.0	[4 – 6]
Plt	=145	[150 - 450x10^9/L]			
Lym	=1.4	[1.0 - 4.0x10^9/L]			

24. Kong Nareun, 31F (Taing Treuk Village)
Diagnosis:

1. VHD (MS/MR?)
2. PVC

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (# 75)
2. Furosemide 20mg 1t po bid for two months (# 150)
3. ASA 300mg 1/4t po qd for two months (# 20)

Lab/Study Requests: None

25. Lay Lai, 28F (Taing Treuk Village)
Diagnosis:

1. Post partum cardiomegaly?

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (# 75)

Lab/Study Requests: None

26. Kouch Hourn, 60F (Sangke Roang Village)
Diagnosis:

1. COPD

Treatment:

1. Salbutamol Inhaler 2puffs bid for four months (# 3)

Lab/Study Requests: None

27. Dourng Sunly, 50M (Taing Treurk Village)
Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Captopril 25mg 1/2t po bid for one month (# 45)
2. ASA 300mg 1/4t po qd for one month (# 12)
3. Naproxen 375mg 1t po bid prn severe pain for one month (# 50)
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for one month (# 50)

Lab/Study Requests: None

28. Chheak Leangkry, 65F (Rovieng Cheung)
Diagnosis

1. DMII with PNP
2. HTN

Treatment

1. Metformin 500mg 2t po qhs for one month (#90)
2. Captopril 25mg 1/2t po bid for one month (#45)
3. Amitriptyline 25mg 1t po qhs for one month (#45)
4. ASA 300mg 1/4t po qd for one month (#12)

Lab/Study Requests: CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on May 2, 2008

WBC	=7.6	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=4.3	[3.9 - 5.5x10^{12}/L]	K	=5.9	[3.5 - 5.0]
Hb	=12.7	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=38	[35 - 47%]	BUN	=4.3	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=125	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=8.3	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	HbA1C	=9.6	[4 – 6]
Plt	=256	[150 - 450x10^9/L]			
Lym	=4.2	[1.0 - 4.0x10^9/L]			
Mxd	=1.5	[0.1 - 1.0x10^9/L]			
Neut	=1.9	[1.8 - 7.5x10^9/L]			

29. Eam Neut, 54F (Taing Treuk)
Diagnosis

1. HTN

Treatment

1. Atenolol 50 mg ½ t po q12h for three months (#100)

30. Srey Thouk, 56F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg ½ t po qd for three months (#50)
2. ASA 300mg 1/4t po qd for three months (#25)

31. Ros Yeth, 55M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 90)
2. Captopril 25mg 1/4t po qd for one month (#12)
3. Draw blood for CBC, HbA1C at SHCH

Lab result on May 02, 2008

WBC	=8.4	[4 - 11x10^{9}/L]
RBC	=6.1	[4.6 - 6.0x10^{12}/L]
Hb	=12.6	[14.0 - 16.0g/dL]
Ht	=40	[42 - 52%]
MCV	=66	[80 - 100fl]
MCH	=21	[25 - 35pg]
MHCH	=31	[30 - 37%]
Plt	=132	[150 - 450x10^{9}/L]
Lym	=2.5	[1.0 - 4.0x10^{9}/L]
Mxd	=1.8	[0.1 - 1.0x10^{9}/L]
Neut	=4.1	[1.8 - 7.5x10^{9}/L]
HbA1C	=3.8	[4 – 6]

32. Sok Thai, 69M (Taing Treuk Village)
Diagnosis:

1. Stroke

Treatment:

1. Atenolol 50mg 1/2t po qd for one month (#25)
2. ASA 300mg 1/2t po qd for one month (# 25)

33. Svay Tevy, 42F (Thnout Malou Village)
Diagnosis:

1. MDII

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 160)
2. Metformin 500mg 2t po bid for one month (# 160)
3. Captopril 25mg 1/4t po qd for one month (# 12)
4. ASA 300mg 1/4t po qd for one month (# 12)
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on May 02, 2008

WBC	=7.8	[4 - 11x10^{9}/L]	Na	=139	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=13.5	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]

Ht	=4.	[35 - 47%]	BUN	=1.8	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=73	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=16.0	[4.2 - 6.4]
MHCH	=34	[30 - 37%]			
Plt	=286	[150 - 450x10^9/L]			
Lym	=1.5	[1.0 - 4.0x10^9/L]			
Mxd	=0.9	[0.1 - 1.0x10^9/L]			
Neut	=5.4	[1.8 - 7.5x10^9/L]			

34. Tann Sopha Nary, 22F (Thnout Malou Village)
Diagnosis

1. Hyperthyroidism

Treatment

1. Carbimazole 5mg 1t po bid for one month (# 100)
2. Draw blood for Free T4 at SHCH

Lab result on May 02, 2008

Free T4=12.83 [9.14 - 23.81]

35. Ros Lai, 65F (Taing Treuk Village)
Diagnosis:

1. Subclinical Hyperthyroidism

Treatment:

1. Draw blood for Free T4 at SHCH

Lab result on May 02, 2008

Free T4=8.88 [9.14 - 23.81]

36. Chhim Paov, 50M (Boeung Village)
Diagnosis:

1. GOUT
2. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (# 45)
2. Naproxen 375 mg 1t po bid for two months (#60)
3. Paracetamol 500mg 1t po qid prn pain for two months (#80)

37. Vong Yan, 72F (Boeung Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for two months (#70)

38. Kul Keung, 61F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. HCTZ 50mg ½ t po qd for one months (# 25)
2. ASA 300mg ¼ t po qd for one months (# 12)
3. Captopril 25mg ¼ t po qd for one months (#12)
4. Glibenclamide 5mg 1t po qd for one month (#45)

Lab/Study requested: Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on May 02, 2008

WBC	=6.4	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=4.2	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=12.6	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=38	[35 - 47%]	BUN	=1.7	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=82	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=6.6	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	HbA1C	=7.8	[4 – 6]
Plt	=246	[150 - 450x10^9/L]			
Lym	=2.9	[1.0 - 4.0x10^9/L]			
Mxd	=1.2	[0.1 - 1.0x10^9/L]			
Neut	=2.3	[1.8 - 7.5x10^9/L]			

39. Kul Chheung, 78F (Taing Treuk)
Diagnosis:

1. HTN
2. COPD

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#50)
2. Salbutamol inhaler 2puffs prn SOB for three months (#2vials)

Labs/Studies: none

40. Meas Thoch, 78F (Ta Tong Village)
Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (#70)
2. HCTZ 50mg 1/2t po qd for two months (#35)

Lab/Study Requests: None

41. Meas Lone, 58F (Ta Tong)
Diagnosis

1. COPD

Treatment

1. Salbutamol Inhaler 2 puff prn SOB for two months (#2vial)

42. Vong Cheng Chan, 52F (Rovieng Cheung)
Diagnosis

1. HTN

Treatment

1. Atenolol 50mg 1/2t po q12h for two months (#70)

43. Keth Chourn, 55M (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (# 25)

Lab/Study Requests: None

44. Sao Lim, 73F (Taing Treuk Village)

Diagnosis:

1. HTN
2. Anemia

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 50)
2. ASA 300mg ¼ t po qd for three months (# 25)
3. MTV 1t po qd for three months (# 100)

45. Som Thol, 57M (Taing Treuk Village) (Check BS)
Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 180)
2. Metformin 500mg 2t po bid for one month (# 180)
3. ASA 300mg ¼t po qd for one month (# 12)
4. Amitriptyline 25mg 1t po qhs for one month (#45)

Lab/Study Requests: CBC, and HbA1C at SHCH

Lab result on May 02, 2008

WBC	=4.5	[4 - 11x10^9/L]
RBC	=3.6	[4.6 - 6.0x10^{12}/L]
Hb	=11.8	[14.0 - 16.0g/dL]
Ht	=34	[42 - 52%]
MCV	=94	[80 - 100fl]
MCH	=33	[25 - 35pg]
MHCH	=35	[30 - 37%]
Plt	=268	[150 - 450x10^9/L]
Lym	=1.2	[1.0 - 4.0x10^9/L]
Mxd	=1.1	[0.1 - 1.0x10^9/L]
Neut	=2.2	[1.8 - 7.5x10^9/L]
HbA1C	=11.1	[4 – 6]

46. Leng Hak, 70M (Thnout Malou Village)
Diagnosis:

1. HTN
2. Stroke
3. Muscle Tension
4. CHF??

Treatment:

1. Nifedipine 10mg 1/2t po q8h for one month (# 60)
2. Atenolol 50mg 1t po q12h for one month (# 90)
3. HCTZ 50mg 1/2t po qd for one month (# 25)
4. ASA 300mg 1/4t po qd for one month (# 10)
5. MTV 1t po qd for one month (# 45)
6. Paracetamol 500mg 1t po qid prn for one month (# 30)

47. Moeung Srey, 42F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

1. Captopril 25mg 1t po bid for two months (# 120)

48. Chan Khem, 58F (Taing Treuk Village)
Diagnosis

1. HTN

Treatment

1. HCTZ 50mg 1t po qd for four months (# 130)

49. Som An, 50F (Rovieng Tbong)
Diagnosis

1. HTN

Treatment

1. Atenolol 50mg 1/2t po bid for four months (# 130)
2. HCTZ 50mg 1t po qd for four months (# 130)

50. Sao Ky, 71F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

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

51. Kouch Be, 76M (Thnout Malou Village)
Diagnosis

1. HTN
2. COPD

Treatment

1. Nifedipine 10mg 1t po qd for three months (# 100)
2. Salbutamol Inhaler 2 puffs prn SOB for three months (# 3)

52. Sao Phal, 57F (Thnout Malou)
Diagnosis:

1. HTN
2. Anxiety

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 50)
2. Amitriptylin 25mg 1t po qhs for three months (# 100)

The next Robib TM Clinic will be held on May 26-30, 2008