Robib *Telemedicine* Clinic

Preah Vihear Province

F E B R U A R Y 2 0 0 7

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

On Monday, February 12, 2007, 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), February 13 & 14, 2007, the Robib TM Clinic opened to receive the patients for evaluations. There were 10 new cases and 7 follow-up patients, and other 37 patients seen by PA Rithy without sending data. 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, February 14 & 15, 2007.

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: Monday, January 29, 2007 8:06 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Cornelia Haener; Gary Jacques
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev
Subject: Schedule for Robib Telemedicine February 2007

Dear all,

I would like to inform you that Robib telemedicine clinic trip February 2007 will be starting on February 5, 2007 and coming back on February, 9 2007.

The agenda of the clinic are as following:
1. On Monday February, 5 2007, driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihea
2. On Tuesday February, 6 2007, the clinic open to see the patients for the whole morning, and type as the case in afternoon, then send to both partners in Boston and Phnom Penh
3. On Wednesday February, 7 2007, I do the same on Tuesday and also download the replies from both partners
4. On Thursday February, 8 2007, I download all the answer replied from both partners then make the treatmnet plan accordingly and prepare the medicine for the patients in the afternoon

5. On Friday February, 9 2007, I draw blood from patients for lab test at SHCH then come back to Phnom Penh

Thank you very much for your cooperation and supports in this project

Best regards,
Sovann

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, February 01, 2007 9:16 AM
To: Rithy Chau; Gary Jacques; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev
Subject: Robib Telemedicine Clinic February 2007 Schedule changing

Dear all,

I would like to inform you that Robib Telemedicine Clinic February 2007 has been changed from 5 - 9 February, 2007 to 12 - 16 February, 2007.

The agenda for the trip are as following:

1. On Monday February 12, 2007, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihea
2. On Tuesday February 13, 2007, the clinic opens to see the patients for the whole morning, and type patients' data as the cases in afternoon then send to both partners in Boston and Phnom Penh
3. On Wednesday February 14, 2007, we do the same as on Tuesday and also download the replies answered
4. On Thursday February 15, 2007, We downolad all replies from both partners then make treatment plan accordingly and prepare the medication for the patients in afternoon
5. On Friday February 16, 2007, we 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: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, February 01, 2007 3:56 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Gary Jacques; Cornelia Haener; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev
Subject: Apologizing for Robib Telemedicine Clinic Schedule Changing

Dear all,

I would like to apologize you for changing schedule for Robib Telemedicine February 2007 because News reporter 60 Minutes will be at Rovieng during the second week of February and they want to see Telemedicine in action. I am inconvenient to you but I hope you understand.

Best regards,
Sovann

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, February 13, 2007 8:53 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Case#1, Dy Niem, 37F (Sangke Roang Villae)

Dear all,

PA Rithy and I are at Rovieng for Robib TM Clinic February 2007. Today we have 6 new cases and 2 follow up cases. This is case nuber 1, Dy Niem, 37F and Photos.

Best Regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

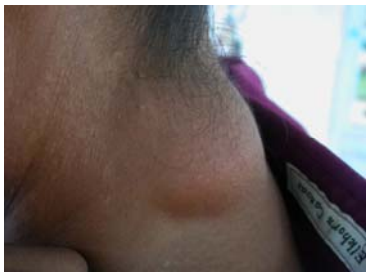
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Dy Niem, 37F (Sangke Roang Village)**

Chief Complaint (CC): Neck Mass x 5y

History of Present Illness (HPI): 37F, farmer, came here complaining of a mass on lateral posterior neck about 1x2cm x 5y without any symptoms of warmth, redness, tender since 5y. But in this year, it has progressively developed bigger and bigger from day to day without any signs. She went to local health center and was told her it is a mass and it need surgery but they can't do there. She came to us, and she denied of fever, cough, dyspnea, chest pain, palpitation, edema.



Past Medical History (PMH): Unremarkable

Family History: Mother with HTN

Social History: No smoking, no alcohol drinking, last baby 11months old

Current Medications: Antacid prn

Allergies: NKDA

Review of Systems (ROS): epigastric pain, burning sensation, burping with sour taste, relieved with antacid

PE:

Vitals: **BP: 124/76** **P: 64** **R: 20** **T: 37^{o}C** **Wt: 50Kg**

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, on lateral posterior neck, mass about 4x5cm, soft, smooth, mobile, irregular border, no redness, no tender, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, murmur

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

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

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

Lab/Study: None

Assessment:

1. Lateral Posterior Neck Mass/Cyst
2. Lipoma??
3. GERD

Plan:

1. Famotidine 10mg 2t po qd for one month
2. GERD prevention education
3. Do we need to refer her to SHCH for surgery consultation

Lab/Study Requests: Sent to Kg Thom for Neck mass U/S

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 Peng Sovann **Date: February 13, 2007**

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

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Wednesday, February 14, 2007 5:22 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic February 2007, Case#1, Dy Niem, 37F (Sangke Roang Villae)

Hi Peng,

The neck mass has been present for 5 years and the patient is relatively young, and thus not so much at risk for head and neck cancers. Her vital signs are normal, she has had no weight loss, no pain, no loss of function and all of these things are reassuring. The lesion is too far from the Thyroid gland to be related. The patient has no B symptoms such as fever, weight loss and malaise that could suggest a Lymphoma. I doubt this mass is metastasis of another cancer given lack of other symptoms and slow progression.

I agree with an ultrasound of the lump. I also see that his mass is easily accessible and a Fine Needle Biopsy could easily be done on this patient safely, by surgeon. Once you have the cells, a definite diagnosis can be made.

I agree with treatment for symptoms consistent with Gastro Esophageal Reflux disease.
Glad you educated her on Gastro Esophageal Reflux prevention, avoiding coffee and alcohol and acid containing foods, and eating only small meals.

Olga Smulders-Meyer, MD

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, February 14, 2007 10:45 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kruy Lim'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic February 2007, Case#1, Dy Niem, 37F (Sangke Roang Villae)

Dear all,
definitely needs work up with ultrasound, may be FNA/Biopsy at SHCH> it looks a little bit too dorsally to be a lateral cervical cyst.
Kind regards
Cornelia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, February 13, 2007 9:01 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Case#2, Meas Sakhorn, 50F (Rovieng Cheung Villae)

Dear all,

This is case nuber 2, Meas Sokhorn, 50F 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: Meas Sokhorn, 50F (Rovieng Cheung Village)

Chief Complaint (CC): Epigastric pain x 5months

History of Present Illness (HPI): 50F, farmer, came here complaining of epigastric pain x 5months. The pain of burning sensation, happened before eating and after eating, burping with sour taste, so she bought antacid and taking prn, it got better but not cured so she came to us for help. She denied of vomiting, dysphagia, chest pain, palpitation, passing stool with blood or mucus, edema

Past Medical History (PMH): remote malaria

Family History: Unremarkable

Social History: no smoking, no drinking, 9 children

Current Medications: Antacid prn, oral contraceptive

Allergies: NKDA

Review of Systems (ROS): Regular period, last on February 11, 2007

PE:

Vitals: BP: 130/80 P: 88 R: 20 T: 37^{o}C Wt: 52Kg

General: Look stable

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

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, no murmur

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

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

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

Lab/Study:

Assessment:

1. GERD

Plan:

1. Omeprazole 20mg 1t po qhs for one month
2. Metochlopramide 10mg 1t po qd for 10d
3. GERD prevention education

Lab/Study Requests: None

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 Peng Sovann Date: February 13, 2007

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

From: Healey, Michael J.,M.D. [mailto:MJHEALEY@PARTNERS.ORG]
Sent: Wednesday, February 14, 2007 12:32 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic February 2007, Case#2, Meas Sakhorn, 50F (Rovieng Cheung Villae)

This sounds like a good plan.

If she has persistent symptoms, a higher dose of Omeprazole (40 mg daily or 20 mg bid) could be tried. If symptoms persist or worsen I would also recommend testing for H. pylori (if testing is available), and a stool occult blood which, if positive, should prompt further evaluation to rule out peptic ulcer disease and gastric malignancy.

MJH

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, February 14, 2007 12:18 PM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Case#2, Meas Sakhorn, 50F (Rovieng Cheung Villae)

Dear Sovann and Rithy,

I do agree with your plan , please do cholocheck.
if next month is not improve, she may need to do endoscope

Take care

kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, February 13, 2007 9:05 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Case#3, Chea Bunseang, 60M (Phnom Dek Villae)

Dear all,

This is case nuber 3, Chea Bunseang, 60M 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: Chea Bunseang, 60M (Phnom Dek Village)

Chief Complaint (CC): Polyuria for 1y

History of Present Illness (HPI): 60M, farmer, came here complaining of polyuria for 1y. He presented with symptoms of polyuria, polyphagia, urinary frequency, fatigue, dizziness, so he went to a private clinic in Kg Thom and the blood work had done and was told he has Diabetes and treated him with Diamicron 1t po bid. He felt the same so he stop taking it and bought traditional remedy since then and came to us for help. He denied of HA, diaphoresis, chest pain, palpitation, hematuria, oliguria, edema.

Past Medical History (PMH): DMII last year

Family History: Unremarkable

Social History: Smoking 20cig/d over 20y and stopped 15y. drinking alcohol casually

Current Medications: Traditional medication

Allergies: NKDA

Review of Systems (ROS): Right eye blindness since 1974 due to eye infection and didn't get medical treatment

PE:

Vitals: BP: 110/68 P: 71 R: 20 T: 37^{o}C Wt: 51Kg

General: Look stable

HEENT: No oropharyneal lesion, slightly pale conjunctiva, no mass, no lymph node palpable, no JVD

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

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

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

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

Lab/Study: Hb: 11mg/dl, RBS: 405mg/dl; UA: protein trace, Gluco 4+

Assessment:

1. DMII
2. Right Eye Blindness

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Metformin 500mg 1t po qhs for one month

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco 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 Peng Sovann Date: February 13, 2007

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, February 14, 2007 1:19 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM Clinic February 2007, Case#3, Chea Bunseang, 60M (Phnom Dek Villae)

From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Tuesday, February 13, 2007 10:59 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic February 2007, Case#3, Chea Bunseang, 60M (Phnom Dek Villae)
I agree with your assessment and plan.

Thanks.

- Daniel Sands, MD, MPH

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, February 14, 2007 12:12 PM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Case#3, Chea Bunseang, 60M (Phnom Dek Villae)

Dear Sovann and Rithy,

I do agree with this plan with this bolow suggestion.

Please Do One EKG for baseline and Baby ASA for him.

Lab-- add HbA1c and reticulocyte.

Take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, February 13, 2007 9:10 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Case#4, Ngoun Sinan, 25F (Taing Treuk Villae)

Dear all,

This is case nuber 4, Ngoun Sinan, 25F 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: Ngourn Sinan, 25F (Taing Treuk Village)

Chief Complaint (CC): Seizure x 12y

History of Present Illness (HPI): 25F, farmer, came here complaining of seizure for 12y.
When she was 13y, she presented with seizure, tonic clonic for about a few minute, without any symptoms of previous HA, dizziness, fatigue, fever. She said she didn't know what happened to her, only knew that she had severe HA. It happened more often during her sleep. Then she took Dihydroergotamin for HA. It attacked every month in the first few years, then every year for 5y. Then it stopped for over 7 years. But last 6 months the seizure attacked again but now she felt stable and she came to us for consultation for any measures to prevent it or treatment.

Past Medical History (PMH): Seizure since she was 13y, and Micrane HA

Family History: Unremarkable

Social History: No smoking, no alcohol drinking, single

Current Medications: Dihydroergotamine 3mg prn HA

Allergies: NKDA

Review of Systems (ROS): regular period, last on February 10, 2007

PE:

Vitals: BP: 104/76 P: 73 R: 20 T: 36.5^{o}C Wt: 44Kg

General: Look stable

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

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, murmur

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

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

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

Lab/Study: None

Assessment:

1. Epileptic Seizure
2. Micrane HA

Plan:

1. Phenytoin 100mg 1t po qd for one month
2. Paracetamol 500mg 1t po qid prn HA for one month

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco

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 Peng Sovann **Date: February 13, 2007**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, February 14, 2007 12:01 PM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Case#4, Ngoun Sinan, 25F (Taing Treuk Villae)

Dear Sovann and Rithy,

I have several question related to this case and then we can discuss the plan later.

1- Does the migrain headache related to peri menstrual period?
2- Does the seizure occur peri menstruation? or any upset?
3- Does seizure correlated to migrain headche?
3- How many attack per month? or how many attack since last 6 months?
4. When does the last episiode of seizure?

Please call for this case if you have a the answer then we can discuss plan.

Take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, February 13, 2007 9:16 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Case#5, Chorn Samoeun, 15M (Sangke Roang Villae)

Dear all,

This is case nuber 5, Chorn Samoeun, 15M 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: Chorn Samoeun, 15M (Sangke Roang Village)

Chief Complaint (CC): Seizure x 2y

History of Present Illness (HPI): 15M, student grad 6, brought to us complaining of seizure for 2y. He started with numbness, tingling from both arms and both legs, then seizure happened. The seizure is tonic clonic with hypersalivation, then he complained of severe HA, fatigue, dizziness. It attacked 4 times in these two years and about 5 months from each episode. He denied of syncope, fever, cough, dyspnea, chest pain, palpitation, edema. He brought to us for help.

Past Medical History (PMH): No trauma, no injury, no animal bite

Family History: None

Social History: Student grade 6

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 104/68 P: 80 R: 18 T: 37^{o}C Wt: 27Kg O2sat 99%

General: Look stable

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

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, 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 +2/4

Lab/Study: None

Assessment:

1. Epilepsy

Plan:

1. Phenytoin 100mg 1t po qd for one month
2. Folic acid 5mg 1t po qd for one month

Lab/Study Requests: None

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 Peng Sovann **Date: February 13, 2007**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, February 14, 2007 11:40 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Case#5, Chorn Samoeun, 15M (Sangke Roang Villae)

Dear Sovann and Rithy,

I would hold on the threatment unless he present this episiod last week.
4 seisure in two is not mean epilepsy, you find out other course. he do need need immediate treatment.

He may refere to KB for furthur access.
Why you give acid folic?

I would stope all the medication

Take care

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, February 14, 2007 8:00 PM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM Clinic February 2007, Case#5, Chorn Samoeun, 15M (Sangke Roang Villae)

From: Cole, Andrew James,M.D.
Sent: Tuesday, February 13, 2007 4:23 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic February 2007, Case#5, Chorn Samoeun, 15M (Sangke Roang Villae)

This 15 year old boy has had 4 attacks in two years of what is described as generalized tonic clonic seizure. There are no abnormal findings described on examination. I agree with the use of an anticonvulsant. One important question is whether this is some type of focal epilepsy or a primary generalized epilepsy. A history of morning myoclonic jerks and seizures after sleep deprivation would support the notion of a primary generalized epilepsy. If that were the case, valproic acid might be a better choice for treatment if available. An EEG could also help further classify the epilepsy and direct treatment if available. If it is not possible to determine the epilepsy type from the available information, a trial of phenytoin seems reasonable. Most patients require about 5 mg/kg/day, so his dose might turn out to be a bit low.

Andrew J Cole, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, February 13, 2007 9:19 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Case#6, Sao Lim, 73F (Taing Treuk Villae)

Dear all,

This is case nuber 6, Sao Lim, 73F 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: Sao Lim, 73F (Taing Treuk Village)

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

History of Present Illness (HPI): 73F, farmer, came here complaining of dizziness and fatigue for 1y with neck tension. She didn't seek any medical care, just bought medicine from pharmacy and taking prn. She denied of HA, diaphoresis, chest pain, palpitation, fever, cough, dyspnea, hematuria, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: Unremarkable

Social History: No smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 160/80 P: 64 R: 20 T: 37°C O2sat: 97 Wt: 39Kg

General: Look sick, weak

HEENT: No oropharyngeal lesion, slightly pale conjunctiva, no mass, no lymph node palpable, JVD

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, murmur

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

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

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

Lab/Study: Hb: 11mg/dl

Assessment:

1. HTN
2. Anemia

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
3. MTV 1t po qd for one month

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco 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 Peng Sovann Date: February 13, 2007

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, February 14, 2007 10:47 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Case#6, Sao Lim, 73F (Taing Treuk Villae)

Dear Sovann and Rithy,

I have several question need to be clarify-
1- Does she had any vaginal bleeded or bed discharge in the last couple months.
2- How about the bowel movement, any history of constipation?
3- Does the dizziness occurs while she changing the position?
4- Please ask for Hypothyroid symptome as well-- heat intolerance, diarrhea/constipation, memory,...

Suggestion_
1- Rectal exam with cholocheck
2. Urine analysis, if present glucosuria then check blood sugar.
3- add to the lab---- reticulocyte and peripheral blood smear, TSH.

Medication plan-

1- Agree with your plan
2. ADD boby ASA
3- ADD mebendazole 100mg BID for 3days for general eradication intestinal warm- ascaria, pink warm,...

Take Care

kruy

From: Kreinsen, Carolyn Hope,M.D. [mailto:CKREINSEN@PARTNERS.ORG]
Sent: Friday, February 16, 2007 7:16 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Cambodia case

Case Summary:

This is a 73 yo woman, a farmer by trade, presenting with a one year history of fatigue, dizziness and neck stiffness. She has been taking an unknown over the counter medication on an as needed basis. At the time of her clinic visit, review of systems was negative. She denied tobacco or alcohol usage.

On physical exam, she appeared weak and ill. She had moderate systolic blood pressure elevation, with BP 160/80. Her weight was somewhat low at 39 Kg. conjunctival membranes were mildly pale. She was noted to have generalized decrease in motor strengths - 4+/5 with normal DTRs. HEENT, abdominal and cardiopulmonary exams were otherwise normal.

hemoglobin at time of encounter was low at 11 mg/dl.

The enclosed photo shows a small woman with a mildly flushed/bronzed complexion and no apparent skin or lip erosions. She has very little scalp hair and appears to have some male pattern baldness. There is no obvious temporal wasting. There are no exophthalmos, periorbital edema or Cushingoid features. She appears to have her neck somewhat flexed with question of possible kyphoscoliosis.

Discussion:

1.) Hypertension: It's unclear whether this woman has primary hypertension or blood pressure elevation secondary to another underlying cause. Systolic hypertension is a very common health problem in elderly people, can be treated effectively and can have serious side effects if not addressed. It would be ideal to have her come back again this week for a recheck of her blood pressure to obtain a second reading. I completely agree with your decision to treat. Hydrochlorthiazide is in general a very good first choice for the treatment of hypertension and is actually effective at the even lower dosage of 12.5 mg each day with fewer side effects than noted with higher dosages. However, if you have access only to the 50 mg tablets, I agree that cutting them in half is reasonable but in quarters would be too difficult and too inaccurate. The hydrochlorthiazide raises a few concerns for this woman. It can cause increased sun sensitivity. Since the patient is a farmer, she probably spends long hours in the sun and will be prone to sunburn unless she wears cover up clothing and a hat. Another concern is that she is dizzy. It would be helpful to obtain a set of orthostatic vital signs - blood pressure and heart rate in the lying, sitting and standing positions - to check for dehydration or other vascular instability before starting the hydrochlorthiazide The medication could worsen her dizziness in those situations. If the hydrochlorthiazide increases her dizziness/light-headedness, an alternative option for this woman might be lisinopril 5 mg each day if her initial BUN, creatinine and potassium are normal. If you do start lisinopril, it would be advisable to recheck the kidney functions and potassium a week after starting the medication. She has a somewhat low heart rate at baseline; I would probably hold off on treating with a beta blocker such as atenolol. On the hydrochlorthiazide, I'd advise this woman to eat food containing potassium each day and to drink plenty of water. Given her hypertension, I'd recommend that she decrease her salt and caffeine (tea or coffee) intake. Your decision to obtain electrolytes, BUN and creatinine was great. I'd also recommend a TSH to check for a thyroid cause of blood pressure elevation and a urinalysis with sediment to check for protein and red blood cells that might indicate kidney dysfunction/disease.

2.) Dizziness: It would be helpful to clarify this patient's dizziness - whether she feels as though the room is spinning (vertigo), whether she feels as though she is going to faint (presyncope), or whether she has a sense of imbalance with positional change - lying to sitting, sitting to standing or bending over and then straightening up (orthostasis). It may be that she has none of these and simply feels destabilized since she is weak. Anemia and other illnesses could certainly make her feel dizzy. She has a sense of neck stiffness and her photo raises the question of kyphoscoliosis or curvature of the spine. It would be worth on exam to check the range of motion of her neck and to check for spasm in the back of her neck. Osteoarthritis or other degenerative changes of the neck can make people feel dizzy, especially when they try to straighten their necks or look upward. For musculoskeletal relief, she'd benefit from instruction in some gentle neck stretching exercises and application of heat or ice to the back of the neck and shoulders for 20 to 30 minutes twice a day. It would be advisable to check what the medication is that she is taking over the counter to make certain that it is not worsening her symptoms. Has she had any head or neck injuries over the past year? When she returns this week, I would recommend checking her neurological exam a bit more. I would include a Rhomberg test, coordination tests, tandem gait test and evaluation of walking on toes and heels. I would also advise checking her ears to make certain that hearing is intact and that there are no abnormalities of the tympanic membranes. Has she had any acute visual changes, visual loss or numbness and tingling in her face, arms or legs?

3.) Weakness: This seems to be multifactorial. I completely agree with your decision to order a CBC. If possible, it would be advisable to obtain a manual differential with that. The patient is mildly anemic, although the hemoglobin of 11 may be falsely optimistic if she is dehydrated. A low MCV will help determine if she has iron deficiency anemia. The white blood count and differential will help to provide an initial screen for possible blood disorders such as chronic leukemia. The ferrous sulfate/ folic acid therapy and multivitamin were excellent interventions. Has she had any blood per rectum? It would be helpful if you could do a rectal exam and test the stool for blood this week. I would also recommend a breast exam and a pelvic exam to rule out presence of masses. Parasitic or helminthic infection should be considered in a farmer with anemia. It might be worth checking a stool for ova and parasites to rule that out. The blood sugar will be hepful to screen for diabetes - that could certaily result in weakness and fatigue. Has this patient had weight loss over the past year? Has she had excessive thirst, hunger or urination? Is her muscular weakness on exam throughout the upper and lower arms and legs or more in the upper portions? Again, thyroid testing would be helpful. If available, it would be helpful to check a magnesium level (for the muscle weakness), a Vitamin B12 level (to screen for pernicious anemia and B12 deficiency) and a creatinine kinase muscle enzyme (for muscle weakness/muscle inflammation) The patient has reddish brown skin on the photo, most likely due to sun exposure. However, with her substantial scalp hair loss (does she shave her head?) and evidence of male pattern baldness, there is a question of possible adrogenic and endocrine disorders. Once the initial blood test results are back, it might be worth exploring this further. I would advise short interval follow-up of this patient within the next few weeks.

Hope this has been helpful! Take good care.

Carolyn K

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, February 13, 2007 9:23 PM

To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Case#7, Srey Hom, 62F (Taing Treuk Villae)

Dear all,

This is case nuber 7, Srey Hom, 62F and Photo.

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: Srey Hom, 62F (Taing Treuk Village)

Subjective: 62F came to follow up of HTN, DMII, with PNP, Renal insufficiency. She is better than before with symptoms of normal appetite, normal bowel movement. She denied of HA, diaphoresis, chest pain, palpitation, dyspnea, cough, fever, nausea, vomiting, oliguria, dysuria, hematuria, edema.

Objective:

VS: BP: 124/66 P: 78 R: 18 T: 36.5 Wt: 55kg

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, 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 = 231mg/dl, UA: protein 3+

Current Medications:

1. Glibenclamide 5mg 1½t po bid
2. Metformin 500mg 1t po qhs
3. Captopril 25mg ½ t po bid
4. ASA 300mg 1/4t po qd
5. Amitriptyline 25mg 1t po qhs

Allergies: NKDA

Assessment:

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

Plan:

1. Glibenclamide 5mg 2t po bid for one month
2. Metformin 500mg 1t po qhs for one month
3. Lisinopril 20mg 1/2t po qd for one month
4. ASA 300mg 1/4t po qd for one month
5. Amitriptyline 25mg 1t po qhs for one month
6. Review him on diabetic diet, hypoglycemia sign and foot care

Lab/Study Requests: Draw blood for Lyte, BUN and Creat, Gluco, HbA1c at SHCH

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: February 13, 2007**

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

From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Wednesday, February 14, 2007 2:41 AM
To: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Cc: Fiamma, Kathleen M.
Subject: Case# 7 Srey Hom

Dear Sovann and Rithy,

Thank you for your thorough assessment of Srey Hom.

1. HTN – it appears that is now well controlled on current meds

2. Diabetes with peripheral neuropathy – it seems that her glucose continues to run high. My suggestion would be to verify that she is indeed taking her medicine as directed and if so, increase her Metformin to 500mg twice daily. (You didn't mention her pain status so I am assuming that the Amitrptyline is helping.)

I agree that she needs a HbA1C to assess her overall glucose control.

3. Renal insufficiency - Protein in her urine is concerning (no glucose in her urine?). I also agree with your decision to check her renal function and electrolytes.

4. Prevention – I agree with your decision to continue Aspirin, reinforce importance of low cal diet, and foot monitoring. (Also, if she is fasting, can you add a cholesterol to her blood work?)

Nice assessment of this patient.

Best wishes,
Paul

Paul Heinzelmann, MD, MPH
Project Leader - Operation Village Health
Center for Connected Health
Partners HealthCare
25 New Chardon St.
Boston, MA 02114

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, February 14, 2007 10:18 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Case#7, Srey Hom, 62F (Taing Treuk Villae)

Dear Sovann and Rithy,

Please check her previous creatinine if more then 200mmol/dl then follow up her next week for lab result of creatinine then we can discuss the plan with me at hospital.

Can we follow up her like this plan? I'm concern about her renal failure is worsen with lisinoprile.

Be careful renal failure with metformin as well !

The rest i'm agree with you

Take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, February 13, 2007 9:29 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Case#8, Kim Lorm, 73M (Thnout Malou Villae)

Dear all,

This is the last case for Robib TM Clinic February 2007,Kim Lorm, 73M and Photo. Please reply before Thursday afternoon. Thank you very much for your cooperation and support in this projectl

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: Kim Lorm, 73M (Thnout Malou Village)

Subjective: 73M came to follow up of HTN, GERD. He is better than before with normal appetite, normal bowel movement, but still complained epigatric pain, burning sensation. He denied of HA, chest pain, palpitation, cough, dyspnea, fever, hematuria, oliguria, dysuria, passing stool with blood, mucus, edema. Patient didn't take medicine for a week due to Robib TM schedule delay.

Objective:

VS: BP: 160/95 P: 83 R: 20 T: 36°C Wt: 47Kg O2sat: 98%

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, no murmur

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

Extremity: No edema, no rash, no lesion

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

Previous Labs/Studies:

Lab Result on January 19, 2007

WBC	=11	[4 - 11x10^9/L]	Na	=144	[135 - 145]
RBC	=5.3	[4.6 - 6.0x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=14.3	[14.0 - 16.0g/dL]	Cl	=106	[95 - 110]
Ht	=44	[42 - 52%]	BUN	=1.9	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=96	[53 - 97]
MCH	=27	[25 - 35pg]	Glu	=5.6	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=237	[150 - 450x10^9/L]			
Lym	=3.0	[1.0 - 4.0x10^9/L]			
Mxd	=2.4	[0.1 - 1.0x10^9/L]			
Neut	=5.3	[1.8 - 7.5x10^9/L]			

Current Medications:

1. HCTZ 50mg ½ t po qd
2. Famotidine 10mg 2t po qhs

Allergies: NKDA

Assessment:

1. HTN
2. GERD

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. Famotidine 10mg 2t po qhs for one month
3. GERD prevention review
4. Do regular exercise, eat low Na and fat diet

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: February 13, 2007

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

From: Fiamma, Kathleen M.
Sent: Tuesday, February 13, 2007 11:58 AM
To: Healey, Michael J.,M.D.
Subject: FW: Robib TM Clinic February 2007, Case#8, Kim Lorm, 73M (Thnout Malou Villae)

Hello Dr. Healey:

In addition to the other case I sent, I am sending this follow-up case.

The attached "Word" document contains the previously presented material and your response.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Kathy

From: Healey, Michael J.,M.D. [mailto:MJHEALEY@PARTNERS.ORG]
Sent: Wednesday, February 14, 2007 12:26 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic February 2007, Case#8, Kim Lorm, 73M (Thnout Malou Villae)

His blood pressure is only marginally better than last visit--it was (L) 160/90, (R) 170/94 at that time. I would recommend adding a second blood pressure medication. Doses of HCTZ higher than 25 mg don't usually provide much additional benefit but cause more side effects, so I would recommend adding a second agent--depending on what's available a calcium channel blocker might be a good choice because he is elderly. I would also get a U/A at his next visit--if he has protein in the urine an ACE-inhibitor would be my agent of choice. I would definitely like to see his blood pressure under 140/90; ideally it should be less than 130/80.

If his heartburn symptoms persist, he could take famotadine 20 mg twice a day instead of once a day. If that's not effective, a proton pump inhibitor would provide stronger acid-suppression, if available. I would also consider additional workup for H. pylori, ulcers, gastric cancer, etc. if his symptoms persist or worsen. Is there any dysphagia? If so, that should prompt more aggressive workup to rule out esphageal malignancy.

MJH

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, February 14, 2007 9:57 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Case#8, Kim Lorm, 73M (Thnout Malou Villae)

Dear Sovann and Rithy,

As the blood pressure still not controled with our goal of SBP<110. I would increased HCTZ to 50mg/day and come back on Friday is check BP again if still hight then added lisinoprile 10mg/day.

Please call me if your still have any question.

Take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, February 14, 2007 9:03 PM
To: Rithy Chau; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Second Day Case#9, Keth Chourn, 55M (Chhnourn Village)

Dear all,

Today is the second day for Robib TM Clinic February 2007. We have 4 new cases and 5 follow up cases. This is case number 9, continued from yesterday, Keth Chourn, 55M 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: Keth Chourn, 55M (Chhnourn Villae)

Chief Complaint (CC): dizziness and fatigue x 3y

History of Present Illness (HPI): 55M, farmer, came here complaining of dizziness, fatigue for 3y. In last three years, he presented with symptoms of dizziness, fatigue, neck tension, blurred vision so he asked local healer take BP for him. SBP was 180 and was treated with anti-hypertensive drugs, and get better for a few months. Since then when the symptoms appeared he took Nifedipine 20mg 1t po qd prn. He denied of fever, HA, cough, dyspnea, stool with blood or mucus, oliguria, dysuria, edema.

Past Medical History (PMH): History HTN with prn Nifedipine

Family History: None

Social History: Smoking 5cig/d over 20y, alcohol drinking 1/2L/d over 20y

Current Medications: Nifedipine 20mg 1t po prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 150/84 P: 80 R: 20 T: 37^{o}C Wt: 49Kg

General: Look stable

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

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, no murmur

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

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

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

Lab/Study: None

Assessment:

1. HTN

Plan:

1. CHTZ 50mg ½t po qd for one month
2. Regular exercise, low Na and fat diet
3. Stop smoking and alcohol drinking

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco 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 Peng Sovann **Date: February 14, 2007**

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

From: Healey, Michael J.,M.D. [mailto:MJHEALEY@PARTNERS.ORG]
Sent: Thursday, February 15, 2007 1:07 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic February 2007, Second Day Case#9, Keth Chourn, 55M (Chhnourn Village)

Your plan sounds good. He should also have the lytes and BUN/Cr repeated after starting the HCTZ (I usually check at 2 weeks, but it would be okay to check when he returns in a month).

Also, with that much alcohol consumption he may have withdrawal symptoms if he tries to quit. A benzodiazepine would be helpful in that case. If there are any local substance dependence resources that would also be worthwhile.

MJH

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, February 14, 2007 9:10 PM
To: Rithy Chau; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Second Day Case#10, Ros Roeun, 63F (TaingTreuk Village)

Dear all,

This is case number 10, Ros Roeun, 63F 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: Ros Roeun, 63F (Taing Treuk Villae)

Chief Complaint (CC): dizziness and fatigue x 1y

History of Present Illness (HPI): 63F, farmer, came here complaining of dizziness, fatigue x 1y. In last year, she presented with symptoms of HA, neck tension, fatigue, dizziness, palpitation so she asked local healer measure her BP (SBP : 150) and was treated with anti-hypertension. Since then, she bought Chinese medicine (Ant-hypertensive) and took it when the symptoms appeared. She denied of fever, cough, dyspnea, chest pain, stool with blood or mucus, oliguria, hematuria, dysuria, edema.

Past Medical History (PMH): HTN

Family History: None

Social History: No smoking, no alcohol drinking

Current Medications: Chinese medicine (Anti-hypertensive) prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 130/68 P: 80 R: 20 T: 37^{o}C Wt: 48Kg

General: Look stable

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

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, no murmur

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

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

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

Lab/Study: None

Assessment:

1. History elevated BP
2. Common Cold

Plan:

1. Stop Chinese medicine (Anti-hypertensive)
2. Regular exercise, low Na and fat diet
3. Recheck BP, if SBP>150 start HCTZ 50mg ½t po qd
4. Tylenol PM 1t po qhs prn

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco 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 Peng Sovann Date: February 14, 2007

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

From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Thursday, February 15, 2007 7:22 AM
To: robibtelemed@yahoo.com; Fiamma, Kathleen M.
Cc: tmed_rithy@bigpond.com.kh; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic February 2007, Second Day Case#10, Ros Roeun, 63F (TaingTreuk Village)

Dear Rithy and Sovann,

1. Dizziness/Fatigue

A hemoglobin done there would be helpful in her assessment, but I see you ordered a CBC - this will tell whether anemia is the cause of these symptoms.

2. HTN

Before starting HCTZ she would ideally have several separate BPs taken over a couple weeks. Is this possible? I agree with stopping the "Chinese medicine" for blood pressure, but would like to know more about this drug. As you know, blood pressure medicines aren't taken "as needed" as she has taken it. If she needs to be started on HCTZ, please explain that HTN often has no symptoms but requires that medicine be taken even when she feels OK.

3. Common cold
Her history and physical presented don't support this diagnosis. Is there more to her history? Note that decongestants may raise BP readings, and ideally she would not be taking these when we asess her BP again.

Thanks again for your excellent work.

Best,

Paul

Paul Heinzelmann, MD, MPH
Project Leader - Operation Village Health
Center for Connected Health
Partners HealthCare
25 New Chardon St.
Boston, MA 02114

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, February 14, 2007 9:14 PM
To: Rithy Chau; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Second Day Case#11, Vong Yan, 72F (Boeung Village)

Dear all,

This is case number 11, Vong Yan, 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: Vong Yan, 72F (Boeung Villae)

Chief Complaint (CC): dizziness and fatigue x 2y

History of Present Illness (HPI): 72F, houswife, came here complaining of dizziness, fatigue, HA, neck tension, diaphoresis, and seek treatment from local healer and was treated with IV fluid and injection medicine. She got better for a few month then the symptoms appeared gain. In this month, she bought Chinese medicine and taking it prn because she heard it help in reducing high BP. She denied of fever, cough, dyspnea, chest pain, stool with blood or mucus, oliguria, hematuria, dysuria, edema.

Past Medical History (PMH): HTN with prn drugs

Family History: Sister with HTN

Social History: No smoking, no alcohol drinking, 9 children

Current Medications: Chinese medicine (Anti-hypertensive) prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 150/70 P: 68 R: 20 T: 37^{o}C Wt: 56Kg

General: Look sick

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

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, no murmur

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

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

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

Lab/Study: Hb 10mg/dl

Assessment:

1. HTN
2. Anemia

Plan:

1. Stop Chinese medicine (Anti-hypertensive)
2. HCTZ 50mg 1/2t po qd for one month
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
4. Regular exercise, low Na and fat diet

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco 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 Peng Sovann Date: February 14, 2007

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

From: Healey, Michael J.,M.D. [mailto:MJHEALEY@PARTNERS.ORG]
Sent: Thursday, February 15, 2007 2:53 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic February 2007, Second Day Case#11, Vong Yan, 72F (Boeung Village)

Your plan sounds good. I would also suggest obtaining iron studies (just a ferritin or complete iron studies--iron/TIBC/ferritin) as well as testing for B12 and folate deficiency. I am concerned about the empiric use of folic acid, as it can mask the anemia of B12 deficiency but will not prevent neurologic complications of B12 deficiency.
Has she had any melena or vaginal bleeding? If she's iron deficient, I would suggest stool occult blood and looking further for causes of iron deficiency.

MJH

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, February 15, 2007 12:35 PM
To: Robib Telemedicine; Rithy Chau; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Second Day Case#11, Vong Yan, 72F (Boeung Village)

Dear Sovann and Rithy,

Please do Urine analysis, cholocheck, and EKG.
Add lab test: peripheral blood smear and reticulocyte.
Agree with your plan

take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, February 14, 2007 9:19 PM
To: Rithy Chau; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Second Day Case#12, Touch Run, 61F (Thnout Malou Village)

Dear all,

This is case number 12, Touch Run, 61F 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: Touch Run, 61F (Thnout Malou Villae)

Chief Complaint (CC): dizziness and fatigue x 2y

History of Present Illness (HPI): 61F, farmer, came here complaining of dizziness, fatigue, diaphoresis, HA, neck tension and seek treatment from local healer and treated with IV fluid and injection medicine. She got better for a few month then the symptoms appeared gain she bought medication from pharmacy and sometime asked local healer give her IV fluid infusion. She denied of fever, sore throat, cough, dyspnea, abd pain, stool with blood or mucus, oliguria, dysuria, edema.

Past Medical History (PMH): remote malaria

Family History: Unremarkable

Social History: No smoking, no alcohol drinking, 4 children

Current Medications: None

Allergies: Paracetamol 500mg

Review of Systems (ROS): Unremarkable

PE: On 13 02, 07 BP: 170/89
Vitals: On 14 02, 07 BP: 150/74 P: 74 R: 20 T: 37^{o}C Wt: 41Kg

General: Look stable

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

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, no murmur

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

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

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

Lab/Study: Hb 12mg/dl

Assessment:

1. HTN

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. Do regular exercise, eat low Na, and fat diet

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco 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 Peng Sovann Date: February 14, 2007

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

From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Thursday, February 15, 2007 7:09 AM
To: Heinzelmann, Paul J.,M.D.; robibtelemed@yahoo.com; Fiamma, Kathleen M.
Cc: tmed_rithy@bigpond.com.kh; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic February 2007, Second Day Case#12, Touch Run, 61F (Thnout Malou Village)

Dear Rithy and Sovann,

Assessment:

1. Dizziness/Fatigue

Her vital signs do not suggest dehydration as a cause and you have astutely ruled out severe anemia as a cause by checking her hemoglobin.

Her BP today doesn't account for her symptoms (BP is usually higher when it causes HA and dizziness). I would be interested in hearing more about the IV medicine she received and whether you think its played a role in her symptoms.

2. HTN

I agree with your plan to check blood work and start HCTZ

Nice job.

Paul Heinzelmann, MD, MPH
Project Leader - Operation Village Health
Center for Connected Health
Partners HealthCare

25 New Chardon St.
Boston, MA 02114

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, February 15, 2007 12:23 PM
To: Robib Telemedicine; Rithy Chau; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Second Day Case#12, Touch Run, 61F (Thnout Malou Village)

Dear Sovann and Rithy,

Please add baby ASA, I 'm agree with your plan

Take care

kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, February 14, 2007 9:26 PM
To: Rithy Chau; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Second Day Case#13, Same Kun, 28F (Boeung Village)

Dear all,

This is case number 13, Same Kun, 28F and photo.

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: Same Kun, 28F (Boeung Village)

Subjective: 28F came to follow up of Hyperthyroidism. She is better than before with normal appetite, normal bowel movement but complained of palpitation, fear to loud voice, heat intolerance, sore throat, tremor on/off. She denied of dyspnea, cough, dyspnea, chest pain, dizziness, hematuria, dysuria, oliguria, edema.

Objective:

VS: BP: 110/60 P: 160 R: 20 T: 37.5 Wt: 50kg

PE (focused):

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 8x10cm, smooth, soft, regular border, mobile on swallowing, no tender, (+) bruit, no lymph node palpable

Chest: CTA bilaterally, no rales, no rhonchi; H Tachycardia, RR, no murmur

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

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

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

Labs/Studies:

Lab Result on January 19, 2007

TSH	=0.02	[0.49 - 4.67]
Free T4	=>77	[9.14 - 23.81]
Total T3	=9.52	[0.78 - 2.5]

Current Medications:

1. Carbimazole 5mg 1t po tid
2. Propranolol 40mg 1t po bid
3. FeSO4/Folic Acid 200/0.25mg 1t po qd
4. MTV 1t po qd

Allergies: NKDA

Assessment:

1. Hyperthyroidism
2. Tachycardia

Plan:

1. Carbimazole 5mg 2t po tid for one month
2. Propranolol 40mg 1½t po bid for one month
3. Draw blood for TFT next month

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: February 14, 2007**

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

From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Thursday, February 15, 2007 7:02 AM
To: robibtelemed@yahoo.com; Fiamma, Kathleen M.
Cc: tmed_rithy@bigpond.com.kh; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic February 2007, Second Day Case#13, Same Kun, 28F (Boeung Village)

Dear Rithy and Sovann,

Ideally we would have Dr Barbesino (Endocrinologist) reply but he is unavailable.

I am concerned about her. She is quite tachycardic and her most recent labs from Jan suggest that she is moving in the wrong direction.

A complaint of sore throat is always troubling in a patient on carbimazole. This symtom could indicate a very serious (sometimes life threatening) side effect of this medicine that results in severe neutropenia and put her at great risk for infection. She needs to have a CBC with diff done ASAP to evaluate her neutrophils. If low, she will need to stop this drug. If her neutrophils are OK, she she go back on her previous dose of carbimazole (5g 2t TID).

In the mean time, I agree with increasing her dose of propanolol to reduce HR and tremors.

As in Dr Barbesino's earlier notes - please assess her adherance to her medications.

Please keep us informed of her progress.

Best,

Paul Heinzelmann, MD

Paul Heinzelmann, MD, MPH
Project Leader - Operation Village Health
Center for Connected Health
Partners HealthCare
25 New Chardon St.
Boston, MA 02114

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, February 15, 2007 12:17 PM
To: Robib Telemedicine; Rithy Chau; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Second Day Case#13, Same Kun, 28F (Boeung Village)

Dear Sovann and Rithy,

It is unsually for hyperthyroidism patient on treated with Carbimazole and propranole and HR is remaining hight (HR160)

I would check for pregnancy as well, please check pregnancy test.
Check side effect of carbimazole--- check hemoglobine now, and UA to see hemoblobinuria or bloody, and EKG.

Ask for jaundice, hematuria, anemia and find other infectious cause.
Make sure she took correct drug and dose.

Agree with your plan unless turn of positive pregnancy

Take care

kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, February 14, 2007 9:31 PM
To: Rithy Chau; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Second Day Case#14, Prum Pri, 52M (Rovieng Cheung Village)

Dear all,

This is case number 14, Prum Pri, 52M and photo.

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: Prum Pri, 52M (Rovieng Cheung Village)

Subjective: 52M came to follow up of CHF, Anemia, Renal Insufficiency. He is stable with symptoms of normal appetite, normal bowel movement but complained of dyspnea on/off. He denied of cough, fever, chest pain, palpitation, GI complaint, oliguria, hematuria, edema. Urine output is about 1/2L/d.

Objective:

VS: BP: 160/86 (both) P: 62 R: 20 T: 37 Wt: 46kg O2sat 99%

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, systolic murmur 2+ louder at tricuspid area

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

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

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

Labs/Studies: UA: protein 4+, Blood trace

Lab Result on January 19, 2007

WBC	=4	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=2.5	[4.6 - 6.0x10^{12}/L]	K	=6.1	[3.5 - 5.0]
Hb	=7.5	[14.0 - 16.0g/dL]	Cl	=120	[95 - 110]
Ht	=23	[42 - 52%]	BUN	=8.0	[0.8 - 3.9]
MCV	=95	[80 - 100fl]	Creat	=609	[53 - 97]
MCH	=31	[25 - 35pg]	Glu	=4.3	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=270	[150 - 450x10^9/L]			
Lym	=1.3	[1.0 - 4.0x10^9/L]			
Mxd	=0.9	[0.1 - 1.0x10^9/L]			
Neut	=2.0	[1.8 - 7.5x10^9/L]			

Current Medications:

1. Nifedipine 10mg 1t po bid
2. Furosemide 20mg 1t po bid
3. FeSO4/Folic Acid 200/0.25mg 1t po bid
4. MTV 1t po qd
5. Paracetamol 500mg 1t po qid prn HA/pain

Allergies: NKDA

Assessment:

1. CHF
2. Renal Insufficiency
3. Anemia

Plan:

1. Nifedipine 10mg 3t po qd for one month
2. Furosemide 20mg 1t po bid for one month
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
4. MTV 1t po bid for one month

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

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: February 14, 2007**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, February 15, 2007 11:16 AM
To: Robib Telemedicine; Rithy Chau; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Second Day Case#14, Prum Pri, 52M (Rovieng Cheung Village)

Dear Sovann and Rithy,

As the creatinine clearance is around 9ml/mn/1.73m2, and BP is still not controle.

I would add propranolole 10 mg q12h and nifedipine could not used as single dose because of short action.

Please you nifedipine 10mg q8h.
For hyperkaliemic __add salbutamole inhaler or PO (4mg bid) and furosemide 20mg bid as we do not have resonium.

For anemia_ add folic acide for CRF.

education- avoid all orange, banana or the fruid containe more potassium.

take care
kruy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, February 14, 2007 9:36 PM
To: Rithy Chau; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Second Day Case#15, Kouch Hourn, 60F (Sangke Roang Village)

Dear all,

This is case number 15, Kouch Hourn, 60F and photos.

Best Regards,
Sovann

Robib Telemedicine Clinic

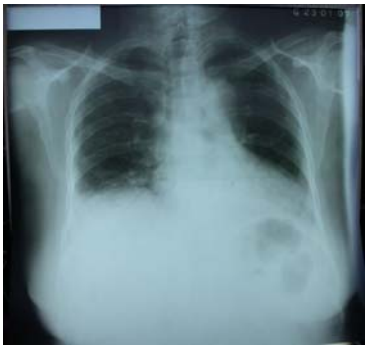
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Kouch Hourn, 60F (Sangke Roang Village)

Subjective: 60F came to follow up of Pneumonia, COPD, PTB??, Psoriasis, Eczema, Tinea coporis. She is better than before with less SOB, normal appetite, normal bowel movement. She denied of HA, fatigue, chest pain, palpitation, cough, fever, polyphagia, polyuria, dysuria, oliguria, stool with blood, mucus, edema. The rash almost has gone.



Objective:

VS: BP: 110/60 P: 78 R: 20 T: 37 Wt: 55kg

PE (focused):

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no mass, 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 edema, no foot wound, rash on the arm and body almost has gone

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

Labs/Studies:

Lab result on February 14, 2007: RBS: 159mg/dl; CXR attached

Lab Result on January 19, 2007

WBC	=13	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=12.6	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=41	[35 - 47%]	BUN	=1.6	[0.8 - 3.9]
MCV	=92	[80 - 100fl]	Creat	=73	[44 - 80]
MCH	=28	[25 - 35pg]	Glu	=14	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	SGOT	=33	[<30]
Plt	=322	[150 - 450x10^9/L]	SGPT	=32	[<30]
Lym	=3.9	[1.0 - 4.0x10^9/L]			

Current Medications:

1. Clarythromycin 500mg 1t po tid
2. Albuterol Inhaler 2puffs bid
3. Griseofulvin 250mg 1t po bid
4. Mometasone Furoate Cream 0.1% applied bid

Allergies: NKDA

Assessment:

1. COPD
2. Psoriasis
3. Eczema
4. Tinea coporis
5. Hyperglycemia??

Plan:

1. Albuterol Inhaler 2puffs bid for one month
2. Griseofulvin 250mg 1t po bid for one month
3. Mometasone Furoate Cream 0.1% applied bid until rash gone
4. Do regular exercise, eat low sugar diet

Lab/Study Requests: Draw blood for Gluco at SHCH

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: February 14, 2007**

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

From: Fiamma, Kathleen M.
Sent: Wednesday, February 14, 2007 1:15 PM

To: Cusick, Paul S.,M.D.
Subject: FW: Robib TM Clinic February 2007, Second Day Case#15, Kouch Hourn, 60F (Sangke Roang Village)

Are you available to take a follow-up case?

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, February 15, 2007 3:14 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic February 2007, Second Day Case#15, Kouch Hourn, 60F (Sangke Roang Village)

I agree with the present plan.

The rash is likely from eczema but given that she is also receiving griseofulvin, a fungal rash is possible.

Continue the inhaled therapy with albuterol.She should finish the course of antibiotics. .

Good luck

Paul cusick

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, February 15, 2007 10:41 AM
To: Robib Telemedicine; Rithy Chau; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Second Day Case#15, Kouch Hourn, 60F (Sangke Roang Village)

Dear Sovann and Rithy,

i would suggest to do Urine analysis if present Glucose more then 2 plus then start low dose Glibenclamide2.5 mg qd and EKG as well.

Add lab test for transaminase and CBC because of long term treatment with Griseofulvin .

The rest plan, i do agree

take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, February 14, 2007 9:40 PM
To: Rithy Chau; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Second Day Case#16, Prum Rim, 44F (Pal Hal Village)

Dear all,

This is case number 16, Prum Rim, 44F and photo.

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: Prum Rim, 44F (Pal Hal Village)

Subjective: 44F came to follow up of Uterus fibroma, cardiomegaly, severe anemia, prolong menstrual period. She is better than before with normal appetite, normal bowel movement but still complained of pressure HA, subrapubic pain. Last month, we asked her continue oral contraceptive then she tried only 3tab then severe HA happened on her so she stopped taking it. She said no menstrual period during this month. She denied of fever, cough, dyspnea, chest pain, palpitation, hematuria, dysuria, passing stool with blood or mucus.

Objective:

VS: BP: 102/60 P: 64 R: 20 T: 36 Wt: 50kg

PE (focused):

General: Look sick

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

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, systolic murmur 2+ louder at pulmonic area

Abd: Soft, slightly tender on suprapubic area, no distension, (+) BS, no HSM

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

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

Labs/Studies: Hb=10g/dl

Current Medications:

1. FeSO4/Folic Acid 200/0.25mg 2t po tid
2. MTV 1t po bid
3. Paracetamol 500mg 1t po qid prn HA/pain

Allergies: NKDA

Assessment:

1. Uterus Fibroma
2. Cardiomegaly
3. Anemia

Plan:

1. FeSO4/Folic Acid 200/0.25mg 2t po tid for one month
2. MTV 1t po bid for one month
3. Recheck Hb in three months if over 10g/dl, discuss with SHCH surgeon for surgery

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: February 14, 2007**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, February 15, 2007 9:58 AM
To: Robib Telemedicine; Rithy Chau; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Second Day Case#16, Prum Rim, 44F (Pal Hal Village)

Dear Sovann and Rithy,

Yes, I agree with your plan
Hemoglobine is 10mg/dl, i think you need to foward this case to Dr Haener to be able to do fibromectomy, in the next couple weeks, If she could not continue the oral contraceptive.

Take Care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, February 14, 2007 9:47 PM
To: Rithy Chau; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic February 2007, Second Day Case#17, Chourb kimsan, 54M (Rovieng Tbong Village)

Dear all,

This is last case for Robib TM Clinic February 2007, number 17 Chourb Kimsan, 54M and photo. Please reply to us 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: Chourb Kimsan, 54M (Rovieng Tbong Village)

Subjective: 54M came to follow up of HTN and Right side stroke with left side weakness. He is stable with normal appetite, normal bowel movement, and denied of HA, dizziness, fatigue, chest pain, dyspnea, cough, polyuria, oliguria, dysuria, hematuria.

Objective:

VS: BP: 140/80 P: 76 R: 20 T: 36.5 Wt: 70kg

PE (focused):

General: Look stable

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

MS/Neuro: MS +4/5 on left arm and leg, sensory intact, DTRs +2/4

Labs/Studies:

Lab Result on January 19, 2007

WBC	=9	[4 - 11x10^{9}/L]	Na	=143	[135 - 145]
RBC	=5.9	[4.6 - 6.0x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=14.9	[14.0 - 16.0g/dL]	Cl	=109	[95 - 110]
Ht	=48	[42 - 52%]	BUN	=2.7	[0.8 - 3.9]
MCV	=82	[80 - 100fl]	Creat	=151	[53 - 97]
MCH	=25	[25 - 35pg]	Glu	=5.8	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	T. Chol	=5.5	[<5.7]
Plt	=188	[150 - 450x10^{9}/L]	TG	=3.3	[<1.71]
Lym	=2.9	[1.0 - 4.0x10^{9}/L]			
Mxd	=1.7	[0.1 - 1.0x10^{9}/L]			
Neut	=4.7	[1.8 - 7.5x10^{9}/L]			

Current Medications:

1. HCTZ 50mg 1t po qd
2. Atenolol 50mg ¼t po bid
3. ASA 300mg 1t po qd

Allergies: NKDA

Assessment:

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

Plan:

1. Atenolol 50mg ½t po bid for one months
2. ASA 300mg 1t po qd for one month
3. Do regular exercise, eat low Na, and low fat diet

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: February 14, 2007**

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

From: Fiamma, Kathleen M.
Sent: Wednesday, February 14, 2007 1:38 PM
To: Cusick, Paul S.,M.D.
Subject: FW: Robib TM Clinic February 2007, Second Day Case#17, Chourb kimsan, 54M (Rovieng Tbong Village)

Here's another follow up for you.

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, February 15, 2007 3:03 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic February 2007, Second Day Case#17, Chourb kimsan, 54M (Rovieng Tbong Village)

From your description, he is clinically stable after having a stroke.
He has good bp control.
His creatinine is slightly elevated and this will need close attention.

Continue your present plan.

Good luck

Paul

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, February 15, 2007 8:53 AM
To: Robib Telemedicine; Rithy Chau; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic February 2007, Second Day Case#17, Chourb kimsan, 54M (Rovieng Tbong Village)

Dear Sovann and Rithy,

As the BP is remaining hight for him and the creatinine is ok to add lisinoprile 5mg qd and repeat lab today if his creatinine before january is higer then 150..

ASA is too big, i would suggest to give only 1/4 or 1/2tb qd.

Please do UA as well.

Take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, February 15, 2007 8:46 PM
To: Rithy Chau
Subject: Fwd: Robib TM Clinic February 2007 Cases received

Robib Telemedicine <robibtelemed@yahoo.com> wrote:
Date: Thu, 15 Feb 2007 05:44:53 -0800 (PST)
From: Robib Telemedicine <robibtelemed@yahoo.com>
Subject: Robib TM Clinic February 2007 Cases received
To: Kathy Fiamma <kfiamma@partners.org>
CC: Bernie Krisher <bernie@media.mit.edu>,
Thero Noun <thero@cambodiadaily.com>,
Laurie & Ed Bachrach <lauriebachrach@yahoo.com>

Dear all,

I have received 13 cases from you. Below are the cases received:

Case# 1, Dy Niem, 37F
Case# 2, Meas Sakhorn, 50F
Case# 3, Chea Bunseang, 60M
Case# 5, Chorn, Samoeun, 15M
Case# 7, Srey Hom, 62F
Case# 8, Kim Lorm, 73M
Case# 9, keth Chourn, 55M
Case# 10, Ros Roeun, 63F
Case# 11, Vong Yan, 72F
Case# 12, Touch Run, 61F

Case# 13, Same Kun, 28F
Case# 15, Kouch Hourn, 60F
Case# 17, Chourb Kimsan, 54M

Thank you very much for your replies to the cases.

Best Regards,
Sovann

Thursday, February 15, 2007

Follow-up Report for Robib TM Clinic

There were 10 new and 7 follow-up patients seen during this month Robib TM Clinic and the other 25 patients came for medication refills only, 37 patients were seen for minor problem by PA Rithy withou sending data, and one patient missed appointment. 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.]

Treatment Plan for Robib TM February 2007

1. Dy Niem, 37F (Sangke Roang Village)
Diagnosis:

1. GERD
2. Lateral Posterior Neck Mass/Cyst
3. Lipoma??

Treatment:

1. Famotidine 10mg 2t po qhs for one month (# 60)
2. GERD prevention education
3. Consult with SHCH surgeon for surgery

Lab/Study Requests: None

2. Meas Sokhorn, 50F (Rovieng Cheung Village)
Diagnosis:

1. GERD

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (# 30)
2. Metochlopramide 10mg 1t po qd for 10d (# 10)
3. GERD prevention education

Lab/Study Requests: None

3. Chea Bunseang, 60M (Phnom Dek Village)
Diagnosis:

1. DMII

2. Right Eye Blindness

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 70)
2. ASA 300mg 1/4t po qd for one month (# 10)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, Tot Cholesterol, HbA1C, and Retic Count at SHCH

Lab Result on February on February 16, 2007

WBC	=7	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=4.8	[4.6 - 6.0x10^{12}/L]	K	=4.7	[3.5 - 5.0]
Hb	=11.2	[14.0 - 16.0g/dL]	Cl	=106	[95 - 110]
Ht	=36	[42 - 52%]	BUN	=2.7	[0.8 - 3.9]
MCV	=73	[80 - 100fl]	Creat	=127	[53 - 97]
MCH	=23	[25 - 35pg]	Glu	=10.4	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=2.6	[<5.7]
Plt	=100	[150 - 450x10^9/L]			
Lym	=2.0	[1.0 - 4.0x10^9/L]			
Mxd	=1.6	[0.1 - 1.0x10^9/L]			
Neut	=3.0	[1.8 - 7.5x10^9/L]			
Retic Count = 1.7		[0.5 - 1.5]			
HbA1C	=14.7	[4 - 6]			

4. Ngourn Sinan, 25F (Taing Treuk Village)
Diagnosis:

1. Epileptic Seizure
2. Migraine HA

Treatment:

1. Almotriptan 6.25mg 1t po bid prn for one month (# 18)

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

Lab result on February 16, 2007

WBC	=6	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10^{12}/L]	K	=3.8	[3.5 - 5.0]
Hb	=12.2	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=40	[35 - 47%]	BUN	=1.6	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=68	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=3.5	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=286	[150 - 450x10^9/L]			
Lym	=2.1	[1.0 - 4.0x10^9/L]			
Mxd	=0.9	[0.1 - 1.0x10^9/L]			
Neut	=3.3	[1.8 - 7.5x10^9/L]			

5. Chorn Samoeun, 15M (Sangke Roang Village)
Diagnosis:

1. Epilepsy
2. Cachexia

Treatment:

1. MTV 1t po qd for two months (# 60)

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

Lab result on February 16, 2007

WBC	=10	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=6.4	[4.6 - 6.0x10^{12}/L]	K	=5.4	[3.5 - 5.0]
Hb	=11.7	[14.0 - 16.0g/dL]	Cl	=107	[95 - 110]
Ht	=39	[42 - 52%]	BUN	=1.3	[0.8 - 3.9]
MCV	=60	[80 - 100fl]	Creat	=51	[53 - 97]
MCH	=18	[25 - 35pg]	Gluc	=4.6	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=461	[150 - 450x10^9/L]			
Lym	=3.4	[1.0 - 4.0x10^9/L]			
Mxd	=2.0	[0.1 - 1.0x10^9/L]			
Neut	=4.1	[1.8 - 7.5x10^9/L]			

6. Sao Lim, 73F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (# 20)
2. MTV 1t po qd for one month (# 30)

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

Lab result on February 16, 2007

WBC	=7	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=2.7	[3.9 - 5.5x10^{12}/L]	K	=3.8	[3.5 - 5.0]
Hb	=11.4	[12.0 - 15.0g/dL]	Cl	=103	[95 - 110]
Ht	=28	[35 - 47%]	BUN	=0.8	[0.8 - 3.9]
MCV	=106	[80 - 100fl]	Creat	=74	[44 - 80]
MCH	=43	[25 - 35pg]	Gluc	=4.0	[4.2 - 6.4]
MHCH	=40	[30 - 37%]			
Plt	=467	[150 - 450x10^9/L]			
Lym	=2.6	[1.0 - 4.0x10^9/L]			
Mxd	=1.7	[0.1 - 1.0x10^9/L]			
Neut	=2.9	[1.8 - 7.5x10^9/L]			

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

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

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 1t po qhs for one month (# 30)
3. Lisinopril 20mg 1/2t po qd for one month (# 20)
4. ASA 300mg 1/4t po qd for one month (# 10)
5. Amitriptyline 25mg 1t po qhs for one month (# 30)
6. Review him on diabetic diet, hypoglycemia sign and foot care

Lab/Study Requests: Draw blood for Lyte, BUN and Creat, Gluco, Tot Chol, HbA1c at SHCH

Lab Result on February 16, 2007

Na	=145	[135 - 145]

K	=3.4	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=4.1	[0.8 - 3.9]
Creat	=213	[44 - 80]
Glu	=7.5	[4.2 - 6.4]
T. Chol	=7.2	[<5.7]
HbA1C	=8.5	[4 - 6]

8. Kim Lorm, 73M (Thnout Malou Village)
Diagnosis:

1. HTN
2. GERD

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (# 15)
2. Famotidine 10mg 2t po qhs for one month (# 60)
3. GERD prevention review
4. Do regular exercise, eat low Na and fat diet

Lab/Study Requests: None

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

1. HTN

Treatment:

1. CHTZ 50mg ½t po qd for one month (# 20)
2. Regular exercise, low Na and fat diet
3. Stop smoking and alcohol drinking

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

Lab Result on February 16, 2007

WBC	=14	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=4.5	[4.6 - 6.0x10^{12}/L]	K	=2.9	[3.5 - 5.0]
Hb	=13.5	[14.0 - 16.0g/dL]	Cl	=100	[95 - 110]
Ht	=43	[42 - 52%]	BUN	=1.8	[0.8 - 3.9]
MCV	=96	[80 - 100fl]	Creat	=58	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=4.0	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=406	[150 - 450x10^9/L]			
Lym	=2.8	[1.0 - 4.0x10^9/L]			
Mxd	=0.9	[0.1 - 1.0x10^9/L]			
Neut	=10.5	[1.8 - 7.5x10^9/L]			

10. Ros Roeun, 63F (Taing Treuk Villae)
Diagnosis:

1. Elevated BP
2. Common Cold

Treatment:

1. Tylenol PM 1t po qhs prn (# 30)
2. Regular exercise, low Na and fat diet
3. Stop Chinese medicine (Anti-hypertensive)
4. Recheck BP in next follow up

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

Lab result on February 16, 2007

WBC	=5	[4 - 11x10^9/L]	Na	=144	[135 - 145]
RBC	=3.6	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=11.6	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=34	[35 - 47%]	BUN	=1.0	[0.8 - 3.9]
MCV	=94	[80 - 100fl]	Creat	=55	[44 - 80]
MCH	=33	[25 - 35pg]	Gluc	=4.6	[4.2 - 6.4]
MHCH	=35	[30 - 37%]			
Plt	=229	[150 - 450x10^9/L]			
Lym	=2.4	[1.0 - 4.0x10^9/L]			
Mxd	=0.6	[0.1 - 1.0x10^9/L]			
Neut	=1.9	[1.8 - 7.5x10^9/L]			

11. Vong Yan, 72F (Boeung Villae)
Diagnosis:

1. HTN
2. Anemia

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (# 20)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (# 30)
3. Regular exercise, low Na and fat diet
4. Stop Chinese medicine (Anti-hypertensive)

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

Lab Result on February 16, 2007

WBC	=9	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=4.4	[3.9 - 5.5x10^{12}/L]	K	=4.5	[3.5 - 5.0]
Hb	=10.2	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=34	[35 - 47%]	BUN	=3.8	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=84	[44 - 80]
MCH	=23	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=329	[150 - 450x10^9/L]			
Lym	=1.9	[1.0 - 4.0x10^9/L]			
Mxd	=0.7	[0.1 - 1.0x10^9/L]			
Neut	=6.1	[1.8 - 7.5x10^9/L]			

12. Touch Run, 61F (Thnout Malou Villae)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#20)
2. Do regular exercise, eat low Na, and fat diet

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

Lab result on February 16, 2007

WBC	=5	[4 - 11x10^9/L]	Na	=144	[135 - 145]
RBC	=4.4	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=12.2	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=3.5	[0.8 - 3.9]
MCV	=87	[80 - 100fl]	Creat	=58	[44 - 80]
MCH	=28	[25 - 35pg]	Glu	=4.6	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=147	[150 - 450x10^9/L]			
Lym	=1.8	[1.0 - 4.0x10^9/L]			
Mxd	=0.8	[0.1 - 1.0x10^9/L]			
Neut	=2.7	[1.8 - 7.5x10^9/L]			

13. Same Kun, 28F (Boeung Village)
Diagnosis:

1. Hyperthyroidism
2. Tachycardia

Treatment:

1. Carbimazole 5mg 2t po tid for one month (#180)
2. Propranolol 40mg 1½t po bid for one month (# 90)
3. Draw blood for TFT next month

Lab/Study Requests: Draw blood for CBC at SHCH

Lab result on February 16, 2007

WBC	=6	[4 - 11x10^9/L]
RBC	=5.2	[3.9 - 5.5x10^{12}/L]
Hb	=12.1	[12.0 - 15.0g/dL]
Ht	=38	[35 - 47%]
MCV	=72	[80 - 100fl]
MCH	=23	[25 - 35pg]
MHCH	=32	[30 - 37%]
Plt	=200	[150 - 450x10^9/L]
Lym	=2.5	[1.0 - 4.0x10^9/L]
Mxd	=1.1	[0.1 - 1.0x10^9/L]
Neut	=2.4	[1.8 - 7.5x10^9/L]

14. Prum Pri, 52M (Rovieng Cheung Village)
Diagnosis:

1. CHF
2. Renal Insufficiency
3. Anemia

Treatment:

1. Nifedipine 10mg 1t po tid for one month (# 90)
2. Propranolol 40mg 1/4t po bid for one month (# 20)
3. Furosemide 20mg 1t po bid for one month (# 60)
4. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (# 60)
5. Folic Acid 5mg 1t po qd for one month (# 30)

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

Lab Result on February 16, 2007

Na	=139	[135 - 145]
K	=6.7	[3.5 - 5.0]
Cl	=112	[95 - 110]

BUN	=10.4	[0.8 - 3.9]
Creat	=819	[53 - 97]
Gluc	=4.2	[4.2 - 6.4]

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

1. COPD
2. Psoriasis
3. Eczema
4. Tinea coporis
5. Hyperglycemia??

Treatment:

1. Albuterol Inhaler 2puffs bid for one month (# 1)
2. Griseofulvin 250mg 1t po bid for one month (# 60)
3. Mometasone Furoate Cream 0.1% applied bid until rash gone (# 1)
4. Do regular exercise, eat low sugar diet

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

Lab Result on February 16, 2007

Gluc	=7.1	[4.2 - 6.4]
SGOT	=33	[<30]
SGPT	=23	[<30]

16. Prum Rim, 44F (Pal Hal Village)
Diagnosis:

1. Uterus Fibroma
2. Cardiomegaly
3. Anemia

Treatment:

1. FeSO4/Folic Acid 200/0.25mg 2t po tid for one month (#180)
2. MTV 1t po bid for one month (# 60)
3. Discuss with SHCH surgeon for surgery

Lab/Study Requests: Draw blood for CBC at SHCH

Lab Result on February 16, 2007

WBC	=3	[4 - 11x10^9/L]
RBC	=5.2	[3.9 - 5.5x10^{12}/L]
Hb	=10.8	[12.0 - 15.0g/dL]
Ht	=38	[35 - 47%]
MCV	=72	[80 - 100fl]
MCH	=21	[25 - 35pg]
MHCH	=29	[30 - 37%]
Plt	=398	[150 - 450x10^9/L]
Lym	=0.9	[1.0 - 4.0x10^9/L]
Mxd	=0.4	[0.1 - 1.0x10^9/L]
Neut	=1.5	[1.8 - 7.5x10^9/L]

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 one months (# 35)
2. Lisinopril 20mg 1/4t po qd for one month (# 10)
3. ASA 300mg 1/2t po qd for one month (# 20)
4. Do regular exercise, eat low Na, and low fat diet

Lab/Study Requests: None

Patients who came to refill medication

1. Phork Eing, 55F (Trapang Reusey Village)
Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Do FNA for cytology at SHCH

FNA result on February 16, 2007

Microscopy: The FNA smear shows only RBC. No evidence of malignancy

Conclusion: Bloody FNA

2. Khourn Ly, 37F (Thkeng Village)
Diagnosis:

1. Euthyroid Goiter (Hydactic Cyst by U/S)

Treatment:

1. Do FNA for cytology at SHCH

FNA result on February 16, 2007

Microscopy: The FNA smear shows mostly RBC and some groups of active follicular cells. No sign of malignancy

Conclusion: Hyperactive goiter

3. Bou Siek, 50F (Ton Laep Village)
Diagnosis:

1. GERD
2. Goiter (Hydactic Cyst by U/S)
3. Euthyroid

Treatment:

1. Omeprazole 20mg 1t po qhs
2. GERD prevention education
3. Do FNA for Cytology at SHCH

FNA result on February 16, 2007

Microscopy: The FNA smear shows mostly RBC and macrophages. No evidence of malignancy.

Conclusion: Benign thyroid cyst

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

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (# 120)
2. Metformin 500mg 1t po bid for two months (# 120)
3. Lisinopril 20mg 1t po qd for two months (# 60)
4. HCTZ 50mg ½t po qd for two months (# 30)
5. ASA 300mg ¼t po qd for two months (# 15)
6. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (# 60)
7. MTV 1t po qd for two months (# 60)
8. Review patient on hypoglycemia sign and regular exercise

Lab/Study Requests: None

5. Nung Chhun, 70F (Ta Tong Village) (Check BS)
Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (# 120)
2. Metformin 500mg 1t po bid for two months (#120)
3. Lisinopril 20mg 1/4t po qd for two months (# 15)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (# 60)
6. Review patient hypoglycemia sign, regular exercise

Lab/Study Requests: None

6. Lim Samnang, 26M (Bos Pey Village)
Diagnosis:

1. Anemia secondary to PUD

Treatment:

1. FeSO4/Folic Acid 200/0.25mg 1t po tid for two months (# 180)
2. MTV 1t po bid for two months (# 120)
3. Draw blood for CBC, reticulocyte, peripheral smear in two months

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

1. DMII
2. PNP

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (# 240)
2. Metformin 500mg 1t po qAM and 2t po qPM for two months (# 180)
3. ASA 300mg ¼t po qd for two months (# 15)
4. Amitriptyline 25mg 1t po qhs for two months (60tab)
5. Review him on diabetic diet and hypoglycemia sign

Lab/Study Requests: None

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

1. VHD (Mitral Stenosis/Regurgitation)

2. PVC

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (# 60)
2. Furosemide 20mg 1t po bid for two months (# 120)
3. ASA 300mg 1/4t po qd for two months (# 15)

Lab/Study Requests: None

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

1. Post partum cardiomegaly?
2. Dyspepsia

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (# 60)
2. Mg/Al(OH)3 250/120mg 2t chew prn (# 50)

Lab/Study Requests: None

10. Thorng Khourn, 70F (Bak Dong Village)
Diagnosis:

1. Liver Cirrhosis
2. Hepatitis C
3. Hypochromic Microcytic Anemia
4. Euthyroid Goiter (Nodular)

Treatment:

1. Spironolactone 25mg 1t po bid for two months (# 120)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (# 60)
3. MTV 1t po bid for two months (# 60)
4. Folic Acid 5mg 1t po qd for two months (# 60)

Lab/Study Requests: Do FNA for cytology at SHCH

FNA result on February 16, 2007

Microscopy: The FNA smear shows mostly RBC and some histiocytes with some colloid. No sign of malignancy.

Conclusion: Benign colloid goiter or cystic goiter

11. Hem Vannou, 56F (Sre Thom Village)
Diagnosis:

1. Hepatitis B +
2. Cachexia

Treatment:

1. MTV 1t po qd for two months (# 60)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (# 60)
3. Follow up prn

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

1. Hyperthyroidism

Treatment

1. Carbimazole 5mg 1/2t po tid for one month (# 45)
2. Propranolol 40mg 1/2t po bid for one month (# 30)

Lab test: Draw blood for Free T4 at SHCH

Lab result on February 16, 2007

Free T4=17.33 [9.14 - 23.81]

13. Sath Rim, 50F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Metformin 500mg 1t po bid for two months (# 120)
2. Glibenclamide 5mg 11/2t po bid for two months (# 180)
3. Lisinopril 20mg 1t po qd for two months (# 60)
4. Atenolol 50mg 1t po bid for two months (# 120)
5. HCTZ 50mg ½ t po qd for two months (# 30)
6. Amitriptylin 25mg 1t po qhs for two months (# 60)
7. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (# 60)
8. Do regular exercise, educate on hypoglycemia sign

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

Lab Result on February 16, 2007

Na	=141	[135 - 145]
K	=6.0	[3.5 - 5.0]
Cl	=114	[95 - 110]
BUN	=4.2	[0.8 - 3.9]
Creat	=243	[44 - 80]
Gluc	=5.8	[4.2 - 6.4]

14. Sen Smith, 40M (Taing Treuk Village)
Diagnosis:

1. Gastritis

Treatment:

1. Famotidine 10mg 2t po qhs (# 60)
2. GERD prevention education
3. Follow up prn

Lab/Study Requests: None

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

1. HTN
2. Hypocromic Microcytic Anemia
3. Dysentery

Treatment:

1. Atenolol 50mg ½t po bid for two months (# 60)
2. Lisinopril 20mg ¼t po qd for two months (# 15)
3. HCTZ 50mg 1t po qd for two months (# 60)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (# 60)
5. MTV 1t po qd for two months (# 60)
6. Pepcid complete 1t po bid (# 10)

Lab/Study Requests: None

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

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Lisinopril 20mg 1/2t po qd for three months (# 45)
2. ASA 300mg 1/4t po qd for three months (# 25)
3. Diflunisal 500mg 1t po bid prn severe pain for three months (# 70)
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for three months (# 90)

Lab/Study Requests: None

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

1. MDII
2. Hyperlipidemia

Treatment:

1. Glibenclamide 5mg 2t po bid for three months (# 360)
2. Metformin 500mg 2t po bid for three months (# 360)
3. Captopril 25mg 1/4t po qd for three months (# 24)
4. ASA 300mg 1/4t po qd for three months (# 24)
5. Restrict pt on diabetic diet and do regular exercise

Lab/Study Requests: None

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

1. HTN
2. DMII
3. Hyperlipidemia

Treatment:

1. HCTZ 50mg ½ t po qd for three months (# 45)
2. ASA 300mg ¼ t po qd for three months (# 24)
3. Captopril 25mg ¼ t po qd for three months (# 24)
4. Glibenclamide 5mg 1t po qd for three months (# 90)
5. Do regular exercise and eat on diabetes diet

Lab/Study requested: None

19. Tann Kln Horn, 51F (Thnout Malou Village)
Diagnosis

1. DMII

Treatment

1. Glibenglamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 1t po qhs for one month (# 30)
3. Captopril 25mg 1/4t po qd for four months (# 10)
4. Review patient about DMII diet and regular exercise

Lab/Study requested: None

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

1. HTN

Treatment

1. Lisinopril 20mg 1/2t po qd for four months (# 60)

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

1. HTN
2. Common Cold

Treatment

1. HCTZ 50mg 1t po qd for four months (# 120)
2. Dextromethophan 30mg/5cc 5cc po bid prn (# 40cc)

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

1. HTN

Treatment

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

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

Lab result on February 16, 2007

WBC	=5	[4 - 11x10^{9}/L]	Na	=144	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=10.5	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=34	[35 - 47%]	BUN	=12.7	[0.8 - 3.9]
MCV	=74	[80 - 100fl]	Creat	=68	[44 - 80]
MCH	=23	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=307	[150 - 450x10^{9}/L]			
Lym	=2.5	[1.0 - 4.0x10^{9}/L]			
Mxd	=0.8	[0.1 - 1.0x10^{9}/L]			
Neut	=2.1	[1.8 - 7.5x10^{9}/L]			

23. Sim Sophea, 29F (Ta Tong Village)
Diagnosis:

1. Hypothyroidism
2. Pregnancy

Treatment:

1. L-thyroxin 75mg ½ t po qd for two months (# 30)

24. Phim Chourn, 78M (Sangke Roang Village)
Diagnosis:

1. COPD
2. Anemia

Treatment:

1. Albuterol Inhaler 2puff po bid prn for three months (# 3)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for three months (# 90)

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

Lab result on February 16, 2007

WBC	=5	[4 - 11x10^{9}/L]	Na	=143	[135 - 145]
RBC	=4.1	[4.6 - 6.0x10^{12}/L]	K	=4.3	[3.5 - 5.0]

Hb	=10.3	[14.0 - 16.0g/dL]	Cl	=104	[95 - 110]
Ht	=35	[42 - 52%]	BUN	=2.2	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=88	[53 - 97]
MCH	=25	[25 - 35pg]	Gluc	=4.4	[4.2 - 6.4]
MHCH	=29	[30 - 37%]			
Plt	=207	[150 - 450x10^9/L]			
Lym	=2.2	[1.0 - 4.0x10^9/L]			
Mxd	=0.5	[0.1 - 1.0x10^9/L]			
Neut	=2.5	[1.8 - 7.5x10^9/L]			

25. Yoeung Chanthorn, 35F (Daong Village)
Diagnosis:

1. Epilepsy

Treatment:

1. Phenytoin 100mg 2t po qd (# 20)
2. Folic Acid 5mg 1t po bid (# 20)

Patients Seen by PA Rithy without Sending Data

1. Srey Sun, 64F (Doang Village)
Diagnosis:

1. Tension HA
2. Malnourishment

Treatment:

1. Motrin 200mg 1t po tid prn (30tab)
2. MTV 1t po bid (60tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)

2. Liev An, 27F (Bospey Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Obesity

Treatment:

1. Pepcid complete chew 1t po bid (20tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)
3. Paracetamol 500mg 1t po qid prn (30tab)

3. You Dara Pouv, 33F (Taing Treuk Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Muscle pain

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)
3. Paracetamol 500mg 1t po qid prn pain (50tab)

4. Chan Thann, 28M (Taing Treuk Village)
Diagnosis:

1. PUD
2. Parastitis
3. HBs Ag + (lab test on 25/1/07

Treatment:

1. Amoxicillin 500mg 2t po bid for 14d (56tab)
2. Metronidazole 250mg 2t po bid for 14d (56tab)
3. Omeprazol e 20mg 1t po bid for 14d (28tab)
4. Metochlopramide 10mg 1t po bid for 14d (28tab)
5. Mebendazole 100mg 1t po bid for 3d (6tab)

5. Kong Pear, 29M (Bos Village)
Diagnosis:

1. Bronchitis

Treatment:

1. Got treatment at local HC with Cotrimoxazole and Paracetamol
2. Tissu-12DS 5cc po bid prn (1bottle)

6. San Naikeang, 40F (Taing Treuk Village)
Diagnosis:

1. Viral Bronchitis
2. BV

Treatment:

1. Delsyn 30mg/5cc 5cc po bid prn (80cc)
2. Ciprofloxacin 750mg 1t po qd for 5d (5tab)

7. Sek Yous, 82F (Pal Hal Village)
Diagnosis:

1. Pneumonia
2. Cachexia
3. Parasititis

Treatment:

1. Cefprozil 250mg 2t po qd (20tab)
2. Naproxen 375mg 1t po bid prn (20tab)
3. MTV 1t po bid (60tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)

8. Tes Khanny, 48F (Thkeng Village)
Diagnosis:

1. Allergic Rhinitis

Treatment:

1. Tylenol PM 500/25mg 1t po qhs prn (30tab)
2. Allergra-D 120/60mg 1t po qd prn (20tab)

9. Keo Ka, 55M (Thkeng Village)
Diagnosis:

1. Urticaria

Treatment:

1. Diphenhydramine 25mg 1t po qhs (24tab)
2. Loratidine 5mg/5cc 10cc po qd prn (1bottle)

10. Thoang Buhta, 27M (Bakdoang Village)
Diagnosis:

1. PUD
2. Vit Deficiency

Treatment:

1. Amoxicillin 500mg 2t po bid for 14d (56tab)
2. Clarythromycin 500mg 1t po bid for 14d (28tab)
3. Omeprazole 20mg 1t po bid for 14d (28tab)
4. Metochlopramide 10mg 1t po bid for 14d (28tab)
5. Mebendazole 100mg 1t po bid for 3d (6tab)
6. MTV 1t po qd (50tab)
7. Vit B12 1t po bid (100tab)

11. Ka Sok Ry, 26F (Thkeng Village)
Diagnosis:

1. GERD
2. Dysentery
3. Parasititis
4. Post partum 11 months

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Metronidazole 250mg 2t po tid (42tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)
4. Pediaflor 0.5cc qd (1bottle)
5. MTV syrup 0.5cc qd (1bottle)

12. Bour Sang Kean, 26F (Thkeng Village)
Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)

13. Khu Heng, 71 (Taing Treuk Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Cachexia

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)
3. MTV 1t po qd (30tab)

14. Phoeut Sokim, 22F (Trapang Reusey Village)
Diagnosis:

1. Eczema
2. Post partum 5 months

Treatment:

1. Diphenhydramine 25mg 1t po qhs prn pruritus (12tab)
2. Poly-Visol MTV 0.5cc po qd with breast feeding (1bottle)

15. Chan Mourn, 59F (Thkeng Village)
Diagnosis:

1. Cachexia
2. Anemia
3. Parasititis

Treatment:

1. MTV 1t po qd (60tab)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd (60tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)
4. Increase fluid intake and eat more vegetable

16. Thong Rouen, 45F (Bos pey Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)
3. Paracetamol 500mg 1t po qid prn (50tab)
4. MTV 1t po qd (30tab)

17. Bun Sambath, 21F (Taing Treuk Village)
Diagnosis:

1. BV
2. Tension HA

Treatment:

1. Ciprofloxacin 750mg 1t po qd for 5d (5tab)
2. Motrin 200mg 1t po tid prn (30tab)
3. MTV 1t po qd (30tab)

18. Seang Sopheap, 25 (Taing Treuk Village)
Diagnosis:

1. UTI
2. Tension HA

Treatment:

1. Ciprofloxacin 750mg 1t po qd for 5d (5tab)
2. Motrin 200mg 1t po bid prn (20tab)

19. Chhourn Phally, 15M (Sanke Roang Village)
Diagnosis:

1. Muscle contusion (Right Cheat wall)
2. Cachexia

Treatment:

1. Motrin 200mg 1t po tid prn (30tab)
2. Children's MTV chew 1t po qd (30tab)
3. Pediaflor oral salin 1cc po qd (1bottle)

20. Chim Khem, 25F (Thkeng Village)
Diagnosis:

1. Dyspepsia
2. Muscle pain
3. Parasititis

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazole 100mg 1t po bid (30tab)
3. Pacetamol 500mg 1t po qid prn (30tab)

21. Sin San, 23F (Sanke Roang Village)
Diagnosis:

1. GERD
2. Parastititis

Treatment:

1. Famotidine 10mg 2t po qhs for 1month then 1t po qhs for other 1month (90tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)

22. Kaov Sear, 50F (Thkeng Village)
Diagnosis:

1. BV
2. Nephrolithiasis (microstone?)

Treatment:

1. Increase fluid intake (non-caffeinated)
2. Ciprofloxacin 750mg 1t po qd for 5d (5tab)
3. Motrin 200mg 1t po tid prn (20tab)
4. MTV 1t po qd (30tab)

23. Bonn Sophin, 30F (Ta Tong Village)
Diagnosis:

1. Muscle pain
2. Parasititis

Treatment:

1. Paracetamol 500mg 1t po qid prn (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)

24. Hong Srey, 23F (Thkeng Village)
Diagnosis:

1. UTI
2. Cachexia

Treatment:

1. Ciprofloxacin 750mg 1t po qd for 5d (5tab)
2. MTV 1t po qd (30tab)
3. Motrin 200mg 1t po tid prn (20tab)

25. Leang Sao Lin, 28F (Thnout Malou Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Urticaria

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazoel 100mg 1t po bid for 3d (6tab)
3. Allergra 180mg 1t po qd (15tab)
4. Diphenhydramin 25mg 1t po qhs (12tab)
5. Pediaflor 1cc po qd (1bottle)

26. Chhourn Chun, 32F (Thkeng Village)
Diagnosis:

1. Tension HA
2. Dyspepsia
3. Parasititis

Treatment:

1. Paracetamol 500mg 1t po qid prn (30tab)
2. Famoltidine 10mg 1t po qhs (30tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)

27. Phin Nein, 28F (Thkeng Village)
Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)

28. Va Sokha, 42M (Thnal Keing Village)
Diagnosis:

1. Tension HA
2. Parasititis

Treatment:

1. Paracetamol 500mg 1t po qid prn (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)

29. Kim Sokhim, 22M (Thkeng Village)
Diagnosis:

1. Allergic Rhinitis

Treatment:

1. Allergra 180mg 1t po qd prn (20tab)
2. Duratuss 25/900mg 1t po qd prn (20tab)
3. Tylenol PM 500/25mg 1t po qhs (30tab)

30. Thourn Lumphann, 26M (Anlong Svay Village)
Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)

31. Pheak Makara, 21M (Taing Treuk Village)
Diagnosis:

1. Drug reaction dermatitis?
2. Photodermatitis?

Treatment:

1. Fluocinolone cream 0.025% apply on rashes tid (2tubes)
2. Diphenhydramine 25mg 1t po qhs prn (24tab)
3. Claritin 10mg 1t po qd prn (10tab)

32. Hom Phanith, 11mo F (Sanke Roang Village)
Diagnosis:

1. Right OM

Treatment:

1. Amoxicillin 200mg 1/2t po bid (10tab)
2. Motrin 100/5cc 2.5cc po bid prn (1bottle)

3. Poly-Visol 1/2cc po qd (1bottle)

33. Nong Kim Chheang, 53M (Rovieng Cheung Village)
Diagnosis:
1. UTI

Treatment:
1. Ciprofloxacin 500mg 1t po bid for 5d (10tab)
2. Motrin 200mg 1t po bid prn (20tab)

34. Lon Volerk, 12M (Sangke Roang Village)
Diagnosis:
1. Pharyngitis

Treatment:
1. Cefprozil 250mg 2t po qd for 7d (14tab)
2. Motrin 200mg 1t po bid prn (20tab)

Patient, Seen by PA Rithy, came to refill medication

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

Treatment:
2. Albuterol inhaler 2puffs po bid prn (# 2)

2. Uth Chhun Hak, 20M (Bakdoang Village)
Diagnosis:
1. Urticaria

Treatment:
1. Diphenhydramine 25mg 1t po qhs prn (48tab)

3. Uth Sok Hai, 21F (Bakdoang Village)
Diagnosis:
1. Eczema

Treatment:
1. Momeatasone furoate cream 0.1% apply tid (1tube)
2. Diphenhydramine 25mg 1t po qhs prn (16tab)

Patient who missed appointment

1. Ros Oeun, 50F (Thnout Malou Village)
Diagnosis:
1. HTN
2. DMII

The next Robib TM Clinic will be held on March 12-16, 2007