# Robib *Telemedicine* Clinic

## Preah Vihear Province

## J A N U A R Y 2 0 0 7

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

On Monday, January 15, 2007, SHCH staff, Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), January 16 & 17, 2007, the Robib TM Clinic opened to receive the patients for evaluations. There were 10 new cases and 5 follow-up patients, and other 49 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, January 17 & 18, 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:** Friday, January 05, 2007 8:19 AM
**To:** Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Gary Jacques; Cornelia Haener; Kim Meng Tan
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev
**Subject:** Robib TM Clinic Schedule for January 2007

Dear all,

I would like to inform you that the trip for Robib TM Clinic for January 2007 will be starting on Monday January 15 and coming back on Friday January 19, 2007.

The agenda of the trip is as following:

1. On Monday 15 January 2007, PA Rithy, driver and I will start the trip from Phnom Penh to Rovieng, Preah Vihea.
2. On Tuesday 16 January 2007, The Clinic open to see patients for the whole morning and in afternoon type as the case then send to both partners in Boston and Phnom Penh.
3. On Wednesday 17 January 2007, we do the same on Tuesday and download the answer replied from partners.
4. On Thursday 18 January 2007, We download all answers replied from partners then make treatment plan accordingly and prepare medication for patients in afternoon.
5. On Friday 19 January 2007, We draw blood from 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:** Tuesday, January 16, 2007 9:05 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 January 2007 Case# 1, Phork Eing, 55F (Trapang Reusey Village)

Dear all,

PA Rithy and I are Rovieng for Robib TM Clinic January 2007. Today we have four new cases and four follow up cases. This is case number 1, Phork Eing, 55F and photos.

Best Regards,
Sovann

# Robib Telemedicine Clinic

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

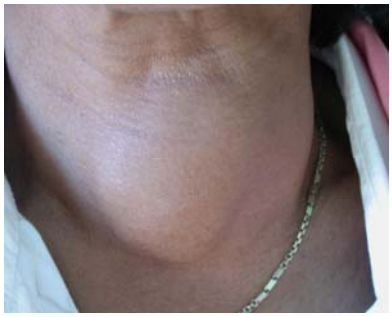
Rovieng Commune, Preah Vihear Province, Cambodia

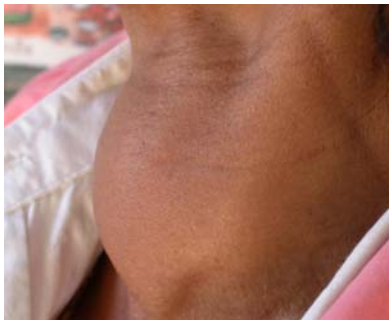
## History and Physical

**Name/Age/Sex/Village: Phork Eing, 55F (Trapang Reusey Village)**

**Chief Complaint (CC):** Neck Mass x 5y

**History of Present Illness (HPI):** 55F, housekeeper, came here complaining of neck mass for 5y. First she presented with a mass about 2 x 2cm on left side without any symptoms and progressively developed from day to day until about 7 x 8cm. In this year she developed with symptoms of palpitation, heat intolerance, tremor, dizziness on and off, she didn't find any medical care just came to us today. She denied of dyspnea, dysphagia, constipation, diarrhea, weight loss.





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

**Family History:** None

**Social History:** No smoking, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** 4 years post menopause

**PE:**

**Vitals: BP: 100/60 P: 76 R: 20 T: 37$^{o}$C**
**Wt: 47Kg**

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, left side thyroid enlargement about 7x8cm, smooth, semi-hard, mobile on swallowing, no tender, no bruit, no lymph node palpable

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

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

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

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

**Lab/Study:** None

**Assessment:**

1. Diffuse Goiter

**Plan:**

1. Draw blood for TSH and Free T4 at SHCH
2. 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: January 16, 2007**

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



**From:** Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
**Sent:** Wednesday, January 17, 2007 3:08 AM
**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com
**Cc:** tmed_rithy@online.com.kh
**Subject:** RE: Robib TM Clinic January 2007 Case# 1, Phork Eing, 55F (Trapang Reusey Village)

This 55 y/o woman has had a slowly growing thyroid mass for a few years. It is likely a multinodular goiter with possible autonomous thyroid function, but other considerations include Graves' disease, thyroid cancer and lymphoma. I agree with TSH, FT4 as a first step. If patient is not hyperthyroid, a biopsy of nodules should be done. If patient is hyperthyroid, thyroid scan should be done and biopsy of "cold nodules" performed. In general this large mass should be removed; in case of hyperthyroidism it should be done only after effective treatment with methimazole.

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

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, January 16, 2007 9:11 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 January 2007 Case# 2, Khourn Ly, 37F (Thkeng Village)

Dear all,

This is case number 2, Khourn Ly, 37F and photos.

Best Regards,
Sovann

# Robib Telemedicine Clinic

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

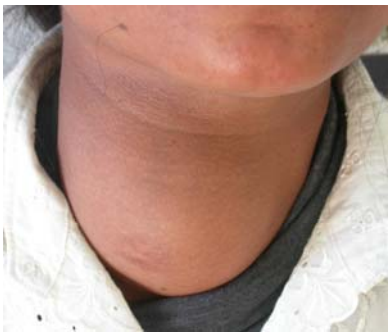
Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical

**Name/Age/Sex/Village: Khourn Ly, 37F (Thkeng Village)**

**Chief Complaint (CC):** Neck Mass x 8y

**History of Present Illness (HPI):** 37F, farmer, came here complaining of neck mass for 8y. First she presented with a mass about 2 x 2cm on right side without any symptoms and progressively developed from day to day until about 10 x 10cm. In these three months, she developed with symptoms dyspnea off/on, difficult to swallow solid food, palpitation, heat intolerance, tremor, and sometime pain on the mass. She didn't find any care just came to us. She denied of dysphagia, constipation, diarrhea, weight loss.



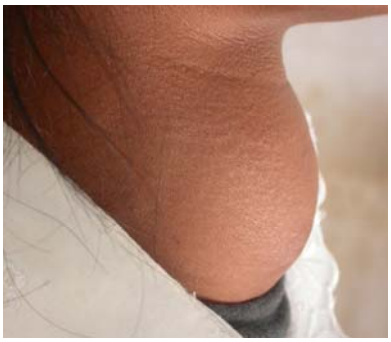
**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** No smoking, no alcohol drinking

**Current Medications:** Oral contraceptive

**Allergies:** NKDA



**Review of Systems (ROS):** Regular period

**PE:**

**Vitals: BP: 112/68 P: 82 R: 20 T: 36.5$^{o}$C**

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, right side thyroid enlargement about 10x10cm, smooth, soft, mobile on swallowing, no tender, no bruit, no lymph node palpable

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

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

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

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

**Lab/Study:** None

**Assessment:**

1. Diffuse Goiter

**Plan:**

1. Draw blood for TSH and Free T4 at SHCH
2. 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: January 16, 2007**

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



No answer replied from Boston

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, January 16, 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 January 2007 Case# 3, Chim Van, 26F (Taing Treuk Village)

Dear all,

This is case number 3, Chim Van, 26F and photo.

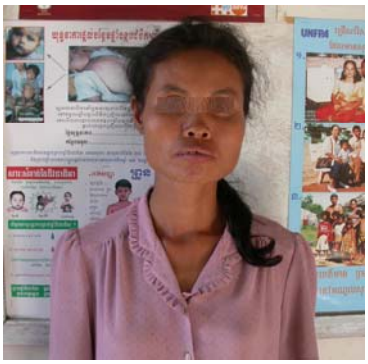
Best Regards,
Sovann

# Robib Telemedicine Clinic

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village: Chim Van, 26F (Taing Treuk Village)**

**Chief Complaint (CC):** Insomnia and palpitation x 1y

**History of Present Illness (HPI):** 26F, farmer, came here complaining of insomnia and palpitation for 1y. since last year she presented with symptoms of insomnia, palpitation, tremor, heat intolerance, and bad dream every night, wake up with palpitation when hearing loud voice and can't sleep and also think more on her poor farming and business. In these few months, she presented with epigastric pain, burning sensation, burning with sour taste in early morning and after eating, vomiting off/on, then she bought antacid from pharmacy and the pain got better but not cure.

**Past Medical History (PMH):** Remote malaria

**Family History:** None

**Social History:** No smoking, no alcohol drinking

**Current Medications:** Antacid prn, and Oral contraceptive

**Allergies:** NKDA

**Review of Systems (ROS):** Regular period, no fever, no cough, no dyspnea, no chest pain, no diarrhea, no constipation, Weight loss 4kg

**PE:**

**Vitals: BP: 98/56 P: 76 R: 20 T: 37$^{o}$C Wt: 40Kg**

**General:** Look stable, cachexia

**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

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

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

**Lab/Study:** None

**Assessment:**

1. GERD
2. Parasititis
3. Cachexia
4. Thyroid dysfunction?

**Plan:**

1. Omeprazole 20mg 1t po qhs for two months
2. Mebendazole 100mg 1t po bid for three days
3. Metochlopramide 10mg 1t po qd for one month
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months
5. MTV 1t po qd for two months
6. GERD prevention education

**Lab test/Study requested:** Draw blood for TSH and free T4 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: January 16, 2007**

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



**From:** Kreinsen, Carolyn Hope,M.D. [mailto:CKREINSEN@PARTNERS.ORG]
**Sent:** Thursday, January 18, 2007 2:17 AM
**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com
**Cc:** tmed_rithy@online.com.kh
**Subject:** RE: Robib TM Clinic January 2007 Case# 3, Chim Van, 26F (Taing Treuk Village)

Case Summary:

This is a 26 year old woman, a farmer by trade, with a one year history of palpitations without chest pain/shortness of breath, tremor and heat intolerance. She has also had symptoms of insomnia, nightmares and increased anxiety. More recently, over the past few months, she has had epigastric pain and burning, GERD and intermittent vomiting, partially responsive to OTC antacids. She denies fever, constipation or loose stool. She has had weight loss of 4 kg over the past year. She does use tobacco or alcohol. She is on an oral contraceptive and has regular cycles with that.

Her physical exam is most notable for cachectic appearance. Vital signs are stable with heart rate and blood pressure within normal range. Cardiac and abdominal exams were normal. Motor stengths and reflexes were normal.

The enclosed photo shows a thin, fatigued appearing woman. There is no evidence of exophthalmos or lateral loss of eyebrow hair. She has cracked dry appearing lips. She has a minor rash on her chin - ? acne. Her clavicles are quite prominent. There appears to be an area of fullness in the lower anterior neck, midline and slightly to the right.

Discussion:

It is unclear whether this woman is suffering from one overlying health problem affecting multiple body systems or whether she may have several interacting health issues of different origins.

I agree completely with your decision to check thyroid function tests. All of her symtomatology could stem from hyperthyroid function. Did the patient have a baby within the past 12 to 18 months? If so, this could be a post-partal thyroiditis, an inflammation of the thyroid, non autoimmune. This type of thyroiditis could also be triggered by a viral illness. The usual course of non-autoimmune thyroiditis entails a phase of hyperthyroid functioning, followed by a phase of hypothyroid functioning with eventual return to normal. The duration of her symptoms, however, raises the possibility of autoimmune thyroiditis/hyperthyroidism or Grave's disease. If this is the case, she will require treatment with medications to slow her thyroid function. A third possibility is a thyroid nodule that produces excess thyroid hormone independent of the rest of the thyroid. I'm somewhat concerned by the appearance of mid to right anterior neck fullness on the photo. If that is present, and not a lighting effect on the photo, I would suggest a thyroid ultrasound to rule out a mass or a nodule. If the initial thyroid tests come back with a low TSH and an elevated free T4, further blood tests will be necessary to determine the type of thyroid dysfunction. I would recommend that the patient see a physician in consultation.

The patient does not have some of the "classic" signs and symptoms of hyperthyroidism - diarrhea, tachycardia,hypertension, proximal muscle weakness in the arms and legs and hyperreflexia.

The GI symptoms are concerning. Has the patient had dark stools or blood in her stools? I would recommend a rectal exam with stool for guaiac to check for GI bleeding. Her symptoms sound as though they come primarily from the upper GI tract. Has she had any blood in her vomit? Is she vomitinfg more frequently as time passes? Does she experience any difficulty with swallowing liquids or solids or have any sense of food "sticking" while passing through the esophagus? It is encouraging that she has had some relief with OTC antacids. I completely agree with your approach of omeprazole 20 mg each day for 2 months. That should heal any gastritis, esophagitis or ulcers. I always advise people to take that on an empty stomach with water 20 to 30 minutes before eating a meal since it tends to be most effective when taken that way. The metochlopromide is also a great idea - I'd probably advise her to cut the 10 mg pills in half and have her take 5 mg twice a day before meals to maximize the effectiveness. I think that it would be a good idea to obtain a CBC with differential to check for anemia, iron deficiency (manifesting as low MCV - although there may be a baseline low MCV if she is a carrier of thalassemia) and evidence of infection with an elevated white blood cell count. Liver function tests would be helpful to rule out a liver or gallbladder source of symptoms and also to check her albumin level, given her weight loss. The education component is always so important - great work for making that a part of your encounter! The multivitamin sounds like an excellent idea. It might be wise to hold off on the ferrous sulfate initially, for one or two weeks, until the GI irritation subsides. It might exacerbate the gastritis symptoms and cause nausea/vomiting. The patient should also understand that she should take the iron with food 2 hours apart from any other meds to avoid any problems with absorption of the meds. This patient should follow-up with you fairly quickly. If her GI symptoms do not improve quite a bit within the next 1 to 2 weeks, she will require further evaluation. Her weight should be watched closely.

The weight loss may be multifactorial. Given the fact that she is a farmer and has had weight loss of unknown cause, parasitic infection definitely must be considered. The eosinophils on the CBC differential should be elevated with a parasitic process. The parasites could also contribute to anemia. The three day course of mebendazole sounds like a resonable approach. It might be worth obtaining, if possible, a stool to check for ova and parasites before initiating the mebendazole.

With her palpitations and weight loss, it would be helpful to check electrolytes, glucose and BUN/creatinine in addition to the thyroid tests and the CBC. Has the patient had any excessive thirst or urination that might indicate diabetes? Electrolytes will also provide a partial preliminary screen to make certain that the patient does not have a pituitary or other endocrine problem. She is taking an oral contraceptive so the regular periods with the "pill" may mask oligomenorrhea or amenorrhea related to the pituitary (or to anemia or malnourished status). A possible pituitary problem is very unlikely, unless the patient gave birth within the past year. Her weight should be watched closely.

It's unclear whether the patient's anxiety symptoms are completely due to physical problems or whether she might have some underlying psychological issues, as well. I'd just keep that in mind as you are sorting this out.

Good luck and be well! Hope this was helpful.

Carolyn K

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, January 16, 2007 9:21 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 January 2007 Case# 4, Kim Lorm, 73M (Thnout Malou Village)

Dear all,

This is case number 4, Kim Lorm, 73M 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: Kim Lorm, 73M (Thnout Malou Village)**

**Chief Complaint (CC):** Dizziness, HA x 2y and right arm and leg weakness

**History of Present Illness (HPI):** 73M, retired teacher, came here complaining of dizziness, HA for 2y and right arm and leg weakness. In past two year, he presented with symptoms of HA, neck tension, dizziness, and falling down when he walk, and was brought to provincial hospital and told his BP was elevated 190/? and treated with anti-hypertensive drugs for a few days since then he developed that symptoms more often and taken prn drugs. In last year he noticed that his right arm and right leg are weaker than left side but he can do his daily working and he didn't find medical care and came to see us today.

**Past Medical History (PMH):** Elevated BP with prn anti-hypertension drugs, Dyspepsia prn antacid 2years

**Family History:** None

**Social History:** Smoking 5cig/d over 20y, drinking alcohol casually, both stopped since 1993

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Epigastric pain, burning sensation, burping with sour taste in morning

**PE:**

**Vitals: BP: (L) 160/90, (R) 170/94 P: 86 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

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

**MS/Neuro:** MS +5/5, right arm and leg ROM intact, motor and sensory intact, DTRs +2/4

**Lab/Study:** None

**Assessment:**

1. HTN
2. GERD

**Plan:**

1. HCTZ 50mg ½ t po qd for one month
2. Famotidine 10mg 2t po qhs for one month
3. GERD prevention education
4. Do regular exercise, eat low Na, fat diet

**Lab test/Study requested:** 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: January 16, 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, January 17, 2007 11:13 PM
**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com
**Cc:** tmed_rithy@online.com.kh
**Subject:** RE: Robib TM Clinic January 2007 Case# 4, Kim Lorm, 73M (Thnout Malou Village)

I certainly agree that he should take the antihypertensive medication daily rather than prn. The history of dizziness and falling down, and now the arm and leg weakness, makes me wonder whether he had a stroke in the past. I would recommend starting him on a daily aspirin, at a low dose of 81 mg, for prevention of strokes and heart disease. This low dose has a low likelihood of worsening his GI symptoms, but he should be monitored for worsening symptoms. If his arm and leg weakness worsen or other neurologic symptoms develop it would be helpful if he could get evaluated again at the provincial hospital.

MJH

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, January 16, 2007 9:25 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 January 2007 Case# 5, Prum Pri, 52M (Rovieng Cheung Village)

Dear all,

This is case number 5, 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. In this week, he presented with both knee joint pain at evening, denied of redness, swelling, warmth, stiffness, other joint pain; also no PMH of knee problem, trauma or surgery; no dyspnea, cough, fever, chest pain, palpitation, GI complaint, oliguria, hematuria, edema.

**Objective:**

**VS: BP: 160/90 (both) P: 77 R: 20 T: 37 Wt: 45kg O2sat 98%**

**PE (focused):**

**General:** Look stable

**HEENT:** No oropharyngeal lesion, mild pale conjunctiva, no thyroid enlargement, no lymph node palpable, no bruit

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

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

**Skin/Extremity:** No edema, no rash, no lesion, no redness, no swelling, no warmth, no stiffness

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

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

**Lab Result on November 3, 2006**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =6 | [4 - 11x$10^9$/L] | Na | =139 | [135 - 145] |
| RBC | =2.8 | [4.6 - 6.0x$10^{12}$/L] | K | =7.2 | [3.5 - 5.0] |
| Hb | =8.6 | [14.0 - 16.0g/dL] | Cl | =117 | [95 - 110] |
| Ht | =27 | [42 - 52%] | BUN | =8.3 | [0.8 - 3.9] |
| MCV | =96 | [80 - 100fl] | Creat | =410 | [53 - 97] |
| MCH | =30 | [25 - 35pg] | | | |
| MHCH | =32 | [30 - 37%] | | | |
| Plt | =225 | [150 - 450x$10^9$/L] | | | |
| Lym | =1.4 | [1.0 - 4.0x$10^9$/L] | | | |
| Mxd | =1.6 | [0.1 - 1.0x$10^9$/L] | | | |
| Neut | =2.9 | [1.8 - 7.5x$10^9$/L] | | | |

**Current Medications:**

1. Lisinopril 20mg 1t po qd
2. Furosemide 20mg 1t po bid (pt taken only 1t qd)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid
4. MTV 1t po qd

**Allergies:** NKDA

## Assessment:

1. CHF
2. Renal Insufficiency
3. Anemia
4. Arthritis?

## Plan:

1. Stop Lisinopril, start Nifedipine 10mg 1t po bid 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 qd for one month
5. Paracetamol 500mg 1t po qid prn pain for one month

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN and Creat, Gluc 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: January 16, 2007**

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



No answer replied from Boston

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, January 16, 2007 9:31 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 January 2007 Case# 6, Say Soeun, 67F (Rovieng Cheung Village)

Dear all,

This is case number 6, Say Soeun, 67M 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: Say Soeun, 67F (Rovieng Cheung Village)**

**Subjective:** 67F came to follow up of HTN, DMII, Anemia. She is stable with symptoms of normal appetite, normal bowel movement and denied of dizziness, HA, cough, fever, dyspnea, chest pain, palpitation, oliguria, polyuria, polyphagia, edema.

**Objective:**

**VS: BP: 138/70 P: 90 R: 20 T: 37 Wt: 53kg**

**PE (focused):**

**General:** Look stable

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

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

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

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

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

**Labs/Studies:** FBS = 156mg/dl

**Lab Result on November 3, 2006 (This lab already sent on December 2006)**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =8 | [4 - 11x10$^9$/L] | Na | =137 | [135 - 145] |
| RBC | =4.0 | [3.9 - 5.5x10$^{12}$/L] | K | =5.5 | [3.5 - 5.0] |
| Hb | =11.0 | [12.0 - 15.0g/dL] | Cl | =110 | [95 - 110] |
| Ht | =33 | [35 - 47%] | BUN | =3.2 | [0.8 - 3.9] |
| MCV | =83 | [80 - 100fl] | Creat | =86 | [44 - 80] |
| MCH | =28 | [25 - 35pg] | Glu | =18.8 | [4.2 - 6.4] |
| MHCH | =33 | [30 - 37%] | T. Chol | =6.1 | [<5.7] |
| Plt | =272 | [150 - 450x10$^9$/L] | TG | =2.30 | [<1.71] |
| Lym | =2.2 | [1.0 - 4.0x10$^9$/L] | | | |
| Mxd | =1.0 | [0.1 - 1.0x10$^9$/L] | | | |
| Neut | =4.4 | [1.8 - 7.5x10$^9$/L] | | | |
| HbA1c | =15.6 | [4 - 6] | | | |

**Current Medications:**

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Lisinopril 20mg 1t po qd
4. HCTZ 50mg ½t po qd
5. ASA 300mg ¼t po qd
6. FeSO4/Folic Acid 200/0.25mg 1t po bid
7. MTV 1t po qd

**Allergies:** NKDA

## Assessment:

1. HTN
2. DMII
3. Anemia

## Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Metformin 500mg 1t po bid for one month
3. Lisinopril 20mg 1t po qd for one month
4. HCTZ 50mg ½t po qd for one month
5. ASA 300mg ¼t po qd for one month
6. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
7. MTV 1t po qd for one month
8. Review patient on hypoglycemia sign and regular exercise

**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: January 16, 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:** Friday, January 19, 2007 5:41 AM
**To:** Fiamma, Kathleen M.
**Cc:** tmed_rithy@online.com.kh; robibtelemed@yahoo.com
**Subject:** RE: Robib TM Clinic January 2007 Case# 6, Say Soeun, 67F (Rovieng Cheung Village)

No don't quit agree with your plan this time.

The patient has Diabetes Mellitus that is not well controlled with current meds.
her HbA1c, which reflects how well her Diabetes Mellitus has been controlled in the past 3 months, is very very high at 15.4, normal is 4-6.
This will lead to complications of Diabetes Mellitus including blindness and renal insufficiency and to rapidly progressing heart disease.

The most important thing you need to do is educate this patient to really stay away from all sweets and candy, and advise her tto eat protein rather then simple carbohydrates, such as white bread or white rice.
You need to maximize the oral medications, to Glibenclamide 10 mg 2 times a day , and Metformin 2500 mg every day .
If her HbA1c does not return in normal range in 3-6 months, you will need to get her onto Insulin.

I am glad to see her Hypertension is in better range. Her K is too high and I would decrease her Lisinopril to 10 mg again .

Hope this is helpful

Olga Smulders-Meyer, MD

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, January 16, 2007 9:41 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 January 2007 Case# 7, Nung Chhun, 70F (Ta Tong Village)

Dear all,

This is case number 7, Nung Chhun, 70F 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: Nung Chhun, 70F (Ta Tong Village)**

**Subjective:** 70F came to follow up of HTN and DMII, Anemia. She is stable with normal appeptite, normal bowel movement. She denied of dizziness, dyspnea, cough, fever, chest pain, palpitation, GI complaint, polyuria, oliguria, hematuria, stool with mucus or blood, and edema, numbness, tingling.

**Objective:**

**VS: BP: 120/60 P: 71 R: 20 T: 37°C Wt: 47kg**

**PE (focused):**

**General:** Look stable

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

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

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

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

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

**Labs/Studies:** FBS = 201mg/dl

**Current Medications:**

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po qhs
3. Captopril 25mg 1/4t po bid
4. ASA 300mg 1/4t po qd
5. FeSO4/Folic Acid 200/0.25mg 1t po bid

**Allergies:** NKDA

**Assessment:**

1. HTN
2. DMII
3. Anemia

**Plan:**

1. Glibenclamide 5mg 1t po bid for one month
2. Metformin 500mg 1t po bid for one month
3. Captopril 25mg 1/4t po bid for one month
4. ASA 300mg 1/4t po qd for one month
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
6. Review patient hypoglycemia sign, regular exercise

**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: January 16, 2007**

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



**From:** Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
**Sent:** Thursday, January 18, 2007 6:17 AM
**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com
**Cc:** tmed_rithy@online.com.kh
**Subject:** RE: Robib TM Clinic January 2007 Case# 7, Nung Chhun, 70F (Ta Tong Village)

I agree with your managment.
Her blood pressure control is excellent.
She needs better diabetes control with lower sugar.

Increasing metformin to 500mg bid is a good step.
Recheck her fasting glucose in a month.

Continue to emphasize lifestyle and diet changes.

Best of luck,

Paul

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Tuesday, January 16, 2007 9:51 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 January 2007 Case# 8, Prum Rim, 44F (Pal Hal Village)

Dear all,

This is case number 8, Prum Rim, 44F and photos. Other cases will be sent to you tomorrow. Thank you very much for cooperation and support in this project.

Best Regards,
Sovann

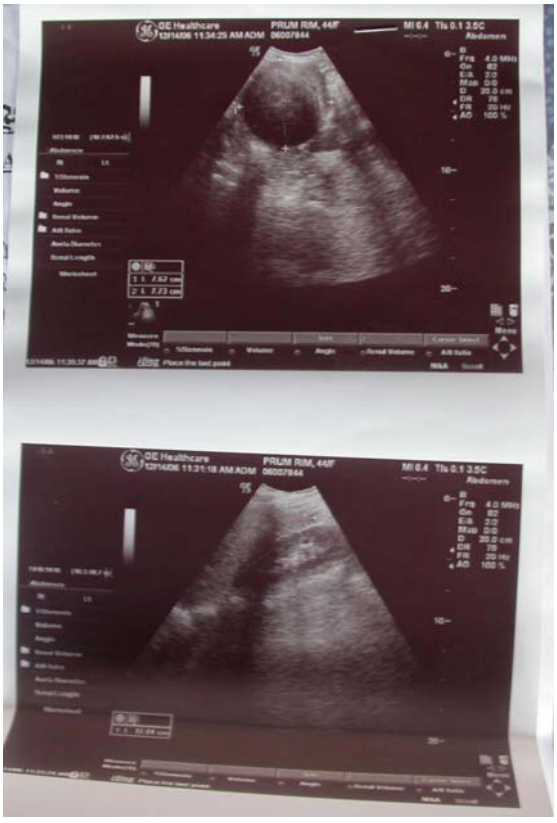
# Robib Telemedicine Clinic

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

## SOAP Note

**Patient Name & Village: Prum Rim, 44F (Pal Hal Village)**

**Subjective:** 44F came to follow up of VHD?, cardiomegaly, PID, severe anemia. On December 14, 2006, She was referred to see Dr Kruy at Phnom Penh and was diagnosis with uterus fibroma, severe anemia due to iron deficiency an blood loss, prolong menstrual period and DVB secondary to uterus fibroma, and start oral contraceptive on her and will be discuss with surgeon for surgery when Hb is over 10g/dl . She said she took oral contraceptive for 5-6 days, she presented with symptoms of severe pressure HA, neck tension, dizziness, vertigo, palpitation, syncope and treated at IV fluid and other medication then she stopped taking oral contraceptive. Because she had severe HA, so she asked traditional healer burn her head to relieve pain. She still presents with lower abdominal pain, more vaginal bleeding, denied of chest pain, cough, fever, edema.



**Objective:**

**VS: BP: 98/60 P: 66 R: 20 T: 37**
**Wt: 48kg O2sat 98%**

**PE (focused):**

**General:** Look sick

**HEENT:** Pale gum and conjunctiva, no mass, no lymph node palpable, no bruit

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

**Abd:** Soft, tender on suprapubic area, no distension, (+) BS, no HSM, (-) rebound tenderness, no CVA tenderness

**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=8g/dl

**Lab Result on December 8, 2006**

| | | |
|---|---|---|
| Reticulocyte count | =1.8 | [0.5 - 1.5] |
| Ferritine | =4 | [20 - 280] |

Abdominal U/S on December 14, 2006 at SHCH
Conclusion: Uterus Fibroma

**Current Medications:**

1. Oral contraceptive (patient didn't take it)
2. FeSO4/Folic Acid 200/0.25mg 2t po tid
3. MTV 1t po bid

**Allergies:** NKDA

## Assessment:

1. Uterus Fibroma
2. Cardiomegaly
3. Severe Anemia secondary to Iron deficiency and blood loss
4. Prolong Menstrual period

## Plan:

1. FeSO4/Folic Acid 200/0.25mg 2t po tid for one month
2. MTV 1t po bid for one month
3. Paracetamol 500mg 1t po qid prn HA, pain for one month
4. Recheck Hb in four 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: January 16, 2007**

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



**No answer replied from Boston**

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, January 17, 2007 9:04 PM
**To:** Rithy Chau; Kruy Lim; Cornelia Haener; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
**Subject:** Robib TM Clinic January 2007 Second day, Case#9, Bou Siek, 50F (Ton Laep Village)

Dear all,

Today is the seconday for Robib TM Clinic January 2007. We have 6 new cases and 1 follow up case. This is case number 9 continued from yesterday, Bou Siek, 50F and photos.

Best Regards,
Sovann

# Robib Telemedicine Clinic

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

Rovieng Commune, Preah Vihear Province, Cambodia

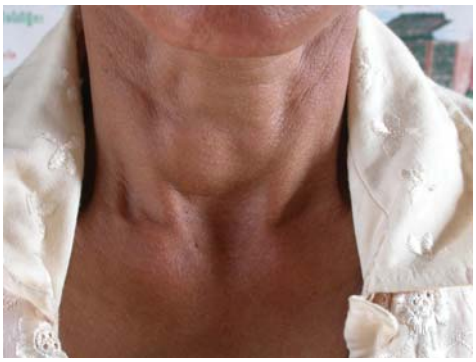
## History and Physical

**Name/Age/Sex/Village:** **Bou Siek, 50F (Ton Laep Village)**

**Chief Complaint (CC):** Neck mass x 2y

**History of Present Illness (HPI):** 50F, farmer, came here complaining of neck mass for 2y. She presented with a mass about 2x2cm without redness, tender, swelling. And also present with symptoms of heat intolerance, palpitation, insomnia, tremor. In last start with epigastric pain, burning sensation, burping with sour taste, retrosternal discomfort, and vomiting on/off so she find traditional medicine for relieving that but it doesn't help her. She denied of dysphagia, passing stool with, mucus/blood, fever, cough, dyspnea, chest pain.

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



**Family History:** Her cousin with goiter

**Social History:** no smoking, no alcohol drinking

**Current Medications:** traditional medication for epigastric pain

**Allergies:** NKDA

**Review of Systems (ROS):** unremarkable

**PE:**

**Vitals:** **BP: 96/54** **P: 76** **R: 20** **T: 37$^{o}$C** **Wt: 38Kg**

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, right thyroid enlargement about 2 x 2cm, soft, smooth, regular border, no tender, no redness, no bruit

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

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

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

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

**Lab/Study:** None

**Assessment:**

1. GERD
2. Goiter (Right thyroid cyst)

## Plan:

1. Omeprazole 20mg 1t po qhs for two months
2. GERD prevention education

**Lab/Study Requests:** Draw blood for TSH and free T4 at SHCH, sent to Kg Thom for neck 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: January 17, 2007**

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



No answer replied from Boston

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, January 17, 2007 9:10 PM
**To:** Rithy Chau; Kruy Lim; Cornelia Haener; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
**Subject:** Robib TM Clinic January 2007 Second day, Case#10, Lim Samnang, 26M Bos Pey Village)

Dear all,

This is case number 10, Lim Samnang, 26M and photos.

Best Regards,
Sovann

# Robib Telemedicine Clinic

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

Rovieng Commune, Preah Vihear Province, Cambodia

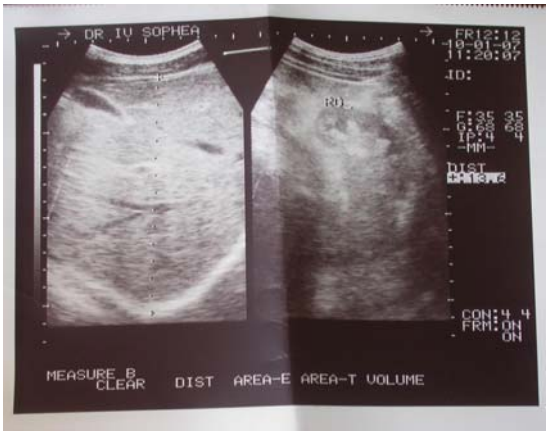
## History and Physical

**Name/Age/Sex/Village:** **Lim Samnang, 26M (Bos Pey Village)**

**Chief Complaint (CC):** fatigue and paleness for 5months

**History of Present Illness (HPI):** 26M, farmer, came here complaining of fatigue and paleness for 5month. Since 5 months, he presented with fever, fatigue, HA, neck tension, lower back pain on/off and his appearance look pale from day to day, so he went to private clinic for blood test, malaria check (-) and Hb 6g/d. He was asked for blood transfusion but he didn't. On January 10, 2007, he went to Preah Vihea for Abd U/S. The conclusion is normal and was treated with FeSO4/Folic Acid. He denied of abd pain, cough, dyspnea, hemoptysis, passing stool with blood, edema.

**Past Medical History (PMH):** Unremarkable, no blood loss, no history malaria




**Family History:** None

**Social History:** Smoking 10cig/d, alcohol drinking 0.5L/d over 10y (both), stopped now

**Current Medications:** FeSO4/Folic Acid and pain killer prn for lower back pain, traditional medication

**Allergies:** NKDA

**Review of Systems (ROS):** he has many love partners before

**PE:**

**Vitals:** **BP: 106/60** **P: 81** **R: 20** **T: 37°C** **Wt: 52Kg** **O2sat: 99%**

**General:** Look sick

**HEENT:** No oropharyngeal lesion, no gum bleeding, pale conjunctiva, no thyroid enlargement no lymph node palpable, no bruit

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

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

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

**Rectal Exam:** Good sphincter tone, no mass palpable, (+) colocheck

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

**Lab/Study:**

On January 10, 2007

Abd U/S conclusion: normal

Malacheck negative, Hb: 6g/dl

On January 16, 2007

Malaria negative

Hb: 8g/dl

## Assessment:

1. PUD
2. Anemia secondary to PUD
3. Malaria (Vivax)??

## Plan:

1. Amoxicillin 500mg 2t po bid for two weeks
2. Metronidazole 250mg 2t po bid for two weeks
3. Omeprazole 20mg 1t po bid for two weeks
4. FeSO4/Folic Acid 200/0.25mg 1t po tid for one month

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluco, Reticulocyte count, Peripheral blood smear 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: January 17, 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:** Friday, January 19, 2007 5:55 AM
**To:** Fiamma, Kathleen M.
**Cc:** tmed_rithy@online.com.kh; robibtelemed@yahoo.com
**Subject:** RE: Robib TM Clinic January 2007 Second day, Case#10, Lim Samnang, 26M (Bos Pey Village)

Dear Peng,

The patient presents with fatigue. He is anemic. He has a long history of Alcohol abuse, smoking and he is at risk for sexually transmitted diseases including HIV.

His alcoholism could have caused gastritis, with bloodloss that way. He most likely has malnutrition as most alcoholics do, so he is Vitamin deficient. he is a smoker which puts hi at risk for malignancy of the lungs and throat and GU tract, and he could have lost blood that, way.

He is promiscuous and he could have contracted HIV.

He could have Parasitosis leading to anemia.

I agree with your regiment of iron and Vitamin supplements.
he needs a stool occult test
He needs an HIV test, which in his case is very important. He needs education re using condoms at all times when sexually active.

I doubt he has Malaria Vivax

I would also given him a course of Mebendazole.

I do not quite understand why you given him Amox/Flagyl and Omeprazole, unless you are treating H. Pylori bacteria which he could have of course. It will not harm him to take these meds, but you have not made that diagnosis by test yet.

If the above tests are all negative, he should get an upper and lower endoscopy.

Olga Smulders-Meyer, MD

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, January 17, 2007 9:15 PM
**To:** Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
**Subject:** Robib TM Clinic January 2007 Second day, Case#11, Courb KimSan, 54M (Rovieng Tbong Village)

Dear all,

This is case number 11, Chourb KimSan, 54M 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: Chourb KimSan, 54M (Rovieng Tbong Village)**

**Chief Complaint (CC):** Left side weakness for 3y

**History of Present Illness (HPI):** 54M, district vice director, came here complaining of left side weakness for 3y. In 2004, while he was having meeting, he fell down from the chair and was brought to provincial hospital his BP 220/? and referred to Calmette hospital because his condition was critical. He was diagnosis with HTN, right side stroke with left side weakness and treated with anti-hypertensive over there for 1 month. After taking anti-hypertensive for 6month, he stopped taking it and he had checked his BP at private clinic SBP 160 but he didn't take medicine. In last two week he went to local health center and treated with HCTZ 50mg 1t po qd. He denied of HA, dizziness, chest pain, abd pain, hematuria, dysuria, edema.

**Past Medical History (PMH):** HTN, Right side stroke with left side weakness since 2004

**Family History:** Father with HTN

**Social History:** Smoking 10cig/d over 20y stopped 2y, drinking alcohol casually

**Current Medications:** HCTZ 50mg 1t po qd (just start two weeks)

**Allergies:** NKDA

**Review of Systems (ROS):** unremarkable

**PE:**

**Vitals: BP: 160/80 P: 82 R: 20 T: 37$^{o}$C Wt: 70Kg**

**General:** Look stable, obesity

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

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

**Abd:** soft, no tender, distended, (+) BS, no HSM, no scar

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

**MS:** MS +5/5 on right and +4/5 on left side

**Neuro:** Motor and sensory intact, DTRs +2/4, normal gait

**Lab/Study:** None

**Assessment:**

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

**Plan:**

1. HCTZ 50mg 1t po qd for one month
2. Captopril 25mg ¼t po qd for one month
3. ASA 300mg 1/4t po qd for one month
4. Eat low Na and low fat diet and do regular exercise

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluco, TG, Tot Chole at SHCH

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

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

**Examined by: Nurse Peng Sovann** **Date: January 17, 2007**

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



**From:** Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
**Sent:** Thursday, January 18, 2007 6:09 AM
**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com
**Cc:** tmed_rithy@online.com.kh
**Subject:** RE: Robib TM Clinic January 2007 Second day, Case#11, Courb KimSan, 54M (Rovieng Tbong Village)

He probably had a hypertensive stroke.
He needs intensive management of blood pressure and cholesterol.

He needs to have better blood pressure control.
You can increase the captopril to 6.25mg three times daily.
Continue the diuretic.
The aspirin should be a full strength 300 mg daily.

recheck his blood pressure in 1 month and increase the captopril if systolic bp over 130 or diastolic over 80.
If his total cholesterol is over 160 or his LDL is over 100, then he should be treated with a cholesterol lowering statin.

Good luck,

Paul

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, January 17, 2007 9:26 PM
**To:** Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
**Subject:** Robib TM Clinic January 2007 Second day, Case#12, Kouch Hourn, 60F (Sanke Roang Village)

Dear all,

This is case number 12, Kouch Hourn, 60F and photos.

Best Regards,
Sovann

# Robib Telemedicine Clinic

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

Rovieng Commune, Preah Vihear Province, Cambodia

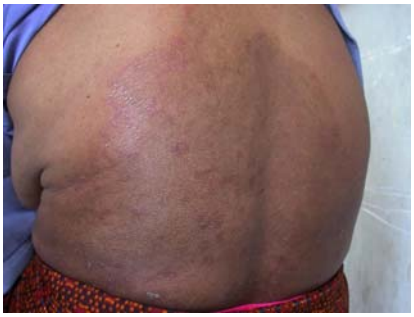
## History and Physical

**Name/Age/Sex/Village: Kouch Hourn, 60F (Sanke Roang Village)**

**Chief Complaint (CC):** Dyspnea and cough x 1y

**History of Present Illness (HPI):** 60F, farmer, came here complaining of dyspnea on exertion (walking 30m), and cough for 1y. She presented with symptoms of dyspnea, dry cough, fever, fatigue, poor appetite, then she went to local health center and was treated with a few medication but not better and the dyspnea got worse from day to day until now. She denied of dizziness, chest pain, hemoptysis, abd pain, stool with mucus or blood. She came to us today for help.

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

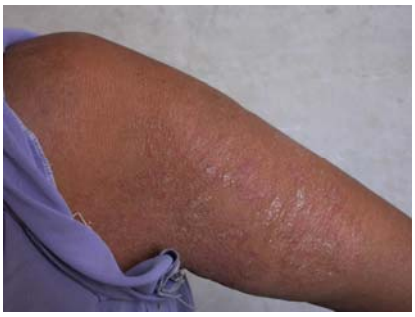


**Family History:** None

**Social History:** no smoking, no alcohol drinking

**Current Medications:** traditional medication

**Allergies:** NKDA



**Review of Systems (ROS):** Wt loss 5kg in this year, Rash on body and extremity

**PE:**

**Vitals: BP: 110/70 P: 76 R: 20 T: 36.5°C**
**Wt: 55Kg O2sat: 97%**

**General:** Look sick

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

**Chest:** Crackle on lower lobes, clear on upper lobes; H RRR, no murmur

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

**Extremity/Skin:** No edema, maculo-papular rash, scaly scar, regular border, central clearing, no vesicule, no pustule, pruritus on right upper arm, back and right thigh

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

**Lab/Study:** None

**Assessment:**

1. Pneumonia
2. COPD
3. PTB?
4. Psoriasis
5. Eczema
6. Tinea coporis

## Plan:

1. Cephalexin 250mg 2t po tid for a week
2. Albuterol Inhaler 2puffs bid for one month
3. Griseofulvin 250mg 1t po bid for one month
4. Mometasone Furoate Cream 0.1% applied bid until rash gone
5. Do AFB at local health center

**Lab/Study Requests:** Sent to Kg Thom for CXR

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

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

**Examined by: Nurse Peng Sovann Date: January 17, 2007**

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



**From:** Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
**Sent:** Friday, January 26, 2007 11:30 AM
**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com
**Cc:** tmed_rithy@online.com.kh
**Subject:** RE: Robib TM Clinic January 2007 Second day, Case#12, Kouch Hourn, 60F (Sanke Roang Village)

Sorry for the delay as I was waiting for a response from a skin specialist about the rash.

In terms of her rash, I would not treat initially with antifungal medication griseofulvin. I would use the topical steroid creme for a month. It looks like eczema. It could be a fungal skin infection and a potassium hydroxide analysis of a skin scraping could help evaluate for fungal infection.

Her cough needs to be treated for bacterial infection and cephalexin is a good choice. I agree with the AFB analysis.
If she is wheezing the albuterol is appropriate.

Good luck

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, January 17, 2007 9:31 PM
**To:** Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
**Subject:** Robib TM Clinic January 2007 Second day, Case#13, Prum Chhim, 68F (Taing Treuk Village)

Dear all,

This is case number 13, Prum Chhim, 68F 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: Prum Chhim, 68M (Taing Treuk Village)**

**Chief Complaint (CC):** Dyspnea and cough x 1y

**History of Present Illness (HPI):** 68M, farmer, came here complaining of dyspnea on exertion (walking 50m), and cough for 1y. He presented with symptoms of dyspnea, dry cough, fever, fatigue, poor appetite, then he went to Preah Vihea hospital AFB (-) and was treated with a few medications for a week but not better. He went to local health center and treated with some medicines but not better. He came to meet us today for help. He denied of dizziness, chest pain, hemoptysis, abd pain, stool with mucus or blood.

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

**Family History:** None

**Social History:** Smoking 10cig/d over 20y, stopped 10y; drinking alcohol 0.5L/d over 10y stopped

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** unremarkable

**PE:**

**Vitals: BP: 98/52 P: 96 R: 22 T: 36.5$^{o}$C Wt: 36Kg O2sat: 97%**

**General:** Look stable, cachexia

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

**Chest:** Crackle on lower lobes, clear on upper lobes; H RRR, 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, normal gait

**Lab/Study:** None

**Assessment:**

1. Pneumonia
2. COPD
3. PTB?
4. Cachexia
5. Anemia due to iron deficiency

## Plan:

1. Cephalexin 250mg 2t po tid for a week
2. Albuterol Inhaler 2puffs bid for one month
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
4. MTV 1t po qd for one month
5. Do AFB at local health center

**Lab/Study Requests:** Sent to Kg Thom for CXR

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

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

**Examined by: Nurse Peng Sovann** **Date: January 17, 2007**

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



**From:** Medoff, Benjamin D.,M.D. [mailto:BMEDOFF@PARTNERS.ORG]
**Sent:** Thursday, January 18, 2007 11:20 PM
**To:** robibtelemed@yahoo.com
**Cc:** Fiamma, Kathleen M.; tmed_rithy@online.com.kh
**Subject:** RE: Robib TM Clinic January 2007 Second day, Case#13, Prum Chhim, 68F (Taing Treuk Village)

Review of Prum Chhim

Summary: This is a 68 year old man with 1 yr of cough and dyspnea. Review of systems is notable for fever, fatigue and poor appetite. His symptoms have persisted despite 2 course of medications which I assume were some type of antibiotic. He is a former smoker. Physical examination is notable for cachexia, normal oxygen saturation, and crackles at the bases on auscultation of the chest. No radiology or laboratory tests are available yet.

Impression: This man presents with a chronic illness notable for cough, dyspnea, and crackles on lung exam. Although he may have a superimposed pneumonia it is likely that he has some other chronic respiratory abnormality. Possibilities include chronic infections such as TB, interstitial lung disease (given the crackles on exam), COPD, and lung cancer. Anemia may also be contributing to his dyspnea. I agree with the plans for a short course of antibiotics, the use of bronchodilators, and treatment of anemia while awaiting further studies. I agree with plans for a CXR, AFB testing, and routine labs. Good luck!

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

617-726-6695
bmedoff@partners.org

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, January 17, 2007 9:37 PM
**To:** Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
**Subject:** Robib TM Clinic January 2007 Second day, Case#14, Seng Long, 67F (Tkheng Village)

Dear all,

This is case number 14, Seng Long, 67F 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:** **Seng Long, 67F (Thkeng Village)**

**Chief Complaint (CC):** Dyspnea and cough x 1y

**History of Present Illness (HPI):** 67F, farmer, came here complaining of dyspnea on exertion (walking 30m), and cough for 1y. She presented with symptoms of dyspnea, productive cough white color, fever, fatigue, poor appetite, then she went to provincial hospital and told she had pneumonia, AFB (-), was treated with a few medication for two weeks. she felt less SOB for four months then all the above symptoms occurred but she didn't go for other check up . She denied of dizziness, chest pain, hemoptysis, abd pain, stool with mucus or blood.

**Past Medical History (PMH):** remote malaria, pneumonia last year

**Family History:** None

**Social History:** no smoking, stopped 10y; drinking alcohol 2L/delivery (12 children)

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** productive cough with white sputum, poor appetite, wt loss?kg, hemoptysis

**PE:**

**Vitals:** **BP: 110/60** **P: 106** **R: 22** **T: 37$^{o}$C** **Wt: 35Kg** **O2sat: 96%**

**General:** Look sick, cachexia

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

**Chest:** Crackle on all lobes, wheezing on upper lobes; H RRR, 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, normal gait

**Lab/Study:** None

**Assessment:**

1. Pneumonia
2. COPD
3. PTB?
4. Cachexia
5. Anemia due to iron deficiency

## Plan:

1. Cephalexin 250mg 2t po tid for a week
2. Albuterol Inhaler 2puffs bid for one month
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
4. MTV 1t po qd for one month
5. Do AFB at local health center

**Lab/Study Requests:** Sent to Kg Thom for CXR

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

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

**Examined by: Nurse Peng Sovann** **Date: January 17, 2007**

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



No answer replied from Boston

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Wednesday, January 17, 2007 9:44 PM
**To:** Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathy Fiamma
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
**Subject:** Robib TM Clinic January 2007 Second day, Case#15, Som Thol, 57M (Taing Treuk Village)

Dear all,

This is last case for Robib TM Clinic January 2007 number 15, Som Thol, 57M and photo. Please reply the cases before tomorrow afternoon. Thank you very much for 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: Som Thol, 57M (Taing Treuk Village)**

**Subjective:** 57M came to follow up of DMII with PNP. He is stable, have normal appetite, normal bowel movement, and denied of HA, chest pain, dyspnea, cough, polyphagia, polyuria, oliguria, dysuria, hematuria, numbness, tingling.

**Objective:**

**VS: BP: 108/64 P: 82 R: 20 T: 36.5 Wt: 55kg**

**PE (focused):**

**General:** Look stable

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

**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:**
On January 16, 2007 FBS: 226mg/dl
On January 17, 2007 FBS: 203mg/dl

**Current Medications:**
1. Glibenclamide 5mg 2t po bid
2. Metformin 500mg 1t po bid
3. ASA 300mg ¼t po qd
4. Amitriptyline 25mg 1t po qhs

**Allergies:** NKDA

## Assessment:

1. DMII
2. PNP

## Plan:

1. Glibenclamide 5mg 2t po bid for one month
2. Metformin 500mg 1t po qAM and 2t po qPM for one month
3. ASA 300mg ¼t po qd for one month
4. Amitriptyline 25mg 1t po qhs for one month
5. Review him on diabetic diet and hypoglycemia sign

**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: January 17, 2007**

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



**No answer replied from Boston**

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]
**Sent:** Thursday, January 18, 2007 8:42 PM
**To:** Kathy Fiamma
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
**Subject:** Robib TM Clinic January 2007 Cases received

Dear Kathy,

For Robib TM Clinic January 2007, I have received six cases from you. Below are the cases received:

Case# 1, Phork Eing, 55F
Case# 2, Khourn Ly, 37F
Case# 3, Chim Van, 26F
Case# 4, Kim Lorm, 73M
Case# 7, Nung Chhun, 70F
Case# 11, Chourb KimSan, 54M

Please sent me replies of rest cases.

Best Regards,
Sovann

**From:** Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
**Sent:** Thursday, January 18, 2007 9:03 PM
**To:** Robib Telemedicine
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
**Subject:** RE: Robib TM Clinic January 2007 Cases received

Hello Sovann:

Thank you for your message.

Here is where we stand with the remaining cases:

#5 is being reviewed by Dr. Timothy Guiney, MGH Cardiology
#6 will be completed today by Dr. Olga Smulders-Meyer
#8 will be completed today by Dr. A.K. Goodman
#9 will be completed today by Dr. Giuseppe Barbesino

#10 will be completed today by Dr. Olga Smulders-Meyer
#12 will be completed today by Dr. Paul Cusick. He needs to consult with another specialist.
#13 will be completed today by Dr. Ben Medoff
#14 will be completed today by Dr. Michael Healey
#15 will be completed today by Dr. Heinzelmann.

I am so sorry for these delays. I will push the doctors a little harder to complete the cases faster.

One thing that might help is if I get the cases very early in the day (Boston time), because it will give me a jump on the cases. Since the work-flow is slower in the morning, I have time to format each of the messages for the doctors, add in their previous consultations (when applicable) and forward them to the physicians. If a doctor's availability changes, and I send the case to the doctor, I still have time to reassign the case if it is early.

Thank you very much and I will send each case as they become available.

*Kathy Fiamma*
*617-726-1051*

# Thursday, January 18, 2007

## Follow-up Report for Robib TM Clinic

There were 10 new and 5 follow-up patients seen during this month Robib TM Clinic and the other 23 patients came for medication refills only, 49 patients were seen for minor problem by PA Rithy withou sending data, and one patient missed appointment. The data of all 15 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 January 2007

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

1. Diffuse Goiter

**Treatment:**

1. Draw blood for TSH and Free T4 at SHCH
2. Sent to Kg Thom for neck U/S

**Lab Result on January 19, 2007**

| | | |
|---|---|---|
| TSH | =1.75 | [0.49 - 4.67] |
| Free T4 | =12.94 | [9.14 - 23.81] |

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

1. Diffuse Goiter

**Treatment:**

1. Draw blood for TSH and Free T4 at SHCH
2. Sent to Kg Thom for neck U/S

**Lab Result on January 19, 2007**

| | | |
|---|---|---|
| TSH | =1.32 | [0.49 - 4.67] |
| Free T4 | =15.25 | [9.14 - 23.81] |

**3. Chim Van, 26F (Taing Treuk Village)**
**Diagnosis:**

1. GERD
2. Parasititis
3. Cachexia

4. Thyroid dysfunction?

**Treatment:**

1. Omeprazole 20mg 1t po qhs for two months (50tab)
2. Mebendazole 100mg 1t po bid for three days(6tab)
3. Metochlopramide 10mg 1t po qd for one month (20tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (50tab)
5. MTV 1t po qd for two months (50tab)
6. GERD prevention education

**Lab test/Study requested:** Draw blood for TSH and free T4 at SHCH
**Lab Result on January 19, 2007**

| | | |
|---|---|---|
| TSH | =2.19 | [0.49 - 4.67] |
| Free T4 | =15.09 | [9.14 - 23.81] |

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

1. HTN
2. GERD

**Treatment:**

1. HCTZ 50mg ½ t po qd for one month (12tab)
2. Famotidine 10mg 2t po qhs for one month (40tab)
3. GERD prevention education
4. Do regular exercise, eat low Na, fat diet

**Lab test/Study requested:** Draw blood for CBC, Lyte, BUN, Creat, Gluco at SHCH

**Lab Result on January 19, 2007**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =11 | [4 - 11x$10^9$/L] | Na | =144 | [135 - 145] |
| RBC | =5.3 | [4.6 - 6.0x$10^{12}$/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 - 450x$10^9$/L] | | | |
| Lym | =3.0 | [1.0 - 4.0x$10^9$/L] | | | |
| Mxd | =2.4 | [0.1 - 1.0x$10^9$/L] | | | |
| Neut | =5.3 | [1.8 - 7.5x$10^9$/L] | | | |

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

1. CHF
2. Renal Insufficiency
3. Anemia
4. Arthritis?

**Treatment:**

1. Stop Lisinopril, start Nifedipine 10mg 1t po bid for one month (45tab)
2. Furosemide 20mg 1t po bid for one month (40tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (40tab)
4. MTV 1t po qd for one month (20tab)
5. Paracetamol 500mg 1t po qid prn pain for one month (20tab)

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

**Lab Result on January 19, 2007**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =4 | [4 - 11x$10^9$/L] | Na | =143 | [135 - 145] |
| RBC | =2.5 | [4.6 - 6.0x$10^{12}$/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 - 450x$10^9$/L] | | | |
| Lym | =1.3 | [1.0 - 4.0x$10^9$/L] | | | |
| Mxd | =0.9 | [0.1 - 1.0x$10^9$/L] | | | |
| Neut | =2.0 | [1.8 - 7.5x$10^9$/L] | | | |

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

1. HTN
2. DMII
3. Anemia

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (40tab)
2. Metformin 500mg 1t po bid for one month (40tab)
3. Lisinopril 20mg 1t po qd for one month (20tab)
4. HCTZ 50mg ½t po qd for one month (10tab)
5. ASA 300mg ¼t po qd for one month (5tab)
6. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (20tab)
7. MTV 1t po qd for one month (20tab)
8. Review patient on hypoglycemia sign and regular exercise

**Lab/Study Requests:** None

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

1. HTN
2. DMII
3. Anemia

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (40tab)
2. Metformin 500mg 1t po bid for one month (40tab)
3. Captopril 25mg 1/4t po bid for one month (10tab)
4. ASA 300mg 1/4t po qd for one month (5tab)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (20tab)
6. Review patient hypoglycemia sign, regular exercise

**Lab/Study Requests:** None

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

1. Uterus Fibroma
2. Cardiomegaly
3. Severe Anemia secondary to Iron deficiency and blood loss
4. Prolong Menstrual period

**Treatment:**

1. FeSO4/Folic Acid 200/0.25mg 2t po tid for one month (120tab)
2. MTV 1t po bid for one month (40tab)
3. Oral contraceptive 1t po qd (treated by SHCH physician
4. Paracetamol 500mg 1t po qid prn HA, pain for one month (20tab)
5. Recheck Hb in four months if over 10g/dl, discuss with SHCH surgeon for surgery

**Lab/Study Requests:** None

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

1. GERD
2. Goiter (Right thyroid cyst)

**Treatment:**

1. Omeprazole 20mg 1t po qhs for two months (50tab)
2. GERD prevention education

**Lab/Study Requests:** Draw blood for TSH and free T4 at SHCH, sent to Kg Thom for neck U/S
**Lab Result on January 19, 2007**

| | | |
|---|---|---|
| TSH | =1.39 | [0.49 - 4.67] |
| Free T4 | =13.31 | [9.14 - 23.81] |

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

1. PUD
2. Anemia secondary to PUD
3. Malaria (Vivax)??

**Treatment:**

1. Amoxicillin 500mg 2t po bid for two weeks (56tab)
2. Metronidazole 250mg 2t po bid for two weeks (56tab)
3. Omeprazole 20mg 1t po bid for two weeks (28tab)
4. Metochlopramide 10mg 1t po qd for two weeks (14tab)
5. FeSO4/Folic Acid 200/0.25mg 1t po tid for one month (20tab)
6. MTV 1t po qd for one month (20tab)
7. Chloroquin 250mg 2t po qd for 2d then 1t po qd other one day (5tab)

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluco, Reticulocyte count, Peripheral blood smear, and malaria smear at SHCH

**Lab Result on January 19, 2007**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =4 | [4 - 11x$10^9$/L] | Na | =140 | [135 - 145] |
| RBC | =2.7 | [4.6 - 6.0x$10^{12}$/L] | K | =4.3 | [3.5 - 5.0] |
| Hb | =6.5 | [14.0 - 16.0g/dL] | Cl | =113 | [95 - 110] |
| Ht | =23 | [42 - 52%] | BUN | =1.5 | [0.8 - 3.9] |
| MCV | =85 | [80 - 100fl] | Creat | =83 | [53 - 97] |
| MCH | =24 | [25 - 35pg] | Glu | =4.1 | [4.2 - 6.4] |
| MHCH | =28 | [30 - 37%] | | | |
| Plt | =450 | [150 - 450x$10^9$/L] | | | |
| Lym | =1.6 | [1.0 - 4.0x$10^9$/L] | | | |

Malaria negative
Microcytes 2+
Hypocromic 2+
Elliptocytes 1+
Reticulocyte Count = 0.3 [0.5 - 1.5]

**11. Chourb KimSan, 54M (Rovieng Tbong Village)**
**Diagnosis:**

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

**Treatment:**

1. HCTZ 50mg 1t po qd for one month (20tab)
2. Atenolol 50mg ¼t po bid for one month (10tab)
3. ASA 300mg 1t po qd for one month (20tab)

4. Eat low Na and low fat diet and do regular exercise

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluco, TG, Tot Chole at SHCH

**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] | | | |

**12. Kouch Hourn, 60F (Sanke Roang Village)**
**Diagnosis:**

1. Pneumonia
2. COPD
3. PTB?
4. Psoriasis
5. Eczema
6. Tinea coporis

**Treatment:**

1. Clarythromycin 500mg 1t po tid for a week (14tab)
2. Albuterol Inhaler 2puffs bid for one month (1vial)
3. Griseofulvin 250mg 1t po bid for one month (40tab)
4. Mometasone Furoate Cream 0.1% applied bid until rash gone (1tube)
5. Do AFB at local health center

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluco, LFT at SHCH, and Sent to Kg Thom for CXR

**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] | | | |

**13. Prum Chhim, 68M (Taing Treuk Village) (patient didn't come to get medicine)**
**Diagnosis:**

1. Pneumonia
2. COPD
3. PTB?
4. Cachexia
5. Anemia due to iron deficiency

**Treatment:**

1. Clarythromycin 500mg 1t po bid for a week
2. Albuterol Inhaler 2puffs bid for one month

3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
4. MTV 1t po qd for one month
5. Do AFB at local health center

**Lab/Study Requests:** Sent to Kg Thom for CXR

**14. Seng Long, 67F (Thkeng Village) (patient didn't come to get medicine)**
**Diagnosis:**

1. Pneumonia
2. COPD
3. PTB?
4. Cachexia
5. Anemia due to iron deficiency

**Treatment:**

1. Clarythromycin 500mg 1t po bid for a week
2. Albuterol Inhaler 2puffs bid for one month
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
4. MTV 1t po qd for one month
5. Do AFB at local health center

**Lab/Study Requests:** Sent to Kg Thom for CXR

**15. Som Thol, 57M (Taing Treuk Village)**
**Diagnosis:**

1. DMII
2. PNP

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (80tab)
2. Metformin 500mg 1t po qAM and 2t po qPM for one month (60tab)
3. ASA 300mg ¼t po qd for one month (5tab)
4. Amitriptyline 25mg 1t po qhs for one month (20tab)
5. Review him on diabetic diet and hypoglycemia sign

**Lab/Study Requests:** None

## Patient who came to refill medication

**1. Leng Say, 61F (Rovieng Cheung Village)**
**Diagnosis:**

1. Arthritis

**Treatment:**

1. Paracetamol 500mg 1t qid prn pain (100tab)
2. Follow up prn

**Lab/Study Requests:** None

**2. Ouk Phearum, 12M (Taing Treuk Village)**
**Diagnosis:**

1. Anemia
2. Malnutrition

**Treatment:**

1. MTV 1t po qd (50tab)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd (50tab)
3. Follow up prn

**Lab/Study Requests:** None

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

1. VHD (Mitral Stenosis/Regurgitation)
2. PVC
3. Tachycardia

**Treatment:**

1. Atenolol 50mg 1/2t po bid for one month (20tab)
2. Furosemide 20mg 1t po bid for one month (40tab)
3. ASA 300mg 1/4t po qd for one month (5tab)

**Lab/Study Requests:** None

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

1. Post partum cardiomegaly?

**Treatment:**

1. Propranolol 40mg 1/2t po bid for one month (20tab)

**Lab/Study Requests:** None

**5. Same Kun, 27F (Boeung Village)**
**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po tid for one month (60tab)
2. Propranolol 40mg 1t po bid for one month (40tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (20tab)
4. MTV 1t po qd for one month (20tab)

**Lab/Study Requests:** Draw blood for TSH, Free T4 and T3 at SHCH
**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] |

**6. 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 one month (40tab)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (20tab)
3. MTV 1t po bid for one month (20tab)
4. Folic Acid 5mg 1t po qd for one month (20tab)

**Lab/Study Requests:** None

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

1. Hepatitis??

**Treatment:**

1. MTV 1t po bid for one month (40tab)

**Lab/Study Requests:** Draw blood for Hep B, C at SHCH
**Lab Result on January 19, 2007**

| | |
|---|---|
| HBs-Ag | Reactive |

HCV Non-reactive

**8. Chheuk Norn, 52F (Thnout Malou Village)**
**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 11/2t po bid for two months (150tab)
2. Metformin 500mg 1t po qhs for two months (50tab)
3. ASA 300mg 1/4t po qd for two months (15tab)
4. Educate patient about hypoglycemia sign

**Lab/Study Requests:** None

**9. Prum Sourn, 64M (Taing Treuk Village)**
**Diagnosis:**

1. HTN
2. Ischemic Cardiomyopathy
3. LVH
4. LBBB

**Treatment:**

1. Captopril 25mg 1t po bid for two months (100tab)
2. HCTZ 50mg 1/2t po qd for two months (25tab)
3. ASA 300mg 1/4t po qd for two months (15tab)

**Lab/Study Requests:** None

**10. So SokSan, 23F (Thnal Keng Village)**
**Diagnosis:**

1. Nephrotic Syndrome (recurrent)
2. Pregnancy

**Treatment:**

1. Stop all medications
2. Advise to get prenatal care with health center

**11. Tann Sopha Nary, 22F (Thnout Malou Village)**

**Diagnosis**

1. Hyperthyroidism

**Treatment**

1. Propranolol 40mg 1t po bid for two months (100tab)
2. Stop carbimazole
3. Draw blood for TFT in two months

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

1. Euthyroid Goiter
2. Hypocromic Microcytic Anemia

**Treatment:**

1. FeSO4/Folic Acid 200/0.25mg 1t po qd for three months (#80)
2. MTV 1t po qd for three months (#80)
3. Draw blood for Free T4 at SHCH in six months

**Lab/Study:** Draw blood for Free T4 at SHCH
**Lab Result on January 19, 2007**

Free T4=13.63 [9.14 - 23.81]

**13. Chhay Chanthy, 43F (Thnout Malou)**
**Diagnosis**

1. Hyperthyroidism

**Treatment**

1. Carbimazole 5mg 1/2t po tid for one month (30tab)
2. Propranolol 40mg 1/2t po bid for one month (20tab)

**Lab test:** Draw blood for Free T4 at SH (Didn't come for blood drawing)

**14. Uy Noang, 55M (Thnout Malou)**
**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po qd for three months (80tab)
2. Captopril 25mg ¼ tab po qd for three months (20tab)
3. ASA 300mg ¼ tab po qd for three months (20tab)

**Lab/Study:** None

**15. Pheng Reung, 61F (Thnout Malou Village)**
**Diagnosis:**

1. HTN
2. Euthyroid

**Treatment:**

1. Propranolol 40mg 1t po bid for three months (160tab)
2. HCTZ 50mg 1/2t po qd for three months (40tab)

**Labs/Studies: none**

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

1. Epilepsy

**Treatment:**

1. Phenytoin 100mg 2t po qd for two months (100tab)
2. Folic Acid 5mg 1t po bid for two months (100tab)

**17. Prum Sok, 77M (Taing Treuk Village)**
**Diagnosis:**

1. COPD
2. Anemia

**Treatment:**

1. Albuterol inhaler 2puffs bid prn SOB for three months (3vial)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for three months (80tab)
3. MTV 1t po qd for three months (80tab)

**Lab/Study Requests:** None

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

1. HTN
2. COPD

**Treatment:**

1. HCTZ 50mg 1/2t po qd for four months (55tab)
2. Albuterol inhaler 2puffs prn SOB for four months (03vial)
3. MTV 1t po qd for four months (110tab)

**Labs/Studies: none**

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

1. HTN
2. Anemia due to Vit deficiency

**Treatment:**

1. Propranolol 40mg 1/2t po bid for four months (110tab)
2. HCTZ 50mg 1/2t po qd for four months (55tab)
3. MTV 1t po qd for four months (110tab)

**Lab/Study Requests:** None

**20. Pou Limthang, 42F (Thnout Malou)**
**Diagnosis**

1. Euthyroid

**Treatment**

1. Stop Carbimazole
2. Draw blood for Free T4 in two months

**Lab/Study:** Draw blood for Free T4 at SHCH
**Lab Result on January 19, 2007**

Free T4=70.61 [9.14 - 23.81]

**21. Meas Lone, 58F (Ta Tong)**
**Diagnosis**

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

**Treatment**

1. Albuterol Inhaler 2 puff prn SOB for four months (3vial)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for four months (110tab)
3. MTV 1t po qd for four months (110tab)
4. Paracetamol 500mg 1t po q6h for prn headache for four months (60tab)

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

1. HTN

**Treatment**

1. Propranolol 40mg 1/2t po q12h for four months (110tab)
2. HTN education

**23. Sam Logn, 51M (Dam NakChen Village)**
**Diagnosis:**

1. DMII
2. Tachycardia

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#40)
2. Captopril 25mg ¼t po qd for one month (#5)
3. ASA 300mg ¼t po qd for one month (#5)
4. Atenolol 50mg ½t po bid for one month (#20)
5. Do regular exercise and educate on hypoglycemia sign

**Lab/Study Requests:** Draw blood for TSH at SHCH

## Patient who came before appointment due to other problem

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

1. GOUT
2. Dyspepsia

**Treatment:**

1. Pepcid complete 1t po qhs for one month (30tab)

## Patients seen by PA Rithy Chau without sending data

**1. Chheng Vathanak, 15M (Thnout Malou Village)**
**Diagnosis:**

1. Chicken Pox (Varicella) with secondary infection

**Treatment:**

1. Naproxen 375mg 1t po bid prn (#30)
2. Augmentin 875mg 1t po bid for 7d (#14)

**2. Kheiv Samen, 73F (Thnout Malou Village)**
**Diagnosis:**

1. Cachexia
2. Anemia
3. Dyspepsia
4. Parasititis

**Treatment:**

1. MTV 1t po bid (#100)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd (#50)
3. Famotidine 10mg 1t po qhs (#30)
4. Mebendazole 100mg 1t po bid for 3d (#6)

**3. Em Vannoeun, 14M (Taing Treuk Village)**
**Diagnosis:**

1. Allergic Rhinitis

**Treatment**

1. Claritin 5mg/5cc10cc po qd (#2 bottles)
2. Tylenol 80mg 3t po qid prn (#120)
3. Tylenol PM 1t po qd prn (#30)
4. MTV chew 1t po qd (#30)

**4. Long Vandoeun, 34F (Taing Treuk Village)**
**Diagnosis:**

1. Obesity
2. Tension HA

**Treatment:**

1. Naprxen 375mg 1t po bid prn HA (#50)

**Lab test requested:** Draw blood for TG, Tot chol, Gluc at SHCH
**Lab Result on January 19, 2007**

Gluco =4.3 [4.2 - 6.4]
TG =0.8 [<1.71]
Tot Chol=3.5 [<5.7]

**5. Mam Buth Tola, 27F (Bakdoang Village)**
**Diagnosis:**

1. Allergic Rhinitis
2. Muscle pain

**Treatment:**

1. Allergra 180mg 1t po qd prn (#30)
2. Duratuss 25/900mg 1t po qd prn (#20)
3. Paracetamol 500mg 1t po qid prn (#50)
4. Tylenol PM 1t po qhs prn (#30)

**6. Thong Sopheareth, 20F (Taing Treuk Village)**
**Diagnosis:**

1. BV
2. Dyspepsia
3. Parasititis
4. UTI

**Treatment:**

1. Ciprofloxacin 500mg 1/2t po bid for 5d (5tab)
2. Famotidine 10mg 1t po qhs for 30d (30tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)
4. Paracetamol 500mg 1t po qid prn (30tab)

**7. San Leyhorn, 34F (Taing Treuk Village)**
**Diagnosis:**

1. Dyspepsia
2. Parasititis
3. Tension HA

**Treatment:**

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

**8. Sok Ken, 49M (Tkeing Village)**
**Diagnosis:**

1. Constipation
2. Dyspepsia
3. Tesion HA

**Treatment:**

1. Increase fiber in diet, drink 2-3L water/d, regular exercise
2. Pepcid complete chew 1t po bid prn (30tab)
3. Paracetamlol 500mg 1t po qid prn HA (50tab)

**9. Nong Sourng, 68M (Trapang Reusey Village)**
**Diagnosis:**

1. Muscle Pain
2. Cachexia

**Treatment:**

1. MTV 1t po qd (50tab)
2. Naproxen 375mg 1t po bid prn (50tab)

**10. Lous Eiv, 46M (Sangke Roang Village)**
**Diagnosis:**

1. Vit Deficiency
2. Cachexia

**Treatment:**

1. Vit. B-12 1t po bid (100tab)
2. MTV 1t po bid (100tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid (100tab)

**11. So Choam, 66M (Tkeing Village)**
**Diagnosis:**

1. Allergic Rhinitis

**Treatment:**

1. Allergra 180mg 1t po qd prn (30tab)
2. Duratuss 25/900mg 1t po qd (20tab)
3. Tylenol PM 500/25mg 1t po qhs (30tab)
4. MTV 1t po qd (60tab)

**12. Pen Savorn, 57M (Thnout Malou Village)**
**Diagnosis:**

1. Acute Diarrhea
2. Parasititis
3. Cachexia

**Treatment:**

1. Ciprofloxacin 500mg 1t po bid for 5d (10tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)

**13. Ros Phim, 70M (Trapang Reusey Village)**
**Diagnosis:**

1. Pneumonia
2. PTB?
3. Cachexia
4. Vit Deficiency

**Treatment:**

1. Clarythromycin 500mg 1t po bid for 10d (20tab)
2. Paracetamol 500mg 1t po qid prn (50tab)
3. MTV 1t po bid (100tab)
4. B-12 1t po bid (100tab)

**14. Sin Chhourn, 60M (Trapang Reusey Villag)**
**Diagnosis:**

1. Vit Deficiency

**Treatment:**

1. MTV 1t po qd (50tab)
2. B-12 1t po bid (100tab)

**15. Ren Rina, 16F (Bakdoang Village)**
**Diagnosis:**

1. Allergic Rhinitis

**Treatment:**

1. Loratidine 10mg 1t po qd prn (60tab)
2. Tylenol PM 1000/50mg 30ml 10cc po qhs prn (7bottles)
3. Duratuss 25/900mg 1t po qd prn (20tab)
4. MTV 1t po qd (60tab)

**16. Khem Ban, 5M (Thnout Malou Village)**
**Diagnosis:**

1. Post op syndactyly with second infection

**Treatment:**

1. Wound Clean and dressing with neosporin (#1)
2. Augmentin 600mg 2.5cc po bid for 14d (#1bottle)
3. Motrin 100mg 15cc 5cc po bid prn (#2bottles)
4. Pediaflor 1cc qd (#2 bottles)

**17. Khem Vanny, 13F (Thnout Malou Village)**
**Diagnosis:**

1. Post op Right knee frozen joint
2. Viral URI

**Treatment:**

1. MTV chew 1t po qd (60tab)
2. Tylenol PM syrup 10cc qhs to help sleep and HA (4bottles)
3. Pediaflor 1cc qd (2bottles)

**18. Ly Srey khourch, 15F (Thnout Malou Village)**
**Diagnosis:**

1. Allergic Rhinitis
2. Varicella (chicken pox)

**Treatment:**

1. Naproxen 375mg 1t po bid prn (20tab)
2. Tylenol PM 500/25mg 1t po qhs prn (20tab)
3. Pseudoephedrine 15mg /5cc 10cc po bid (1bottle)
4. Allergra 180mg 1t po qd prn (30tab)
5. Pediaflor 1cc qd (1bottle)
6. MTV chew 1t po qd (50tab)

**19. Ly Chheng Hor, 6F (Thnout Malou Village)**
**Diagnosis:**

1. Chicken Pox

**Treatment:**

1. Motrin 100mg /5cc 5cc po bid prn (2bottles)
2. MTV 1t po qd (50tab)
3. Pediaflor 1cc po qd (1bottle)

**20. Ly Phear Hour, 12M (Thnout Malou Village)**
**Diagnosis:**

1. Chicken Pox

**Treatment:**

1. Naproxen 375mg 1t po bid prn (20tab)
2. MTV 1t po qd (50tab)

**21. Hel Sophearath, 5M (Thnout Malou Village)**
**Diagnosis:**

1. Chicken Pox
2. Allergic Rhinitis

**Treatment:**

1. Motrin 100 15cc 5cc po bid prn (2bottles)
2. MTV 1t po qd (50tab)
3. Pediaflor 1cc po qd (1bottle)
4. Claritin 5mg 15cc 5cc po qd (1bottle)
5. Tylenol PM syrup 10cc po qhs (5bottles)

**22. Chhourn Hak, 19M (Bakdoang Village)**
**Diagnosis:**

1. Urticaria

**Treatment:**

1. Claritin 10mg 1t po qd prn (30tab)
2. Tylenol PM 1000/50mg 15cc qhs (6bottles)

**23. Cham Thhonn, 24F (Tkeing Village)**
**Diagnosis:**

1. Dyspepsia

**Treatment:**

1. Famotidine 10mg 1t po qhs (30tab)

**24. Chheng Eing Ly, 39F (Tkeing Village)**
**Diagnosis:**

1. Dyspepsia
2. Parasititis
3. Cachexia
4. BV

**Treatment:**

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)
3. MTV 1t po qd (50tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd (50tab)
5. Paracetamol 500mg 1t po qid prn (50tab)

**25. You Roeun, 41F (Sangke Roang Village)**
**Diagnosis:**

1. Viral URI

**Treatment:**

1. Tussi-12DS 5cc po bid prn cold (1bottle)
2. Naproxen 375mg 1t po bid prn (20tab)

**26. Heng Sokheang, 19F (Tkeing Village)**
**Diagnosis:**

1. Acute Sinusitis
2. Allergic Rhinitis

**Treatment:**

1. Augmentin 600mg syrup 5cc po bid (16bottles)
2. Maproxen 375mg 1t po bid prn (20tab)
3. Claritin 5mg/5cc 10cc po qd prn (1bottle)

**27. Chan Thai, 64F (Sangke Roang Village)**
**Diagnosis:**

1. Dyspepsia
2. Parasititis

**Treatment:**

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)
3. Paracetamol 500mg 1t po qid prn (20tab)

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

1. Arthritis
2. Elevated BP

**Treatment:**

1. Paracetamol 500mg 1t po qid prn (50tab)
2. MTV 1t po qd (50tab)
3. Exercise and low fat/salt diet
4. Follow up in March 2007

**29. Long Khom, 37F (Sangke Roang Village)**
**Diagnosis:**

1. GERD
2. Overweight
3. Parastitis
4. Urticaria

**Treatment:**

1. Omeprazole 20mg 1t po qhs (30tab)
2. Albendazole 200mg 2t po bid for 5d (20tab)
3. Paracetamol 500mg 1t po qid prn (50tab)
4. Allergra 180mg 1t po qd prn (15tab)
5. GERD prevention education

**30. Pin Oeun, 34F (Sangke Roang Village)**
**Diagnosis:**

1. Dyspepsia
2. Tension HA

**Treatment:**

1. Famotidine 10mg 1t po qhs (30tab)
2. Paracetamol 500mg 1t po qid prn (50tab)

**31. Pin Ath, 37F (Sangke Roang Village)**
**Diagnosis:**

1. Viral URI

**Treatment:**

1. Tussi-12DS 5cc po bid prn cold (1bottle)
2. Paracetamol 500mg 1t po qid prn (30tab)

**32. Sun Keo, 39F (Tkeign Village)**
**Diagnosis:**

1. Dyspepsia
2. Parasititis

**Treatment:**

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

**33. Bun Ho, 58F (Rovieng Cheung Village)**
**Diagnosis:**

1. Dyspepsia
2. Parasititis

**Treatment:**

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

**34. Chan Dy, 47F (Ta Tong Village)**
**Diagnosis:**

1. Dyspepsia
2. Muscle pain

**Treatment:**

1. Famotidine 10mg 1t po qhs (30tab)
2. Paracetamol 500mg 1t po qid prn (50tab)

**35. Sok Khy, 43F (Sangke Roang Village)**
**Diagnosis:**

1. Dyspepsia
2. Parasititis

**Treatment:**

1. Mg/Al(OH)3 250/120mg chew 2t po bid prn (50tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)

**36. Ream Roeun, 73F (Sangke Roang Village)**
**Diagnosis:**

1. Cachexia
2. Muscle Pain

**Treatment:**

1. MTV 1t po qd (40tab)
2. Paracetamol 500mg 1t po qid prn (50tab)

**37. Chan Pang, 70F (Tkeing Village)**
**Diagnosis:**

1. Muscle pain
2. Cachexia

**Treatment:**

1. Paracetamol 500mg 1t po qid prn (50tab)
2. MTV 1t po qd (50tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd (50tab)

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

1. Cachexia
2. Vit deficiency
3. Muscle pain
4. Elevated BP

**Treatment:**

1. MTV 1t po qd (50tab)
2. B-12 1t po bid (100tab)
3. Paracetamol 500mg 1t po qid prn (50tab)
4. Low fat/salt diet and regular exercise

**39. Yim Yoeun, 20F (Tkeing Village)**
**Diagnosis:**

1. Dyspepsia

**Treatment:**

1. Famotidine 10mg 1t po qhs (30tab)
2. Metochlopramide 10mg 1t po qhs (17tab)

**40. Chey Sokhem, 26F (Tkeing Village)**
**Diagnosis:**

1. Dyspepsia

**Treatment:**

1. Mg/Al(OH)3 200/120mg chew 2t po bid (50tab)

**41. Bour Sambath, 24F (Tkeing Village)**
**Diagnosis:**

1. Allergic Rhinitis
2. BV
3. Post partum 1y

**Treatment:**

1. Augmentin 875mg 1t po bid (20tab)
2. Claritin 5mg/5cc 10cc po qd prn (1bottle)
3. Paracetmol 500mg 1t po qid prn (30tab)

**42. Phet Chea, 45F (Kampot Village)**
**Diagnosis:**

1. BV
2. PMS
3. Urticaria

**Treatment:**

1. Ciprofloxacin 750mg 1/2t po bid for 5d (5tab)
2. Naproxen 375mg 1t po bid (30tab)
3. Tylenol PM 500/25mg syrup 15cc po qhs prn (6botttles)

**43. Heng Pheary, 30F (Tkeing Village)**
**Diagnosis:**

1. Asthma
2. Pneumonia
3. Urticaria

**Treatment:**

1. Albuterol Inhaler 2puffs po bid prn (1vial)
2. Clarythromycin 500mg 1t po bid for 5d (10tab)
3. Paracetamol 500mg 1t po qid prn (50tab)
4. Allergra 180mg 1t po qd prn (15tab)

**44. Bour Sambo, 19M (Tkeing Village)**
**Diagnosis:**

1. Left OM
2. Left Nasal Polyp
3. Cluster HA?

**Treatment:**

1. Augmentin 875mg 1t po bid for 10d (20tab)
2. Naproxen 375mg 1t po bid prn (20tab)
3. Flonase nasal spray 1 spray each nostril qd for one month (1bottle)

**45. Bun Dy, 30M (Kwang Village)**
**Diagnosis:**

1. Tension HA
2. Dyspepsia
3. Parastitis

**Treatment:**

1. Paracetamol 500mg 1t po qid prn (50tab)
2. Mg/Al(OH)3 250/120 chew 2t po qid prn (50tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)

**46. Leam Sothea, 8F (Tkeing Village)**
**Diagnosis:**

1. Pharyngitis

**Treatment:**

1. Paracetamol 80mg chewable 3t po qid prn (90tab)
2. Amoxicillin 200mg chew 1t po tid for 7d (20tab)
3. MTV chew 1t po qd (50tab)

**47. Them Soth, 16M (Taing Treuk Village)**
**Diagnosis:**

1. Malaria
2. Anemia

**Treatment:**

1.
2. MTV chew 2t po qd (100tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid (100tab)
4. Paracetamol 500mg 1t po qid prn (50tab)

**48. Sourn Sorya, 11F (Sangke Roang Village)**
**Diagnosis:**

1. Pharyngitis

**Treatment:**

1. MTV chew 1t po qd (30tab)
2. Amoxicillin 200mg chew 2t po tid (40tab)
3. Paracetamol 500mg chew 3t po tid (60tab)

## Patients who seen by PA Rithy come for follow up

**1. Yim Khoarn, 42F (Rovieng Cheung Village)**
**Diagnosis:**

1. BV

**Treatment:**

1. Ciprofloxacin 750mg 1/2t po bid for 5d (5tab)

2. Naproxen 375mg 1t po bid prn (30tab)

## Patient who missed appointment

**12. Sim Sophea, 29F (Ta Tong Village)**

**Diagnosis**

1. Hypothyroidism
2. 5 months Pregnancy

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**The next Robib TM Clinic will be held on February 5-9, 2007**