Robib *Telemedicine* Clinic

Preah Vihear Province

M A R C H 2 0 0 7

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

On Monday, March 12, 2007, SHCH staff, PA Rithy, and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), March 13 & 14, 2007, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 new cases and 8 follow-up patients, and other 15 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, March 14 & 15, 2007.

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

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

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Monday, March 05, 2007 8:04 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Joseph Kvedar; Kathy Fiamma; Cornelia Haener; Gary Jacques
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev
Subject: Robib Telemedicine Clinic Schedule for March 2007

Dear all,

I would like to inform you that the Robib Telemedicine Clinic for March 2007 will be starting on March 12, 2007 and coming back on March 16, 2007.

The agenda for the trip is as following:

1. On Monday March 12, 2007, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihea province.
2. On Tuesday March 13, 2007, the clinic opens to see the patients for the whole morning and type patients' data as case in afternoon then send to both partners in Bonston and Phnom Penh.
3. On Wednesday March 14, 2007, we do the same as on Tuesday and also download the answer replied from the partners.

4. On Thursday March 15, 2007, we download all the answers replied from both partners and make the treatment plan accordingly then prepare medication for the patients in afternoon.
5. On Friday March 16, 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, March 13, 2007 8:32 PM
To: Rithy Chau; Kruy Lim; Cornelia Haener; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic March 2007, Case#1, Yin Tann, 61F (Thkeng Village)

Dear all,

We are at Rovieng for Robib Telemedicine Clinic March 07. Today we have three new cases and five follow up cases. This is case number 1, Yin Tann, 61F and photos.

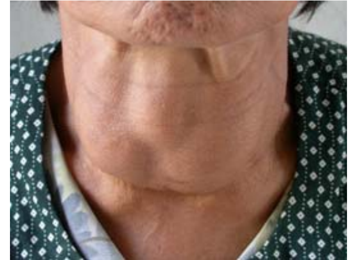
Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: **Yin Tann, 61F (Thkeng Village)**

Chief Complaint (CC): Neck mass x 20y

History of Present Illness (HPI): 61F, farmer, came to us complaining of neck mass x 20y. About 20y before, she presented with a mass about 3x4cm and symptoms of heat intolerance, tremor, palpitation, insomnia so she got surgery(Thyroid Lobectomy??). One year later the other two masses appeared near the same place but without any symptoms and developed bigger and bigger from day to day until now. She didn't seek medical care for that. She denied of dyspnea, dysphagia.



Past Medical History (PMH): 20y post neck mass surgery (Thyroid gland??)

Family History: None

Social History: No alcohol drinking, no smoking

Current Medications: Antacid prn

Allergies: NKDA

Review of Systems (ROS): Epigastric pain, buring sensation after full eating, burping with sour taste, no vomiting, prn antacid, no stool with blood or mucus, no edema

PE:

Vitals: **BP: 100/60** **P: 86** **R: 20** **T: 36°C** **Wt: 38Kg**

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 10x12cm on L thyroid side and about 4x6cm on R thyroid side, soft, irregular border, no tender, no redness, mobile on swallowing, no lymph node palpable, no JVD

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

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

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

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

Assessment:

1. Nodular goiter
2. GERD
3. Parasititis

Plan:

1. Famotidine 10mg 2t po qhs for one month
2. Mebendazole 100mg 1t po bid for 3d
3. GERD prevention edeucation

Lab/Study Requests: Draw blood for TSH and Free T4 at SHCH and sent to Kg Thom for Neck mass ultrasound

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: March 13, 2007

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

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From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Wednesday, March 14, 2007 4:29 AM
To: Fiamma, Kathleen M.
Cc: tmed_rithy@online.com.kh; robibtelemed@yahoo.com
Subject: RE: Robib Telemedicine Clinic March 2007, Case#1, Yin Tann, 61F (Thkeng Village)

This 61 y/o woman presents with a very typical multinodular goiter developing over many years. In these cases three conditions need to be ruled out:

1) **Hyperthyroidism. This will be easily accomplished by thyroid function testing as proposed.**
2) **Local compression. She has no symptoms and the goiter appears to be mostly extrinsic on the photographs. However ideally, neck CT without contrast to evaluate tracheal lumen would be useful.**
3) **Malignancy. In goiters, risk of cancer is about 5%. Multiple nodules are likely to be present in this lady, so adequate cytological sampling of all will be difficult. However if there are significantly dominant solid thyroid nodules, then they should be biopsied with fine needle procedure.**

In general, if adequate surgical expertise is present, these large goiters should be removed, to prevent future compression and accurately diagnose incidental malignancy. If hyperthyroidism is seen, removal should be precede by restoration of euthyroidism with antithyroid drugs.
I hope it helps and please provide follow-up.

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

From: "Cornelia Haener" <cornelia_haener@online.com.kh>
To: "'Robib Telemedicine'" <robibtelemed@yahoo.com>
Subject: RE: Robib Telemedicine Clinic March 2007, Case#1, Yin Tann, 61F (Thkeng Village)
Date: Wed, 14 Mar 2007 11:44:07 +0700

Dear Rithy and Sovann,
I agree with your plan.
Cornelia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 13, 2007 8:38 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic March 2007, Case#2, Kaov Soeur, 63F (Sangke Roang Village)

Dear all,

This is case number 2, Kaov Souer, 63F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Kaov Soeur, 63F (Sangke Roang Village)**

Chief Complaint (CC): Joint Pain x 1y

History of Present Illness (HPI): 63F, farmer, came to us complaining of joint pain x 1y. The pain started from the back while long walking and sitting, and more working without symptoms of redness, stiffness, swelling and she bought pain killer and taken prn without seeking medical care. On January, she went to us complaining of joint pain and treated with Paracetamol 500mg 1t po qid prn and make appointment on March. Now she is better than before with pain, and denied of HA, cough, dyspnea, chest pain, palpitation, stool with blood and oliguria, hematuria, edema.

Past Medical History (PMH): Remote malaria

Family History: None

Social History: drinking alcohol casually, no smoking

Current Medications: Paracetamol 500mg prn pain

Allergies: NKDA

Review of Systems (ROS):

PE:

Vitals: BP: 148/76 P: 80 R: 20 T: 36.5°C Wt: 50Kg

General: Look stable

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

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

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

Extremity/Skin: No edema, no rash, no wound, no joint deformity, no redness, no stiffness, no swelling

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

Lab/Study: None

Assessment:

1. Arthritis
2. HTN

Plan:

1. Diflunisal 500mg 1t po bid prn severe pain for one month
2. Paracetamol 500mg 1t po qid prn pain for one month
3. HCTZ 50mg 1/2t po qd for one month
4. Do regular exercise

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

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

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

Examined by: Nurse Peng Sovann Date: March 13, 2007

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No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 13, 2007 8:43 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic March 2007, Case#3, Sam Saren, 46F (Rovieg Tbong Village)

Dear all,

This is case number 3, Sam Saren, 46F 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: Sam Saren, 46F (Rovieng Tbong Village)

Chief Complaint (CC): HA, and neck tension x 1y

History of Present Illness (HPI): 46F, farmer, came to us complaining of HA, neck tension for 1y. She presented with symptoms of HA, neck tension, dizziness, palpitation, fatigue, so she went to local clinic and his BP taken (SBP: 140) and treated with Anti-hypertension (Nifedipine 10mg 1/2t prn). She didn't seek any care just bought medicine and taken prn if the symptoms appeared. She denied of fever, cough, sore throat, dyspnea, stool with blood, oliguria, hematuria, edema.

Past Medical History (PMH): HTN with prn Nifedipine

Family History: Sister with HTN

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

Current Medications: Nifedipin 10mg ½t po bid prn

Allergies: NKDA

Review of Systems (ROS): Last menstrual period on 10 March 07

PE:

Vitals: BP: 120/72 P: 84 R: 20 T: 36°C Wt: 63Kg

General: Look stable

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

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

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

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

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

Lab/Study: None

Assessment:

1. History HTN

Plan:

1. Stop Anti-hypertension drugs
2. Recheck BP in next follow up
3. Do regular exercise and eat on low Na diet

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

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

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

Examined by: Nurse Peng Sovann Date: March 13, 2007

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

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From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Wednesday, March 14, 2007 3:26 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib Telemedicine Clinic March 2007, Case#3, Sam Saren, 46F (Rovieg Tbong Village)

Thank you for the chance to comment.

Her symptoms sound more musculoskeletal (neck muscle strain) with headache than neurological.
Her symptoms are unlikely to be due to the blood pressures that have been recorded.

I would use heat and non steroidal antiinflamatory medication and range of motion exercises for her neck.

I would stop the blood pressure medication as you are doing and recheck her blood pressure over time to see if she indeed has high blood pressure.

Good luck,

paul

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 13, 2007 8:47 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic March 2007, Case#4, Chhim Paov, 50M (Boeung Village)

Dear all,

This is case number 4, Chhim Paov, 50M and photo.

Best regards,
Sovann

SOAP Note

Patient Name & Village: **Chhim Paov, 50M (Boeung Village)**

Subjective: 50M came to follow up of GOUT, dyspepsia. Last month he came to us complaining of epigastric pain, burning sensation after full eating and before meal time so we add Pepcid complete 1t qhs for him and advised him stop taking Diflunisal if the joint pain is not severe. The epigastric pain got much better and he denied of HA, dizziness, fever, cough, dyspnea, chest pain, palpitation, stool with blood oliguria, dysuria, edema.

Objective:

VS: **BP: 160/100** **P: 80** **R: 20** **T: 37** **Wt: 73kg**

PE (focused):

General: Look stable

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

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

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

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

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

Labs/Studies: None

Current Medications:

1. Diflunisal 500mg 1t po bid prn severe pain
2. Paracetamol 500mg 1t po qid prn pain
3. Pepcid complete 1t po qhs

Allergies: NKDA

Assessment:

1. GOUT
2. Dyspepsia
3. HTN

Plan:

1. Diflunisal 500mg 1t po bid prn severe pain for one month
2. Paracetamol 500mg 1t po qid prn pain for one month
3. Famotidine 10m g1t po qhs for one month
4. HCTZ 50mg 1/2t po qd for one month

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: March 13, 2007**

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

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From: Healey, Michael J.,M.D.
Sent: Wednesday, March 14, 2007 8:02 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic March 2007, Case#4, Chhim Paov, 50M (Boeung Village)

This sounds like a good plan. I would recommend checking his kidney function/K+ 2-4 weeks after starting the HCTZ.

For his gout, it would be helpful to know what the serum uric acid level is. If it continues to be elevated, and he continues to have joint pain, then a uricosuric agent or allopurinol would probably help prevent flares. That would hopefully allow him to decrease the diflunisol, which seemed to be contributing to his abdominal pain. Allopurinol should not be started during a gout flare, however. The other option would be colchicine, if available, if allopurinol is not available.

Michael J Healey, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 13, 2007 8:55 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic March 2007, Case#5, Srey Hom, 62F (Taing Treuk Village)

Dear all,

This is case number 5, Srey Hom, 62F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: **Srey Hom, 62F (Taing Treuk Village)**

Subjective: 62F came to follow up of HTN, DMII, with PNP, Renal insufficiency. In last two weeks, she presented with symptoms of fatigue, drowsiness, fever, chill, and didn't take the medication for a day. One day after, her condition became worse, so she was brought to local health center, BP taken SBP 180 and got treatment with HCTZ but the BP still high so they changed to Adalate then the BP came down and stayed in HC for two weeks. Now she got better and discharge home but still complained of HA, fatigue, dizziness, poor appetitie. She denied of chest pain, palpitation, cough, fever, nausea, vomiting, oliguria, dysuria, hematuria, edema.

Objective:

VS: **BP: 110/60** **P: 74** **R: 20** **T: 36.5** **Wt: 52kg**

PE (focused):

General: Look sick

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

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

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

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

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

Labs/Studies: RBS = 145mg/dl, UA: protein 2+, Leukocyte 2+, blood trace

Lab Result on February 16, 2007

Test	Result	Normal range
Na	=145	[135 - 145]
K	=3.4	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=4.1	[0.8 - 3.9]
Creat	=213	[44 - 80]
Glu	=7.5	[4.2 - 6.4]
T. Chol	=7.2	[<5.7]
HbA1C	=8.5	[4 - 6]

Current Medications:

1. Adalate

Our previous treatment plan for her but she didn't take

1. Glibenclmide 5mg 2t po bid
2. Metformin 500mg 1t po qhs
3. Lisinopril 20mg 1/st po qd
4. ASA 300mg 1/4t po qd
5. Amitriptylin 25mg 1t po qd

Allergies: NKDA

Assessment:

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

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Nifedipine 10mg 1/2t po bid for one month
3. ASA 300mg 1/4t po qd for one month
4. Amitriptyline 25mg 1/2t po qhs for one month
5. Ciprofloxacin 750mg 1t po qd for 3d
6. Review him on diabetic diet, hypoglycemia sign and foot care

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: March 13, 2007**

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

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From: Paul Heinzelmann [mailto:pheinzelmann@worldclinic.com]
Sent: Wednesday, March 14, 2007 11:02 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib Telemedicine Clinic March 2007, Case#5, Srey Hom, 62F (Taing Treuk Village)

Sovann,

This is an unfortunate hypertensive diabetic patient with poor glucose control and elevated cholesterol. Complications include neuropathy, nephropathy.

I agree with your assessment, (but it seems she has no symptoms of UTI, and your diagnosis only from the urine dip test?.)

Your plan seems fine but please explore why she didn't take recommended medications in the past (cost? not trust medicines? too many meds..) Diet should be low in fat, protein, sugar.

Paul Heinzelmann, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 13, 2007 9:00 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic March 2007, Case#6, So Soksan, 23F (Thnal Keng Village)

Dear all,

This is case number 6, So Soksan, 23F and photos.

Best regards,
Sovann

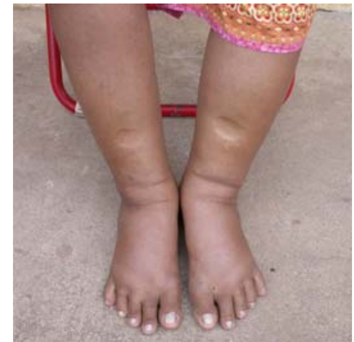
Robib Telemedicine Clinic

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

SOAP Note

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

Subjective: 23F came to follow up of Nephrotic Syndrome and 4months pregnancy. In Last two months, she reported no menstrual period and suspected having pregnancy so we checked pregnancy test and it was positive. We stopped her medcine (prednisolone 1t bid) and asked her to get prenatal care with local health center. She developed extremity edema from day to day and also oliguria, poor appetite. On March 01, 07, she went to private clinic in provincial hospital for abortion. Because she developed severe edema and oliguria, she bought Furosemide 20mg taken prn. She denied of fever, cough, chest pain, palpitation, stool with blood, mucus, hematuria, dysuria,



Objective:

VS: BP: 100/58 P: 84 R: 20 T: 36 Wt: 65kg

PE (focused):

General: Look sick

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

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

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

Skin/Extremity: 4+ pitting edema, no rash, no foot wound

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

Labs/Studies: Pregnancy test + on two different strips; UA protein trace

Current Medications: Furosemide 20mg prn for edema

Allergies: NKDA

Assessment:

1. Recurrent Nephrotic Syndrome
2. 4 months pregnancy???

Plan:

1. Send to Kg Thom for abdominal ultrasound to see she is still pregnancy
2. Recheck pregnancy test in next follow up

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc, Protein 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: March 13, 2007**

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

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, March 14, 2007 3:16 AM
To: Robib Telemedicine; Rithy Chau
Subject: RE: Robib Telemedicine Clinic March 2007, Case#6, So Soksan, 23F (Thnal Keng Village)

From: Fang, Leslie S.,M.D.
Sent: Tuesday, March 13, 2007 4:14 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic March 2007, Case#6, So Soksan, 23F (Thnal Keng Village)

Obviously difficult situation
I do believe that it is reasonable to consider an abortion if the patient is in agreement. Managing the patient with nephrotic syndrome on steroids with pregnancy is complicated since nephrotic syndrome is likely to worsen during pregnancy. The patient is more prone to hypertension and pre-eclampsia. Success rate of the pregnancy is much lower. The fetus will be exposed to steroids. Even if we are willing to go through all of these, the likelihood of successful pregnancy to term is still considerably lower than normal.

Leslie S.T. Fang, MD PhD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 13, 2007 9:04 PM
To: Paul J. M.D. Heinzelmann; Rithy Chau; Kathy Fiamma; Kruy Lim; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic March 2007, Case#7, Pou Limthang, 42F (Thnout Malou Village)

Dear all,

This is case number 7, Pou Limthang, 42F 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: Pou Limthang, 42F (Thnout Malou Village)

Subjective: 42F came to follow up of Euthyroid goiter. She became Euthyroid so we stopped her carbimazole and plan to check TFT in two months. One month later she presented with symptoms of palpitation, tremor, heat intolerance, fatigue, dizziness, so she went to provincial hospital and got treatment with IV fluid (D5%NSS), for a few days and told the symptoms happen because of her goiter. Now she still presented with tremor, heat intolerance, palpitation, insomnia, moist skin, fatigue. She denied of Chest pain, cough, sore throat, stool with blood, edema.

Objective:

VS: BP: 100/56 P: 120 R: 20 T: 36.5 Wt: 55kg

PE (focused):

General: Look sick

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 10x12cm, soft, no redness, no tender, regular border, mobile on swallowing, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; HRR, tachycardia, 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: None

Current Medications: None

Allergies: NKDA

Assessment:

1. Tachycardia
2. Hyperthyroidism

Plan:

1. Prpranolol 40mg 1t po bid for one month
2. Carbimazole 5mg 1t po qd for one month

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc and TFT 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: March 13, 2007**

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

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From: Paul Heinzelmann [mailto:pheinzelmann@worldclinic.com]
Sent: Wednesday, March 14, 2007 11:19 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh; tmed_rithy@bigpond.com.kh
Subject: RE: Robib Telemedicine Clinic March 2007, Case#7, Pou Limthang, 42F (Thnout Malou Village)

Sovann,

Your asessment seems good - Excluding her clearly hyperthyroid symptoms, her high heart rate and low BP make me wonder if there is an element of dehydration (is she dizzy or does her heart rate change by > 20 beats/min when going from sitting to standing? Dry mucu membranes?) She should have close monitoring at the health center after starting these medications if possible.

Best,

Paul Heinzelmann, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 13, 2007 9:26 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic March 2007, Case#8, Prum Norn, 56F (Thnout Malou Village)

Dear all,

This is case number 8, Prum Norn, 56F and photo.

Best regards,
Sovann

SOAP Note

Patient Name & Village: Prum Norn, 56F (Thnout Malou Village)

Subjective: 56F came to follow up of Liver cirrhosis with PHTN. In this month, she presented with symptoms of HA, fainting, fatigue, dizziness, dyspnea while working and some time with face and legs swollen. She didn't go to anywhere for checking up. She denied of chest pain, palpitation, stool with blood, oliguria, dysuria, hematuria, edema, blood loss, heavy vaginal bleeding.

Objective:

VS: BP: 160/100 P: 80 R: 20 T: 37 Wt: 73kg

PE (focused):

General: Look stable

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

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

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

Skin/Extremity: No edema, no foot wound, scaly maculo-papular skin rash on left groin, central clearing, pruritus, irregular border, no pus, no vesicle

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

Rectal: Good sphincter tone, smooth muscle, no mass, (-) cholocheck

Labs/Studies: Hb: 5mg/dl

Current Medications:

1. Propranolol 40mg 1/4t po bid
2. Spironolactone 25mg 1/2t po bid

Allergies: NKDA

Assessment:

1. Liver cirrhosis with PHTN
2. HTN
3. Severe Anemia

4. Tinea Cruris

Plan:

1. Propranolol 40mg 1t po bid for one month
2. Spironolactone 25mg 1t po bid for one month
3. HCTZ 50mg 1/2t po qd for one month
4. FeSO4/Folic Acid 200/0.25mg 1t po tid for one month
5. Vit B12 10cc IM qd for 3d
6. Mometasone Furoate cream 0.1% applied bid on the rash until gone

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, 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: March 13, 2007**

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From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Thursday, March 15, 2007 4:28 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh; tmed_rithy@bigpond.com.kh
Subject: RE: Robib Telemedicine Clinic March 2007, Case#8, Prum Norn, 56F (Thnout Malou Village)

Sovann,

Nice job in this write up.

1. Anemia: As you mentioned, her symptoms are likely the result of her severe anemia. She has had known GI bleeding in the past, so I wonder about the accuracy of the stool guiac test. B12 may be helpful if her diet is playing a role, and could be complicated by anemia of chronic disease. For her anemia, inaddition to the CBC, please send for iron, and TIBC if possible to verify that she is in fact iron deficient. If she is iron deficient she will indeed need iron therapy as you recommend. If transport to SHCH for transfusion is an option, please consider this if she is that unstable.

2. Cirhosis: For her cirrhosis, she should have a bilirubin, ALT, and albumin to monitor the stage her cirrhosis. Continue spironolactone and propranolol.

3. HTN: as you planned

4. Tinea: as you planned

Paul Heinzelmann, MD, MPH
Project Leader - Operation Village Health

Center for Connected Health
Partners HealthCare
25 New Chardon St.
Boston, MA 02114

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 14, 2007 8:55 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Cornelia Haener; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic March 2007 Second day, Case#9, Chhorn Sophorn, 60M (Taing Treuk Village)

Dear all,

Today is the second day for Robib Teolemedicine Clinic March 2007. We have three new cases and three follow up cases. This is case number 9, continued from yesterday, Chhorn Sophorn, 60M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

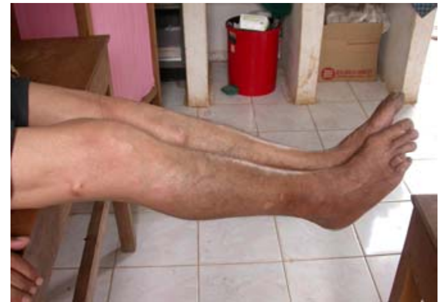
History and Physical

Name/Age/Sex/Village: **Chhorn Sophorn, 60M (Taing Treuk Village)**

Chief Complaint (CC): Joint pain and unable to flex the knee x 2y

History of Present Illness (HPI): 60M, farmer, came to us complaining of joint pain and unable to flex the right knee for 2 years. In last two years, he presented with symptoms of pain, swelling, redness of right knee joint and went to private clinic and they injected the steroid into the joint 1time a month for two months. The pain got better but he became unable to flex his right knee joint. When the pain of right knee joint appeared he bought pain killer and taken prn then the pain decrease. He denied other joints pain. Now the pain is less but he is unable to flex the knee.

Past Medical History (PMH): In 1980, He jumped from the house but denied any trauma



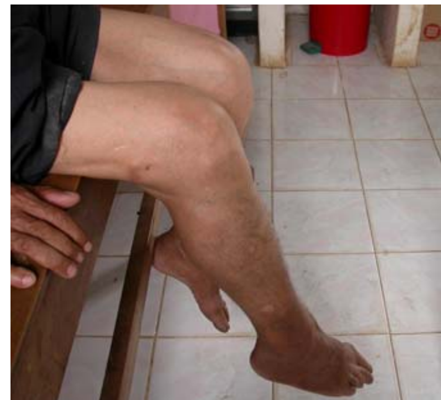
Family History: Unremarkable

Social History: No alcohol drinking, no smoking

Current Medications: Pain killer (NSAID?) prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable



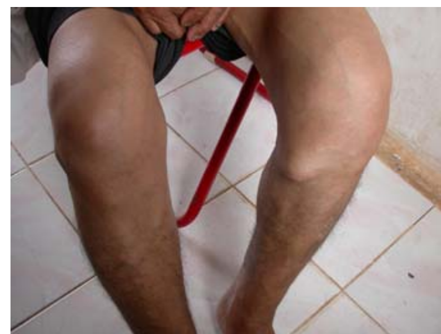
PE:

Vitals: BP: 140/80 P: 60 R: 20 T: 36.5°C

General: Look stable

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

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



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

Extremity/Skin: No redness, no swelling, no tender, congenital deformity near the left knee joint

MS/Neuro: MS +5/5, motor and sensory intact, He is unable to flex right knee

Assessment:

1. Arthritis
2. Right Knee frozen joint

Plan:

1. Diflunisal 500mg 1t po bid prn severe pain for one month
2. Paracetamol 500mg 1t po qid prn pain for one month
3. Send to Kg Thom for Knee joint x-ray
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

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

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

Examined by: Nurse Peng Sovann Date: March 14, 2007

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From: "Cornelia Haener" <cornelia_haener@online.com.kh>
To: "'Robib Telemedicine'" <robibtelemed@yahoo.com>
Subject: RE: Robib TM Clinic March 2007 Second day, Case#9, Chhorn Sophorn, 60M (Taing Treuk Village)
Date: Thu, 15 Mar 2007 10:10:51 +0700

Dear Rithy and Sovann,
I would like to ask some more questions concerning the history:
Any STD in the history (exclude GO or chlamydial infection)
History of TB?
History of gout?

Otherwise, I agree to your plan and would suggest that you add uric acid analysis to your lab work up.
Thanks
Cornelia

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 14, 2007 9:05 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic March 2007 Second day, Case#10, Chan Oeung, 57M (Sangke Roang Village)

Dear all,

This is case number 10, Chan Oeung, 57M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

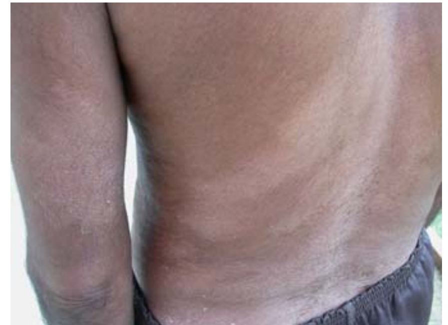
History and Physical

Name/Age/Sex/Village: **Chan Oeung, 57M (Sangke Roang Village)**

Chief Complaint (CC): Joint pain x 5y

History of Present Illness (HPI): 57M, farmer, came to us complaining of joint pain for 5y. He presented with symptoms of pain, redness, swelling, stiffness on left ankle joint, getting worse with working, he bought NSAID and taken for a few days the symptoms got better but the symptoms appeared on other joint as left toe joint then to left MCP, left elbow, right ankle. Now the symptoms of redness, swelling, stiffness decrease but still presented with joint pain.

Past Medical History (PMH): Unremarkable



Family History: None

Social History: Drinking alcohol casually, smoking 4cig/d over 20y

Current Medications: Pain killer prn

Allergies: NKDA

Review of Systems (ROS): Skin rash on the back and left upper arm

PE:

Vitals: **BP: 170/88 (both arms)** **P: 106** **R: 20** **T: 37°C** **Wt: 56Kg**

General: Look sick

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

Chest: CTA bilaterally, no rale, no rhonchi, HRR, tachycardia, no murmur

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

Extremity/Skin: No edema, no redness, no swelling, no tender, no deformity on all joints; scaly skin rash, central clearing, regular border on the back and arm, pruritus, no maculo-papular, no pus, no vescle

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

Assessment:

1. Rheumatoid Arthritis
2. HTN
3. Tinea psoriasis

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. Diflunisal 500mg 1t po bid prn severe pain for one month
3. Paracetamol 500mg 1t po qid prn pain for one month
4. Fluocinolone cream apply bid until the rash gone
5. Do regular exercise and eat low Na diet
6. Alcohol cessation

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc, RF 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: March 14, 2007

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From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Thursday, March 15, 2007 2:02 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic March 2007 Second day, Case#10, Chan Oeung, 57M (Sangke Roang Village)

Hi Peng,

Your patient Chan Oeung is has a history of of arthralgias for 5 years.
He also presents with a skin rash.

From your history, the patient has migrating arthralgias as well as a rash and this picture might be consistent with Psoriatic arthritis. At times, whole digits or toes might be erythematous and edematous as well. Psoriatic arthritis often has prolonged morning stiffness, and it has an asymmetric distribution.

Rheumatoid Arthritis is symmetric and often affects the small joints of the hands such as the MCP joints. You can check a Rheumatoid factor and a sedimentation rate.
osteoarthritis affects the PIP and DIP joints.

For arthralgias the patient should take Ibuprofen 400 mg 3 times a day with food until stable and give him maintenance dose of 400-600 mg every day.

It is hard to evaluate the rash. It is either a skin fungus or Psoriasis.
You have prescribed to him Fluocinolone cream which should be effective if this is an inflammatory skin disease such as Psoriasis.

If it does not respond, I would treat with anti fungal cream for 8-10 weeks 2 times a day.

Agree with treatment of Hypertension , very important, until blood pressure 120/80

Olga Smulders-Meyer, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 14, 2007 9:11 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic March 2007 Second day, Case#11, Deng Thin, 53M (Chhnourn Village)

Dear all,

This is case number 11, Deng Thin, 53M 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: **Deng Thin, 53M (Chhnoun Village)**

Chief Complaint (CC): HA, dizziness x 5y

History of Present Illness (HPI): 53, farmer, came to us complaining of HA, and dizziness x 5y. First he presented with symptoms of HA, dizziness, palpitation, diaphoresis and BP taken, showing elevated so he bought anti-hypertension from pharmacy and taken prn. He went to local health center for checking up when he took medicine and symptoms still persisted. He went to health center last week, treated with anti-hypertension (unknown name) but not better. He came to us with symptoms of HA, dizziness, diaphoresis and denied of cough, dyspnea, chest pain, stool with blood, oliguria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Drinking alcohol casually, no smoking

Current Medications: Anti-hypertension (unknown name) 2t po prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: R: 190/98, L: 180/96 P: 66 R: 20 T: 37°C Wt: 56Kg

General: Look sick

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

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

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

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

MS/Neuro: MS +4/5, motor and sensory intact, DTRs +3/4, normal gait

Assessment:

1. HTN

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. Nifedipine 10mg 1/2t po bid for one month
3. Do regular exercise and eat low Na diet

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

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

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

Examined by: Nurse Peng Sovann Date: March 14, 2007

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From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 14, 2007 9:15 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic March 2007 Second day, Case#12, Vong Yan, 72F (Boeung Village)

Dear all,

This is case number 12, Vong Yan, 72F 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: **Vong Yan, 72F (Boeung Village)**

Subjective: 72F came to follow up of HTN and Anemia. In last two weeks, she presented with symptoms of HA, dizziness, faitgue, diaphoresis, and BP taken SBP: 180 and given IV fluid (D5%NSS) 1500ml by private healer for a few days and she didn't take HCTZ until she became better She continued taking it (she increased from 1/2t qd to bid). She still complain of HA, dizziness, fatigue, palpitation. She denied of chest pain, stool with blood, oliguria, dysuria, hematuria, edema.

Objective:

VS: BP: R 180/80, L: 160/76 P: 72 R: 20 T: 36.5 Wt: 56kg

PE (focused):

General: Look sick

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

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

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

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

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

Labs/Studies: Hb: 10g/dl

Lab Result on February 16, 2007

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

Current Medications:

1. HCTZ 50mg ½ t po qd but she took 1/2t bid
2. FeSO4/Folic Acid 200/0.25mg 1t po qd

Allergies: NKDA

Assessment:

1. HTN
2. Anemia

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. Nifedipine 10mg 1/2t po bid for one month
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
4. Do regular exercise and eat low Na diet

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: March 14, 2007**

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

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From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Thursday, March 15, 2007 4:32 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic March 2007 Second day, Case#12, Vong Yan, 72F (Boeung Village)

Sovann,

Excellent work up.

I agree with your plan - (In my opinion, if you have propanolol, it would be a better option than nifedipine when her BP improves.)

Best wishes,

Paul

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

25 New Chardon St.
Boston, MA 02114

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 14, 2007 9:19 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic March 2007 Second day, Case#13, Keth Chourn, 55M (Chhnourn Village)

Dear all,

This is case number 13, keth Chourn, 55M and photo.

Best regards,
Sovann

SOAP Note

Patient Name & Village: **Keth Chourn, 55M (Chhnourn Village)**

Subjective: 55M came to follow up of HTN. He is stable with symptoms of normal appetite, normal bowel movement and denied of HA, fever, cough, dizziness, chest pain, palpitation, stool with blood, oliguria, hematuria, dysuria, edema.

Objective:

VS: **BP: R 142/68, L: 160/72** **P: 68** **R: 20** **T: 37** **Wt: 45kg**

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; 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, normal gait

Lab Result on February 16, 2007

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

Current Medications:

1. HCTZ 50mg ½ t po qd

Allergies: NKDA

Assessment:

1. HTN

Plan:

1. HCTZ 50mg 1t po qd for two months
2. Do regular exercise and eat low Na diet

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: March 14, 2007**

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

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From: Healey, Michael J.,M.D.
Sent: Wednesday, March 14, 2007 7:59 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic March 2007 Second day, Case#13, Keth Chourn, 55M (Chhnourn Village)

The low potassium of 2.9 may be from HCTZ, or at least the HCTZ is contributing. I would recommend daily potassium supplementation, or switching to another antihypertensive medication. Another option would be to implement a higher-potassium diet, though I don't think that will be enough in this case.

In addition, his blood pressure is not under adequate control, which would be another reason to switch to a different class of HTN medication. If a potassium-sparing diuretic is available (such as triamterene) adding that to the HCTZ may help the K+ and lower the blood pressure further.

Were there any signs of infection? He has a mild elevation in the white blood cell count, predominantly neutrophils, suggesting a bacterial infection. I would certainly repeat the CBC at his next visit.

Finally, any follow-up on his alcohol intake? He was drinking a significant amount of alcohol at his last visit.

Michael J Healey, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 14, 2007 9:26 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic March 2007 Second day, Case#14, Tum Lam, 57M (Reusey Srok Village)

Dear all,

This is the last case for Robib Telemedicine Clinic March 2007, case number 14, Tum Lam, 57M and photos. Other three photos will be send to you later.

Best regards,
Sovann

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 14, 2007 9:32 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic March 2007 Second day, Other photos of Tum Lam, 57M (Reusey Srok Village)

Dear all,

These are other three photos of Tum Lam, 57M. Please reply the cases before thursday afternoon. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

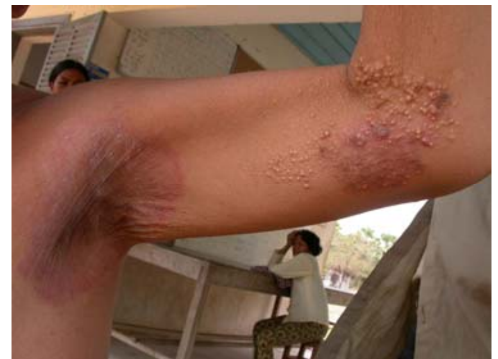
Patient Name & Village: Tum Lam, 57M (Reusey Srok Village)

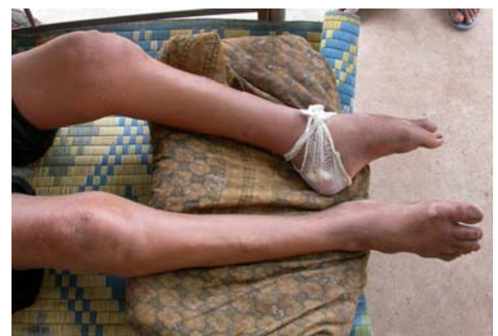
Subjective: 57M, who was diagnosed with Gouty arthritis, Cushing syndrome, HTN, over weight, hyperlipidemia, dyspepsia and missed appointment since August 2006. He presented with symptoms of warmth, redness, swelling, deformity, stiffness of the joint and unable to walk, sometime with symptoms of abdominal pain, diarrhea, poor appetite, dyspnea when lying down, rash appeared on both armpits. He bought Trankal (Steroid/NSAID) and taken prn. He denied of fever, cough, chest pain, stool with blood, oliguria, hematuria, dysuria.

Objective:

VS: BP: 140/80 P: 84 R: 20 T: 37 Wt: kg (Unable to stand for weight)

PE (focused):





General: Look sick

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

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

Abd: Soft, no tender, distended, (+) BS, no HSM, incent burning scar

Skin/Extremity: Rash on the left elbow and a few on the thigh, erythema scaly skin rash, central clearing on both armpits, pruritus, no vesicle, no pus; joint swelling, stiffness, and deformity

MS/Neuro: MS +2/5 due to joint stiffness, sensory intact

Rectal: Good sphincter tone, no mass palpable, no stool, (-) colocheck

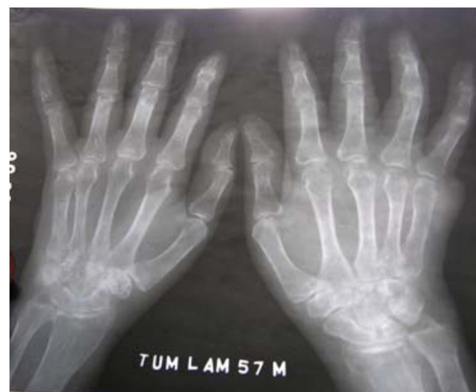
Lab/Study: UA: protein trace, Hb: 10g/dl, RBS: 173mg/dl

X-ray of the joint on Jully 2006 attached

Current Medications:

1. Trankal (Steroid/NSAID) for joint pain prn

Allergies: NKDA

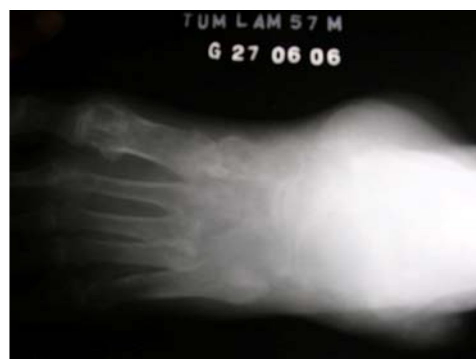


Assessment:

1. Gouty Arthritis
2. Cushing Syndrome
3. Anemia
4. Hyperlipidemia

Plan:

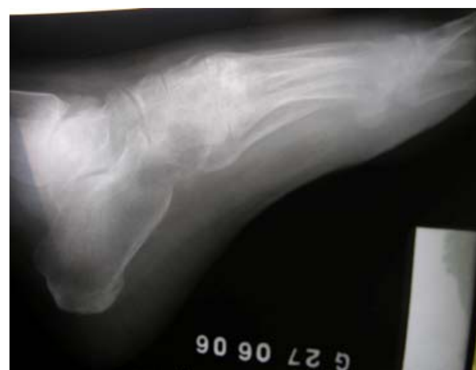
1. Diflunisal 500mg 1t po bid prn severe pain for one month
2. Paracetamol 500mg 1t po qid prn for one month
3. FeSO4/Vit C 500/105mg 1t po qd for one month



Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc, Uric Acid, LFT 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: March 14, 2007**

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

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From: Patel, Dinesh,M.D. [mailto:DGPATEL@PARTNERS.ORG]
Sent: Thursday, March 15, 2007 4:06 AM
To: Fiamma, Kathleen M.; Kvedar, Joseph Charles,M.D.; Cusick, Paul S.,M.D.
Cc: tmed_rithy@online.com.kh; tmed_rithy@bigpond.com.kh; robibtelemed@yahoo.com
Subject: RE: Robib TM Clinic March 2007 Second day, Other photos of Tum Lam, 57M

ORTHON EVALUATION
AFTER GOING THRU HISTORY AND PICURES IT SEEMS THAT PATIENT HAS ARTHRITS OF JOINTS
GOUTY ARTHRITIS SUPERIMPOSED ON DEGENARATIVE ARTHRITS
PERHAPS TREAT THE JOINTS BY BRACING, REHAB AND ANTI GOUT MEDICINE
IN FUTURE MAY EVEN NEED SURGERY TO GET THEM FUNCTIONAL
TOUGH PROBLEMS AS THE SYMPTOMS AND SIGNS ARE IN ALL JOINTS

NEED MORE MEDICAL MANAGEMENT THANKS
DINESH

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, March 15, 2007 8:00 PM
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Cases received for Robib TM Clinic March 2007

Dear Kathy,

I have received 11 cases from you. Below are the cases I havn't received:

Case# 4, Chhim Paov, 50M (Boeung Village)
Case# 11, Deng Thin, 53M (Chhnoun Village)
Case# 13, Keth Chourn, 55M (Chhnourn Village)

Thank you very much for your replies to the cases.

Best regards,
Sovann

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, March 15, 2007 8:02 PM
To: Robib Telemedicine
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: RE: Cases received for Robib TM Clinic March 2007

Hello Sovann:

I just sent #4 and #13.

I will follow up with the three doctors assigned to #11 to see when I can expect their responses.

Thank you.

Kathy Fiamma
617-726-1051

Thursday, March 15, 2007

Follow-up Report for Robib TM Clinic

There were 6 new and 8 follow-up patients seen during this month Robib TM Clinic and the other 24 patients came for medication refills only, 15 patients were seen for minor problem by PA Rithy withou sending data, and two patients missed appointment (one died). The data of all 14 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 March 2007

1. Yin Tann, 61F (Thkeng Village)
Diagnosis:

1. GERD
2. Parasititis
3. Nodular Goiter

Treatment:

1. Famotidine 10mg 2t po qhs for one month (# 60)
2. Mebendazole 100mg 5t po qhs for 1d (# 5)
3. GERD prevention education

Lab/Study: Draw blood for TSH and Free T4 at SHCH and sent to Kg Thom for Neck ultrasound
Lab Result on March 16, 2007

TSH =0.18 [0.49 - 4.67]
Free T4=11.91 [9.14 - 23.81]

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

1. Arthritis
2. Elevated BP

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for one month (# 30)

2. Do regular exercise, and eat low Na diet
3. Recheck BP in next follow up

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

Lab result on March 16, 2007

WBC	=5	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=10.7	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=4.0	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=65	[44 - 80]
MCH	=34	[25 - 35pg]	Glu	=5.3	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=242	[150 - 450x10^9/L]			
Lym	=2.3	[1.0 - 4.0x10^9/L]			
Mxd	=1.2	[0.1 - 1.0x10^9/L]			
Neut	=1.6	[1.8 - 7.5x10^9/L]			

3. Sam Saren, 46F (Rovieng Tbong Village)
Diagnosis:
1. History HTN

Treatment:
1. Stop Anti-hypertension drugs
2. Recheck BP in next follow up
3. Do regular exercise and eat on low Na diet

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

Lab result on March 16, 2007

WBC	=11	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=11.5	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=38	[35 - 47%]	BUN	=1.2	[0.8 - 3.9]
MCV	=73	[80 - 100fl]	Creat	=75	[44 - 80]
MCH	=22	[25 - 35pg]	Gluc	=4.3	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=302	[150 - 450x10^9/L]			
Lym	=3.8	[1.0 - 4.0x10^9/L]			

4. Chhim Paov, 50M (Boeung Village)
Diagnosis:
1. GOUT
2. Dyspepsia
3. HTN

Treatment:
1. Diflunisal 500mg 1t po bid prn severe pain for one month (# 20)
2. Paracetamol 500mg 1t po qid prn pain for one month (# 30)
3. Famotidine 10m g1t po qhs for one month (# 30)
4. HCTZ 50mg 1/2t po qd for one month (# 20)

Lab/Study Requests: None

5. Srey Hom, 62F (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 70)
2. Nifedipine 10mg 1/2t po bid for one month (# 35)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 20)
5. Ciprofloxacin 750mg 1t po qd for 3d (# 3)
6. Review him on diabetic diet, hypoglycemia sign and foot care

Lab/Study Requests: None

6. So SokSan, 23F (Thnal Keng Village)

Diagnosis:

1. Recurrent Nephrotic Syndrome
2. 4 months pregnancy???

Treatment:

1. Captopril 25mg 1/2t po qd for one month (# 20)
2. Furosemide 20mg 1t po bid for one month (# 60)
3. Recheck pregnancy test in next follow up

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

Lab result on March 16, 2007

Test	Result	Range	Test	Result	Range
WBC	=9	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=12.4	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=1.7	[0.8 - 3.9]
MCV	=96	[80 - 100fl]	Creat	=75	[44 - 80]
MCH	=32	[25 - 35pg]	Glu	=3.8	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	Albu	=17	[38 - 54]
Plt	=416	[150 - 450x10^9/L]	Prote	=42	[62 - 80]
Lym	=3.2	[1.0 - 4.0x10^9/L]			
Mxd	=0.5	[0.1 - 1.0x10^9/L]			
Neut	=5.9	[1.8 - 7.5x10^9/L]			

7. Pou Limthang, 42F (Thnout Malou Village)

Diagnosis:

1. Tachycardia
2. Hyperthyroidism

Treatment:

1. Propranolol 40mg 1t po bid for one month (# 62)
2. Carbimazole 5mg 1t po qd for one month (# 30)

Lab/Study Requests: Draw blood for TSH and Free T4 at SHCH

Lab Result on March 16, 2007

Test	Result	Range
TSH	=<0.02	[0.49 - 4.67]
Free T4	=69.41	[9.14 - 23.81]

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

1. Liver cirrhosis with PHTN
2. HTN
3. Severe Anemia
4. Tinea Cruris

Treatment:

1. Propranolol 40mg 1t po bid for one month (# 62)
2. Spironolactone 25mg 1t po bid for one month (# 60)
3. HCTZ 50mg 1/2t po qd for one month (#20)
4. FeSO4/Folic Acid 200/0.25mg 1t po tid for one month (# 90)
5. Vit B12 10mg IM qd for 3d
6. Fluosinolone cream 0.1% applied bid on the rash until gone (# 1)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH
Lab result on March 16, 2007

Test	Result	Reference	Test	Result	Reference
WBC	=3	[4 - 11x10^{9}/L]	Na	=146	[135 - 145]
RBC	=3.1	[3.9 - 5.5x10^{12}/L]	K	=4.5	[3.5 - 5.0]
Hb	=6.5	[12.0 - 15.0g/dL]	Cl	=120	[95 - 110]
Ht	=23	[35 - 47%]	BUN	=1.9	[0.8 - 3.9]
MCV	=72	[80 - 100fl]	Creat	=158	[44 - 80]
MCH	=20	[25 - 35pg]	Glu	=4.5	[4.2 - 6.4]
MHCH	=29	[30 - 37%]	SGOT	=33	[<30]
Plt	=171	[150 - 450x10^{9}/L]	SGPT	=21	[<30]
Lym	=0.7	[1.0 - 4.0x10^{9}/L]			
Mxd	=0.5	[0.1 - 1.0x10^{9}/L]			
Neut	=1.7	[1.8 - 7.5x10^{9}/L]			
Retic count= 0.2		[0.5 - 1.5]			
Hypochromic 2+					
Microcytic 2+					
Schistocyte 1+					
Elliptocyte 2+					

9. Chhorn Sophorn, 60M (Taing Treuk Village)
Diagnosis:

1. Arthritis
2. Right Knee frozen joint

Treatment:

1. Diflunisal 500mg 1t po bid prn severe pain for one month (# 20)
2. Paracetamol 500mg 1t po qid prn pain for one month (# 30)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH and send to Kg Thom for Knee joint x-ray

Lab result on March 16, 2007

Test	Result	Reference	Test	Result	Reference
WBC	=6	[4 - 11x10^{9}/L]	Na	=143	[135 - 145]
RBC	=5.5	[3.9 - 5.5x10^{12}/L]	K	=5.1	[3.5 - 5.0]
Hb	=12.2	[12.0 - 15.0g/dL]	Cl	=111	[95 - 110]
Ht	=42	[35 - 47%]	BUN	=3.5	[0.8 - 3.9]
MCV	=75	[80 - 100fl]	Creat	=81	[53 - 97]
MCH	=22	[25 - 35pg]	Glu	=4.7	[4.2 - 6.4]
MHCH	=29	[30 - 37%]			

Plt	=199	[150 - 450x10^9/L]
Lym	=2.1	[1.0 - 4.0x10^9/L]
Mxd	=0.5	[0.1 - 1.0x10^9/L]
Neut	=3.6	[1.8 - 7.5x10^9/L]

10. Chan Oeung, 57M (Sangke Roang Village)
Diagnosis:
1. Rheumatoid Arthritis
2. HTN
3. Tinea psoriasis

Treatment:
1. HCTZ 50mg 1/2t po qd for one month (# 20)
2. Diflunisal 500mg 1t po bid prn severe pain for one month (# 20)
3. Paracetamol 500mg 1t po qid prn pain for one month (# 30)
4. Clotrimazole cream apply bid until rash gone (# 3)
5. Do regular exercise and eat low Na diet
6. Alcohol cessation

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

Lab result on March 16, 2007

WBC	=8	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=4.6	[4.6 - 6.0x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=13.9	[14.0 - 16.0g/dL]	Cl	=110	[95 - 110]
Ht	=41	[42 - 52%]	BUN	=1.0	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=91	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=8.4	[4.2 - 6.4]
MHCH	=34	[30 - 37%]			
Plt	=181	[150 - 450x10^9/L]			
Lym	=1.7	[1.0 - 4.0x10^9/L]			

11. Deng Thin, 53M (Chhnoun Village)
Diagnosis:
1. HTN
2. URI

Treatment:
1. HCTZ 50mg 1/2t po qd for one month (# 20)
2. Claritin 5cc qd (# 1bottle)
3. Do regular exercise and eat low Na diet

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

Lab result on March 16, 2007

WBC	=8	[4 - 11x10^9/L]	Na	=145	[135 - 145]
RBC	=4.6	[4.6 - 6.0x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=12.3	[14.0 - 16.0g/dL]	Cl	=107	[95 - 110]
Ht	=40	[42 - 52%]	BUN	=3.0	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=155	[53 - 97]
MCH	=26	[25 - 35pg]	Gluc	=3.9	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=271	[150 - 450x10^9/L]			
Lym	=1.7	[1.0 - 4.0x10^9/L]			

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

1. HTN
2. Anemia

Treatment:

1. HCTZ 50mg 1t po qd for one month (# 35)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (# 30)
3. Do regular exercise and eat low Na diet

Lab/Study Requests: None

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

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (# 30)
2. Do regular exercise and eat low Na diet

Lab/Study Requests: None

14. Tum Lam, 57M (Reusey Srok Village)
Diagnosis:

1. Gouty Arthritis
2. Cushing Syndrome
3. Anemia
4. Hyperlipidemia
5. Right foot infected wound

Treatment:

1. Paracetamol 500mg 1t po qid prn for one month (# 50)
2. FeSO4/Vit C 500/105mg 1t po qd for one month (# 30)
3. Cephalexin 250mg 2t po tid for 10d (# 54)
4. Neosporine cream apply bid after cleaning wound (# 1)

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

Lab result on March 16, 2007

WBC	=8	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=3.9	[4.6 - 6.0x10^{12}/L]	K	=3.4	[3.5 - 5.0]
Hb	=11	[14.0 - 16.0g/dL]	Cl	=113	[95 - 110]
Ht	=36	[42 - 52%]	BUN	=5.2	[0.8 - 3.9]
MCV	=91	[80 - 100fl]	Creat	=191	[53 - 97]
MCH	=28	[25 - 35pg]	Gluc	=5.9	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	Uric Aci	=604	[200 - 420]
Plt	=472	[150 - 450x10^9/L]	SGOT	=62	[<33]
Lym	=1.6	[1.0 - 4.0x10^9/L]	SGPT	=51	[<40]
Mxd	=0.4	[0.1 - 1.0x10^9/L]			
Neut	=5.9	[1.8 - 7.5x10^9/L]			

Patients who came to refill medication

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

1. GERD

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (# 30)
2. GERD prevention education
3. Follow up prn

Lab/Study Requests: None

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

1. DMII
2. Anemia
3. Right Eye Blindness

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (# 90)
2. Captopril 25mg 1/4t po qd for one month (# 10)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (# 30)
5. Review patient on hypoglycemia sign and foot care

Lab/Study Requests: None

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

1. HTN
2. GERD

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (# 30)
2. GERD prevention review
3. Do regular exercise, eat low Na and fat diet

Lab/Study Requests: None

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

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (# 30)
2. Do regular exercise, eat low Na, and fat diet

Lab/Study Requests: None

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

1. Hyperthyroidism
2. Tachycardia

Treatment:

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

Lab/Study Requests: Draw blood for TSH and Free T4 at SHCH

Lab result on March 16, 2007

TSH = <0.02 [0.49 - 4.67]
Free T4 = 55.16 [9.14 - 23.81]

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

1. COPD

Treatment:

1. Albuterol Inhaler 2puffs bid for two months (# 2)

Lab/Study Requests: None

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

1. Uterus Fibroma
2. Cardiomegaly
3. Anemia

Treatment:

1. FeSO4/Folic Acid 200/0.25mg 2t po tid for one month (#180)
2. MTV 1t po bid for one month (# 60)
3. Refer to SHCH on 23 March 2007 for consultation for surgery

Lab/Study Requests: None

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

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

Treatment:

1. Atenolol 50mg ½t po bid for two months (# 60)
2. Lisinopril 20mg $^{1}/_{4}$t po qd for two months (# 15)
3. ASA 300mg 1/2t po qd for two months (# 30)
4. Do regular exercise, eat low Na, and low fat diet

Lab/Study Requests: None

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

1. Hyperthyroidism

Treatment

1. Carbimazole 5mg 1/2t po tid for two months (# 90)
2. Propranolol 40mg 1/2t po bid for two months (# 60)
3. Draw blood for Free T4 in two months

Lab/Study Requests: None

10. Tann KIn Horn, 51F (Thnout Malou Village)
Diagnosis

1. DMII

Treatment

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 1t po qhs for one month (# 30)
3. Captopril 25mg 1/4t po qd for one months (# 8)
4. Review patient about DMII diet and regular exercise

Lab/Study requested: None

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

1. GERD
2. Cachexia

Treatment:

1. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (60tab)
2. MTV 1t po qd for two months (60tab)
3. GERD prevention education

Lab test/Study requested: None

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

1. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for three months (270tab)
2. Metformin 500mg 1t po qhs for three months (90tab)
3. ASA 300mg 1/4t po qd for three months (25tab)
4. MTV 1t po qd for three months (# 100)
5. Educate patient about hypoglycemia sign

Lab/Study Requests: None

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

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

Treatment:

1. Lisinopril 20mg 1t po qd for three months (90tab)
2. HCTZ 50mg 1/2t po qd for three months (45tab)
3. ASA 300mg 1/4t po qd for three months (24tab)

Lab/Study Requests: None

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

1. Hyperthyroidism

Treatment

1. Propranolol 40mg 1t po bid for one month (60tab)

Lab/Study Requests: Draw blood for Free T4 at SHCH

Lab Result on March 16, 2007

Free T4=44.50 [9.14 - 23.81]

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

1. Epilepsy

Treatment:

1. Phenytoin 100mg 2t po qd for two months (120tab)
2. Folic Acid 5mg 1t po bid for two months (120tab)

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

1. Subclinical Hyperthyroidism
2. Nodular Goiter
3. Anemia
4. Tachycardia

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (# 18)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (30tab)
3. MTV 1t po qd for one month (30tab)

Lab/Study Requests: Draw blood for Free T4, and TSH at SHCH

Lab Result on March 16, 2007

TSH =0.21 [0.49 - 4.67]
Free T4=7.69 [9.14 - 23.81]

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

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

Treatment:

1. Nifedipine 10mg 1t po q8h for three months (270tab)
2. Atenolol 50mg 1t po q12h for three months (180tab)
3. HCTZ 50mg 1/2t po qd for three months (45tab)
4. ASA 300mg 1/4t po qd for three months (24tab)
5. MTV 1t po qd for three months (90tab)
6. Paracetamol 500mg 1t po qid prn for three months (50tab)

Lab/Study Requests: None

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

1. HTN
2. Anemia

Treatment

1. HCTZ 50mg 1/2t po qd for four months (# 60)
2. MTV 1t po qd for four months (# 75)

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

1. HTN
2. COPD

Treatment

1. Nifedipine 10mg 1t po qd for four months (# 120)
2. Albuterol Inhaler 2 puffs prn SOB for four months (# 4)
3. MTV 1t po qd for four months (#100)

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

1. HTN
2. Anxiety
3. Anemia

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (# 60)
2. Amitriptylin 25mg 1t po qhs for four months (# 120)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for four months (# 120)

Labs/Studies: None

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

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for one month(# 120)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Lisinopril 20mg 1/2t po qd for one month (# 20)
4. ASA 300mg 1/4t po qd for one month (# 8)

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

1. COPD
2. Anemia

Treatment:

1. Salbutamol 2puffs bid prn SOB for three months (# 3)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for three months (# 90)

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

1. HTN
2. DMII

3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Lisinopril 20mg 1t po qd (# 21)
4. HCTZ 50mg ½t po qd (# 10)
5. ASA 300mg ¼t po qd
6. FeSO4/Folic Acid 200/0.25mg 1t po qd
7. MTV 1t po qd
8. Review patient on hypoglycemia sign and regular exercise

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

1. HTN
2. Anemia

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (# 15)
2. MTV 1t po qd for one month (# 30)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (# 30)

Patients Seen by PA Rithy without Sending Data

1. Yim Sang, 68M (Rovieng Tbong Village)
Diagnosis:

1. Cachexia
2. Parasititis

Treatment:

1. Mebendazole 100mg chew 5t po qhs once (# 5)
2. MTV 1t po qd (# 30)

2. Rin Sarein, 27M (Ta Tong Village)
Diagnosis:

1. Muscle Pain

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (# 30)
2. Motrin 200mg 1t po tid prn pain (# 30)

3. Som Soeur, 33M (Damnak Chen Village)
Diagnosis:

1. Dysentery
2. Dyspepsia
3. Parasititis

Treatment:

1. Famotidine 10mg 1t po qhs (# 30)
2. Metronidazole 250mg 2t po tid (# 60)
3. Mebendazole 100mg 5t po qhs once (# 5)
4. MTV 1t po qd (# 30)

4. Mao Lor, 54F (Damnak Chen Village)
Diagnosis:

1. Parasititis
2. Cachexia

Treatment:

1. Mebendazole 100mg chew 5t po qhs once (# 5)
2. MV 1t po qd (# 30)

5. Khe Chantha, 27M (Taing Treuk Village)
Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

1. Famotidine 10mg 1t po qhs (# 30)
2. Mebendazole 100mg chew 5t po qhs once (# 5)
3. MTV 1t po qd (# 30)

6. Keo Neang, 30F (Doang Village)
Diagnosis:

1. Post Partum 6 months
2. Parasititis
3. Cachexia

Treatment:

1. Mebendazole 100mg 5t po qhs once (# 5)
2. MTV 1t po qd (# 30)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd (# 30)

7. Sok Him, 59M (Doang Village)
Diagnosis:

1. GERD
2. Parasititis
3. Cachexia

Treatment:

1. Famotidine 10mg 1t po qhs (# 30)
2. Mebendazole 100mg chew 5t po qhs once (# 5)
3. MTV 1t po qd (# 30)

8. Bohn Sophanna, 19F (Thnout Malou Village)
Diagnosis:

1. Eczema
2. Psoriasis

Treatment:

1. Fluconazole cream 0.025% apply bid (# 1tube)
2. Ciclopirox cream 0.77% apply bid (# 2tubes)
3. Diphenhydramin 25mg 1-2t po qhs prn (# 36)
4. Loratidine 10mg 1t po qd prn (# 23)

9. Puth Rin, 54F (Doang Village)
Diagnosis:

1. Muscle pain
2. Parasititis
3. Cachexia

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (# 50)
2. Mebendazole 100mg chew 5t po qhs once (# 5)
3. MTV 1t po qd (# 30)

10. Dourng Yonn, 44F (Taing Treuk Village)
Diagnosis:

1. Dyspepsia

2. Parasititis

Treatment:
1. Famotidine 10mg 1t po qhs (# 30)
2. Mebendazole 100mg 5t po qhs once (# 5)

11. Nhem Noeurn, 48F (Sre Thom Village)
Diagnosis:
1. Parasititis
2. Cachexia

Treatment:
1. Mebendazole 100mg chew 5t po qhs once (# 5)
2. MTV 1t po qd (# 30)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd (# 30)

12. Ourk Boeurn, 49M (Sre Thom Village)
Diagnosis:
1. Dyspepsia
2. Parasititis
3. Muscle pain

Treatment:
1. Mebendazole 100mg chew 5t po qhs once (# 5)
2. MTV 1t po qd (# 30)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd (# 30)
4. Paracetamol 500mg 1t po qid prn (# 30)

13. Khiev Roang, 27M (Thnal Keng Village)
Diagnosis:
1. Dyspepsia
2. Parasititis

Treatment:
1. Famotidine 10mg 1t po qhs (# 30)
2. Mebendazole 100mg chew 5t po qhs once (# 5)

14. Som Bunny, 50F (Thnout Malou Village)
Diagnosis:
1. Right side sciatica
2. Cachexia

Treatment:
1. MTV 1t po qd (# 30)
2. Motrin 200mg 1-2t po tid prn (# 27)
3. Paracetamol 500mg 1t po qid prn (# 50)

15. Thong Phal, 26F (Oh Village)
Diagnosis:
1. Dyspepsia
2. Parasititis

Treatment:
1. Famotidine 10mg 1t po qhs (# 30)
2. Mebendazole 100mg chew 5t po qhs once (# 5)
3. MTV 1t po qd (# 30)

Patient who missed appointment and died

1. Chan Cheab, 70M (Koh Pon Village) (missed appointment)
Diagnosis:

1. Anemia

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

1. CHF
2. Renal Insufficiency
3. Anemia

The next Robib TM Clinic will be held on April 02-06, 2007