Robib *Telemedicine* Clinic

Preah Vihear Province

N O V E M B E R 2 0 0 6

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

On Monday, October 30, 2006, SHCH staff, P.A. Chau Rithy and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), October 31 & November 01, 2006, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new cases and 11 follow-up patients, and other 31 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, November 01 & 02, 2006.

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

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

Date: Sun, 22 Oct 2006 19:13:18 -0700 (PDT)
From: Robib Telemedicine
Subject: Robib TM Schedule for November 2006
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Gary Jacques; Cornelia Haener; Kruy Lim; Kim Meng Tan; Brian Hammond
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev

Dear all,

I would like to inform you that the trip for Robib Telemedicine clinic will be starting on October 30, 2006 and coming back on November 03, 2006.

The agenda of the trip is as following:

1. On Monday October 30 2006, driver and I will start the trip from Phnom Penh to Rovieng, Phrea Vihea
2. On Tuesday October 31 2006, the clinic open to see patients for the whole morning and type patients' data in afternoon then send to both partners in Boston and Phnom Penh
3. On Wednesday November 01 2006, we do the same on Tuesday and also download answers replied from both partners
4. On Thursday November 02 2006, we download all answer replied from both partners then make treatment plan accordingly; prepare medications for patients in afternoon
5. On Friday November 03 2006, we draw blood from patients for lab test at SHCH then come back to Phnom Penh

Thank you very much for your cooperation in this project.

Best Regards,
Sovann

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 31, 2006 8:52 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Kruy Lim; Brian Hammond; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006, Case#1 Say Soeun, 67F (Rovieng Cheung Village)

Dear all,

Today PA Rithy and I are at Rovieng for Robib TM November 2006. Today we have three new cases and four follow up cases. This is case number one, Say Soeun, 67F and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Say Soeun, 67F (Rovieng Cheung Village)

Chief Complaint (CC): Dizziness and HA for 4mo

History of Present Illness (HPI): 67F, farmer, came here complaining of dizziness and HA for 4mo. The first she presented with symptoms of dizziness, fatigue, diaphoresis, HA, blurred vision so she went to local clinic and was told she was HTN and given HTN drug (unknown name) for 1d. The symptoms happened more often but she didn't find any medical care and came to us for help. She denied of fever, cough, dyspnea, chest pain, palpitation, GI complaint, nausea, vomiting, oliguria, polyuria, hematuria, dysuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No EtOH, no smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): 24y post menopause

PE:

Vitals: BP: R 200/86, L 180/78 P: 90 R: 20 T: 36.5^{o}C Wt: 45Kg

General: Look sick

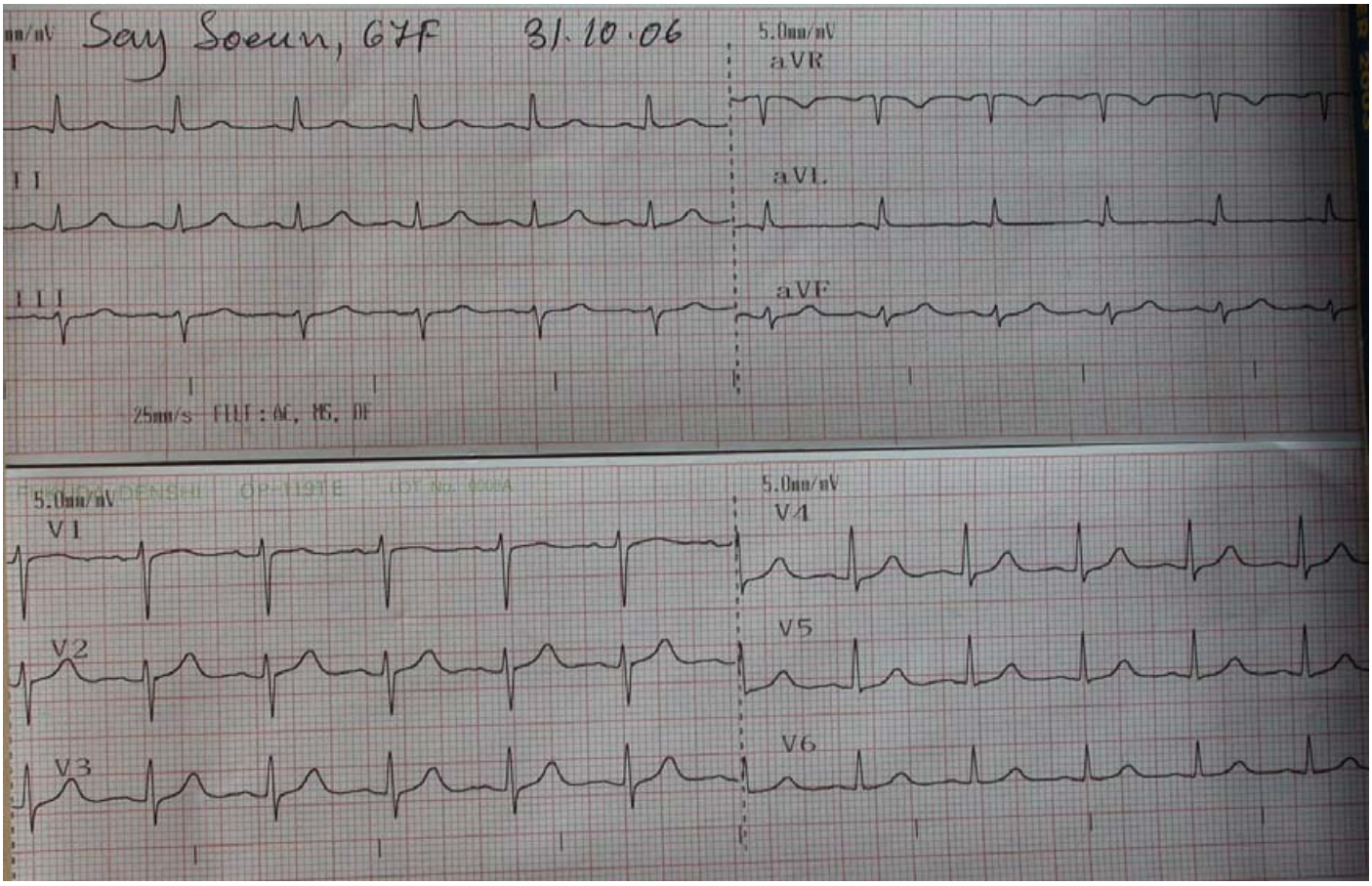
HEENT: No oropharyngeal lesion, slightly pale conjunctiva, no mass, no lymph node, no thyroid enlargement, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, opening snap

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

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

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



Lab/Study: FBS = 452mg/dl, Hb 11g/dl; UA: gluco 4+, protein trace
EKG attached

Assessment:

1. Sever HTN
2. DMII
3. VHD?
4. Anemia

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Metformin 500mg 1t po bid for one month
3. Lisinopril 20mg 1/2t po qd for one month
4. ASA 300mg 1/4t po qd for one month
5. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
6. MTV 1t po qd for one month

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, TG, Tot Chole, HbA1c at SHCH

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

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

Examined by: Nurse Peng Sovann Date: October 31, 2006

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

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Wednesday, November 01, 2006 5:43 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic November 2006, Case#1 Say Soeun, 67F (Rovieng Cheung Village)

Dear Peng,

Thanks again for this consult. We agree with your assessment that this patient presented to your clinic with malignant hypertension and diabetes mellitus type II. In regards to this patient's DM, we agree with your management and also initiation of a low sugar diet. She should be monitored frequently and fasting blood glucose should be checked and below 125. If her blood sugar does not respond to this treatment, she will most likely need to progress to therapy with insulin. We agree with the lipid panel you ordered seeing as diabetes is a strong cardiac risk factor. Her Hgb A1C should be checked every 3 months and her LDL should be kept under 100.

Her blood pressure was very high at this visit, and we fear that the dose of anti-hypertensive may be too low to make her normotensive. Obviously, the patient is symptomatic with the headaches and dizziness. We recommend no less than weekly blood pressure checks with a goal of 120/80. Lisinopril may be initiated at 20 mg QD, and another agent that may be useful is Atenolol 50-100 mg QD if her heart rate tolerates this medication. Her EKG was actually not impressive for long-standing hypertension and there's no evidence of previous cardiac insults. Initiation of ASA is an excellent idea. It may be a good idea to repeat the cardiac exam once her blood pressure is normalized in order to better assess for extra heart sounds. She should defnitely be advised to limit sodium intake.

In terms of your suspicion of anemia, we agree with CBC and Iron studies. A work-up in the event of anemia can then be initiated.

Thank you very much,

Marisa Gonzalez, HMS IV
Olga Smulders-Meyer, MD

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, November 01, 2006 9:20 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Brian Hammond; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006, Case#1 Say Soeun, 67F (Rovieng Cheung Village)

Dear Rithy and Sovann,

I WOULD ADD HCTZ 12.5MG QD WITH LISINOPRILE AS THE BP IS QUIET HIGHT AND FACIAL PUFFY AS WELL,

THE REMAINING, I AGREE WITH YOU.

THANKS
KRUY

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 31, 2006 9:01 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Kruy Lim; Brian Hammond; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006, Case#2 Sao Yim, 43F (Taing Treuk Village)

Dear all,

This is case number two, Sao Yim, 43F and photo.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Sao Yim, 43F (Taing Treuk Village)

Chief Complaint (CC): RUQ pain for 1y

History of Present Illness (HPI): 43F, farmer, came here complaining of RUQ pain for 1y. In last year she presented with symptoms of stabbing pain on RUQ, radiated to retrosteranl and right scapula, right arm with numbness and tingling sensation, chest discomfort, fatigue, so she went to a clinic in province, was told she have hepatitis and was treated with a few medication (unknown name) for 2d. She felt better but usually happened in every one or two months and went to local clinic, got few medicine for abdominal pain. In Theses two months, she also presented with symptoms of palpitation, fatigue, HA, insomnia, tremor. She denied of cough, sore throat, dysphasia, nausea, vomiting, oliguria, dysuria, hematuria, stool with mucus or blood, edema.

Past Medical History (PMH): Remote malaria

Family History: None

Social History: No EtOH, no smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular period

PE:

Vitals: BP: 108/70 P: 86 R: 20 T: 37^{o}C Wt: 45Kg

General: Look stable

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

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

Abd: soft, no tender, no distension, (+) BS, no HSM, incent burning 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. Parasititis
2. Thyroid dysfunction

Plan:

1. Albendazole 200mg 1t po bid for 3d

Lab/Study Requests: Draw blood for TSH at SHCH and send to Kg Thom for abd 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: October 31, 2006

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, November 01, 2006 3:53 AM
To: Robib Telemedicine; Rith Chau
Subject: FW: Robib TM Clinic November 2006, Case#2 Sao Yim, 43F (Taing Treuk Village)

There is no basis to suspect worm infestation of thyroid dysfunction. The history of recurrent pain in the distribution as described is most consistent with recurrent gallstone colic. Hepatitis does not present with recurrent pain. Recurrent gallstone colic may be associated with cholecystitis as well. If a stone passes down the common duct she may be transiently jaundiced with abdominal pain and that could be mistaken for hepatitis or pancreatitis. I would check CBC to exclude infection, liver tests, amylase and lipase to exclude a common duct stone with pancreatitis and obstructive jaundice. Ultrasound of the liver and gallbladder will confirm the diagnosis. The definitive treatment is cholecystectomy. In the meantime, acute attacks could be treated with avoidance of food, especially fatty foods, and appropriate analgesics like oxycodone.

Heng Soon Tan, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 31, 2006 9:12 PM
To: Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Kruy Lim; Brian Hammond; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006, Case#3 So Chourn 50M (Thnout Malou Village)

Dear all,

This is case number three, So Chourn, 50M and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

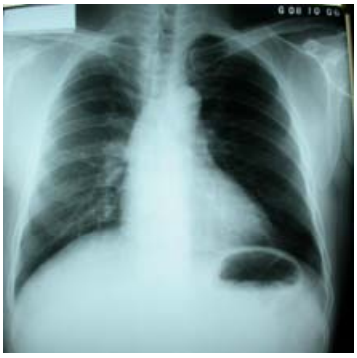
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: So Chourn, 50M (Thnout Malou Village)

Chief Complaint (CC): Epigastric pain for 2mo

History of Present Illness (HPI): 50M, farmer, came here complaining of epigastric pain for 2mo. In these two months, he presented with symptoms of epigatric pain, burning sensation, not specific time but usually at night, stool with mucus but no blood; sometime pain on upper abdomen so he bought some medicines from pharmacy for abdominal pain taken prn but not better. So he went to us in last month but we don't have time to see him so we sent him to Kg Thom for CXR and Abd U/S and come to us this month. He denied of nausea, vomiting, HA, dizziness, cough, dyspnea, chest pain, palpitation, oliguria, dysuria, hematuria, edema.

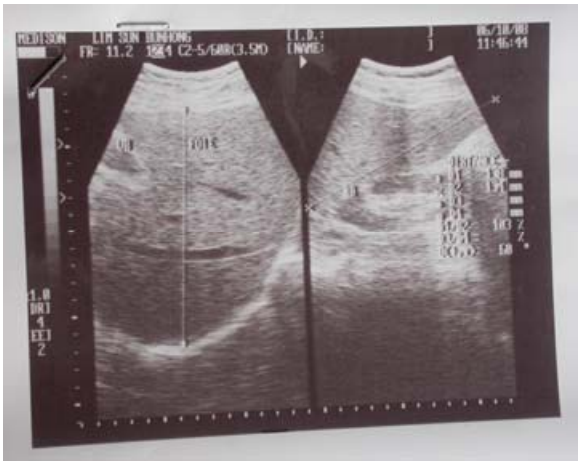


Past Medical History (PMH): HBs (+) but don't know antigen or antibody

Family History: None

Social History: Drink alcohol casually, smoking 10cig/d over 20y, both stopped for 1y

Current Medications: Unknown name medicine for pain



Allergies: NKDA

Review of Systems (ROS): unremarkable

PE:

Vitals: BP: 124/70 P: 86 R: 18
T: 37°C Wt: 60Kg

General: Look stable, obesity

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

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

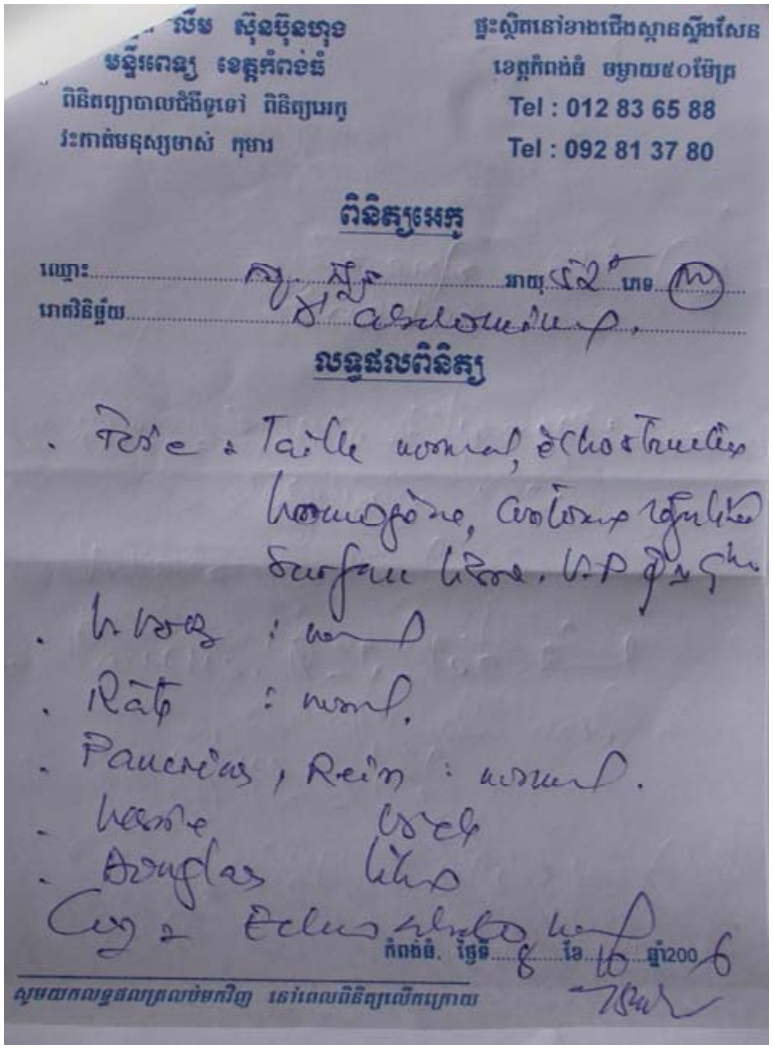
Abd: soft, no tender, no distension, (+) BS, no HSM

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

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

Rectal Exam: good sphincter tone, smooth muscle, no mass, (-) colocheck

Lab/Study:
On October 8, 2006
Serologie H. pyloric positif
Abd U/S Conclusion normal; CXR attached



Assessment:

1. Colitis H. Pyloric
2. Dyspepsia
3. Parasititis
4. HBs (+)??
5. Obesity

Plan:

1. Amoxillin 500mg 1t po bid for two weeks
2. Metronidazole 250mg 2t po bid for two weeks
3. Omeprazole 20mg 1t po bid for two weeks
4. Cimetidine 400mg 1t po qhs for one month
5. Albendazole 200mg 1t po bid for 3d
6. Regular exercise

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: October 31, 2006**

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

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Wednesday, November 01, 2006 5:22 AM

To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic November 2006, Case#3 So Chourn 50M (Thnout Malou Village)

Dear Peng,

Thank you for your consult. We agree with your assessment that this patient suffers from dyspepsia caused by H. pylori gastritis. We agree with the medications that you prescribed, but would increase the Amox to 2 tablets 500 mg BID for two weeks. During this time, it's advisable to hold the cimetidine as this medication should not be used at the same time as the proton pump inhibitor (prilosec). Once antibiotic therapy is complete, he can be maintained on cimetidine for several months. Lifestyle modification to improve gastritis symptoms include cessation of alcohol intake as well as caffeine and acidic and spicy foods. If in several months, symptoms were to recur, we would recommend possible upper endoscopy to assess for ulcer or malignancy given patient's age.

Thank you very much,

Marisa Gonzalez, HMS IV
Olga Smulders-Meyer, MD

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, November 01, 2006 9:33 AM
To: Robib Telemedicine; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Brian Hammond; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006, Case#3 So Chourn 50M (Thnout Malou Village)

DEAR RITHY AND SOVANN,

I WOULD CHECK HEMOGLOBINE, IF ABNORMAL MAY NEED COMPLETE BLOOD WORK, AND EKG AS WELL.

REGARDS
KRUY

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 31, 2006 9:20 PM
To: Paul J. M.D. Heinzelmann; Kim Meng Tan; Kruy Lim; Joseph Kvedar; Kathy Fiamma; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006, Case#4 Prum Pri, 52M (Rovieng Cheung Village)

Dear all,

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

Best Regards,
Sovann/Rithy

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 and UTI. He is stable with symptoms of normal appetite, normal bowel movement, HA on/off. He denied of dizziness, fatigue, diaphoresis, dyspnea, cough, fever, chest pain, palpitation, GI complaint, oliguria, dysuria, hematuria, edema, stool with mucus or blood.

Objective:

VS: BP: 158/90 (both) P: 76 R: 20 T: 37 Wt: 44kg

PE (focused):

General: Look stable

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

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

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

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

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

Labs/Studies: UA: protein 4+, Blood 2+

Current Medications:

1. Captopril 25mg 1t po bid
2. Furosemide 20mg 1t po bid
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

Plan:

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

4. MTV 1t po qd for one month

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

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

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

Examined by: Nurse Peng Sovann **Date: October 31, 2006**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, November 01, 2006 9:30 AM
To: Robib Telemedicine; Paul J. M.D. Heinzelmann; Kim Meng Tan; Joseph Kvedar; Kathy Fiamma; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006, Case#4 Prum Pri, 52M (Rovieng Cheung Village)

YES, I AGREE

KRUY

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 31, 2006 9:35 PM
To: Paul J. M.D. Heinzelmann; Kim Meng Tan; Kruy Lim; Joseph Kvedar; Kathy Fiamma; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006, Case#5 Ros Oeun, 50F (Thnout Malou Village)

Dear all,

This is case number five, Ros Oeun, 50F and photo.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: Ros Oeun, 50F (Thnout Malou Village)

Subjective: 50F came to follow up of HTN and DMII. She is stable with normal appetite, normal bowel movement, but dizziness and HA for sometime. She denied of cough, dyspnea, fever, chest pain, palpitation, GI complaint, polyuria, oliguria, dysuria, hematuria, stool with mucus or blood, and edema.

Objective:

VS: BP: 130/68 P: 87 R: 18 T: 37 Wt: 50kg

PE (focused):

General: Look stable

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

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

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

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

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

Labs/Studies: FBS = 223mg/dl, UA normal

Current Medications:

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

Allergies: NKDA

Assessment:

1. HTN
2. DMII

Plan:

1. Metformin 500mg 2t po bid for one month
2. Glibenclamide 5mg 2t po bid for one month
3. Captopril 25mg ½ t po bid for one month
4. ASA 300mg ¼ t po qd for one month

5. Do regular exercise and educate on hypoglycemia sign

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

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

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

Examined by: Nurse Peng Sovann **Date: October 31, 2006**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, November 01, 2006 3:58 AM
To: Robib Telemedicine; Rith Chau
Subject: FW: Robib TM Clinic November 2006, Case#5 Ros Oeun, 50F (Thnout Malou Village)

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Tuesday, October 31, 2006 3:57 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic November 2006, Case#5 Ros Oeun, 50F (Thnout Malou Village)

That sounds like a good plan. What are your options if the diabetes don't respond to max doses of glibenclamide and metformin?
Do you have access to rosiglitazone? How practical is it to administer insulin at night?
Heng Soon Tan, MD

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, November 01, 2006 9:28 AM
To: Robib Telemedicine; Paul J. M.D. Heinzelmann; Kim Meng Tan; Joseph Kvedar; Kathy Fiamma; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006, Case#5 Ros Oeun, 50F (Thnout Malou Village)

YES, I AM AGREE

KRUY

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 31, 2006 9:41 PM
To: Rithy Chau; Kim Meng Tan; Kruy Lim; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006, Case#6, Srey Hom, 60F (Taing Treuk Village)

Dear all,

This is case number six, Srey Hom, 60F and photo.

Best Regards,
Sovann/Rithy

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, 60F (Taing Treuk Village)

Subjective: 60F came to follow up of HTN, DMII, with PNP, Renal insufficiency, UTI, GERD. She is better than before with symptoms of normal appetite, normal bowel movement, but felt dizziness and fatigue on/off. She denied of HA, diaphoresis, chest pain, palpitation, dyspnea, cough, fever, nausea, vomiting, oliguria, dysuria, hematuria, edema.

Objective:

VS: BP: 130/70 P: 71 R: 20 T: 37 Wt: 54kg

PE (focused):

General: Look stable

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

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

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

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

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

Labs/Studies: RBS = 256mg/dl, UA: protein 3+

Current Medications:

1. Glibenclamide 5mg 11/2t po bid
2. Captopril 25mg ½ t po bid
3. ASA 300mg 1/4t po qd
4. Amitriptyline 25mg 1t po qhs

Allergies: NKDA

Assessment:

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

Plan:

1. Glibenclamide 5mg 11/2t po bid for one month
2. Metformin 500mg 1t po qhs for one month
3. Captopril 25mg 1/2t po bid for one month

4. ASA 300mg 1/4t po qd for one month
5. Amitriptyline 25mg 1t po qhs for one month
6. Review him on diabetic diet, hypoglycemia sign and foot care

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

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

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

Examined by: Nurse Peng Sovann **Date: October 31, 2006**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, November 01, 2006 9:27 AM
To: Robib Telemedicine; Rithy Chau; Kim Meng Tan; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006, Case#6, Srey Hom, 60F (Taing Treuk Village)

DEAR RITHY AND SOVANN,

I WOULD CHECK HBA1C AS WELL.

REGARDS
KRUY

No Answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 31, 2006 9:50 PM
To: Paul J. M.D. Heinzelmann; Kim Meng Tan; Kruy Lim; Joseph Kvedar; Kathy Fiamma; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006, Case#7 Tith Hun, 54F (Ta Tong Village)

Dear all,

This is last case, Tith Hun, 54F and photo for today. Please wait for other cases tomorrow. Thank you very much for your support and cooperation in this project.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

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

SOAP Note

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

Subjective: 54F came to follow up of HTN. She is stable with normal appetite, normal bowel movement, dizziness on/off. She denied of HA, diaphoresis, cough, dyspnea, fever, chest pain, palpitation, GI complaint, oliguria, dysuria, hematuria, stool with mucus or blood, and edema.

Objective:

VS: BP: 140/84 P: 52 R: 20 T: 37 Wt: 41kg

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 Bradycardia, RR, no murmur

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

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

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

Labs/Studies: Hb = 9mg/dl

Current Medications:

1. Propranolol 40mg 1t po bid
2. HCTZ 50mg 1t po qd

Allergies: NKDA

Assessment:

1. HTN
2. Bradycardia
3. Anemia

Plan:

1. Stop Propranolol
2. Lisinopril 20mg 1/4t po qd for one month
3. HCTZ 50mg 1t po qd for one month
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
5. MTV 1t 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: October 31, 2006**

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

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
-----Original Message-----
From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Wednesday, November 01, 2006 3:29 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic November 2006, Case#7 Tith Hun, 54F (Ta Tong Village)

Dear Sovann and Rithy,

I agree with your assessment that her dizziness may be from anemia &/or symptomatic bradycardia. (Note that abruptly stopping a beta blocker can result in a rebound tachycardia/HTN however.) If possible, have her taper atenolol over 1-2 weeks and recheck her BP at the health center later in the week.

Best wishes,
Paul Heinzelmann, MD
Partners Telemedicine
Boston, MA 02114

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, November 01, 2006 9:25 AM
To: Robib Telemedicine; Paul J. M.D. Heinzelmann; Kim Meng Tan; Joseph Kvedar; Kathy Fiamma; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006, Case#7 Tith Hun, 54F (Ta Tong Village)

DEAR RITHY AND SOVANN,

I WOULD WORK UP FOR HIS ANEMIA BY REQUESTION CBC/RETIC/PERIPHERAL SMEAR AND CHOLOCHECK AS WELL.

DID HE HAVE RENAL FUNCTION BEFORE? I MAY NEED TO REPEAT IT.

REGARDS
KRUY

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 9:22 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 8 Chan Cheab, 70M (Koh Pon Village)

Dear all,

Today is the second day for Robib TM November 2006. We have 4 new cases and 7 follow up casee. This is case number eigh, Chan Cheab, 70M and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

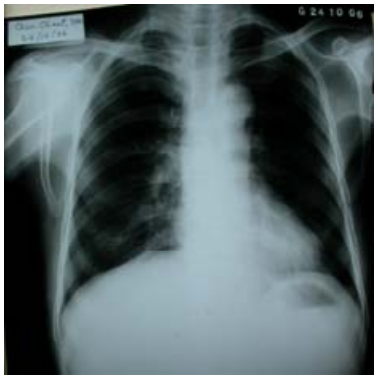
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Chan Cheab, 70M (Koh Pon Village)

Chief Complaint (CC): RUQ pain for 1y

History of Present Illness (HPI): 70M, farmer, came here complaining of RUQ pain for 1y. First he presented with symptoms of RUQ pain, sharp sensation, radiating to right groin, right flank, right scapula, and retrosternal, with symptoms of fever, fatigue, dizziness, nausea, vomiting so he went to provincial hospital and was treated there for a few days. Since then the pain usually happened and he took pain killer. it got better. But in These 10d, the pain got worse with symptoms of nausea, vomiting, fever, fatigue, dizziness, he went to Kg Thom for abd U/S and CXR and came back to home and was treated at local clinic. He feel better but not cure so he came to us today. He denied of stool with mucus or blood, oliguria, hematuria, dysuria, edema.



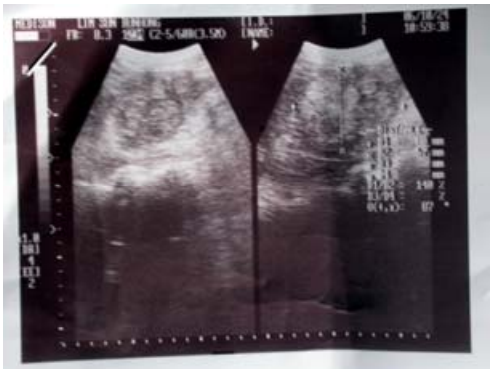
Past Medical History (PMH): Unremarkable

Family History: None

Social History: Drink alcohol 1/2L/d over 20y, smoking 5cig/d over 20y (stopped both)

Current Medications: unknown name medicine

Allergies: NKDA



Review of Systems (ROS): unremarkable

PE:

Vitals: BP: 110/60 P: 76 R: 20 T: 37^{o}C Wt: 43Kg

General: Look sick

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

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

Abd: soft, no distension, no spider nevi, (+) BS, slight tender on RUQ, no mass palpable, hepatomegaly 14cm, no splenomegaly, (-) chvostek sign, (-) rebound tenderness

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

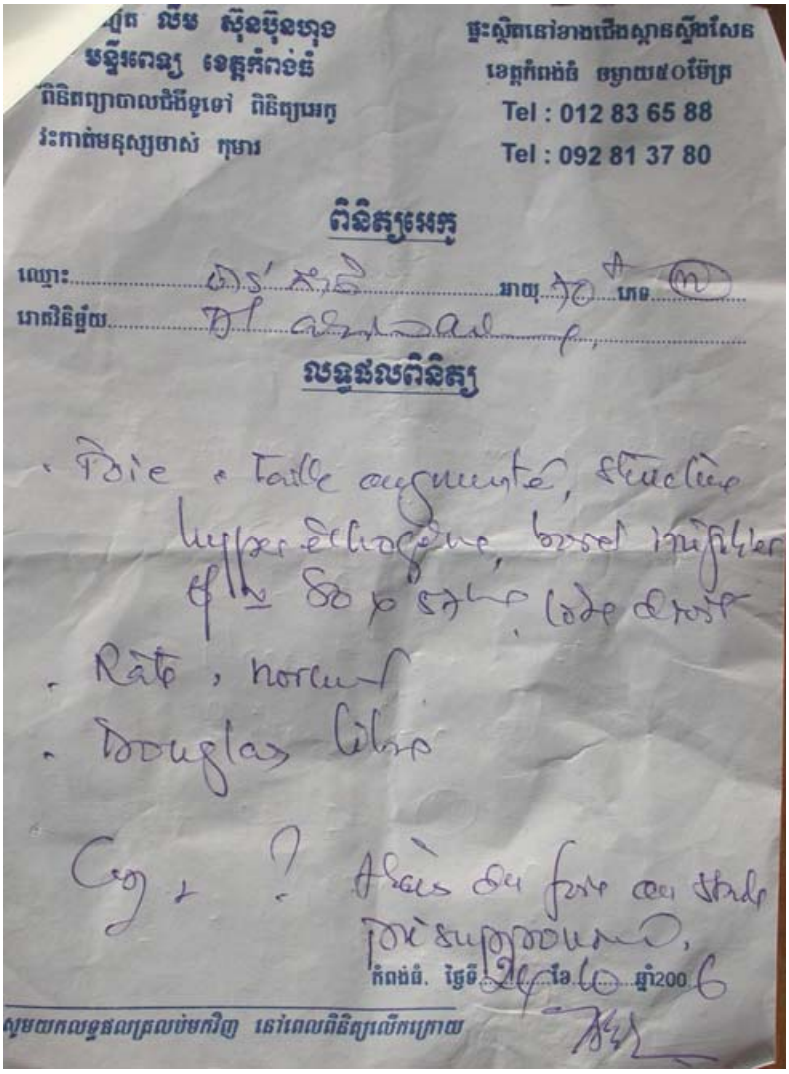
Rectal: good sphincter tone, no mass palpable, (-) colocheck

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

Lab/Study: Hb=9m/dl, UA: protein 1+, blood trace

Abd U/S conclusion: ?Liver abscess

CXR attached



Assessment:

1. Liver Abscess?
2. Anemia

Plan:

1. Diflunisal 500mg 1t po bid for one month prn severe pain
2. Paracetamol 500mg 1t po qid prn pain for one month
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
4. MTV 1t po bid for one month

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, LFT, HepB, HepC 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: November 1, 2006**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, November 02, 2006 8:35 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006 Second Day, Case# 8 Chan Cheab, 70M (Koh Pon Village)

Dear Rithy and Sovann,

It is not convince that this patient had liver abscess.

I am agree with your plan, he may need another ultrasound in phnom penh.

Thanks
kruy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 9:47 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 9 Prum Rim, 44F (Pal Hal Village)

Dear all,

This is case number nine, Prum Rim, 44F and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

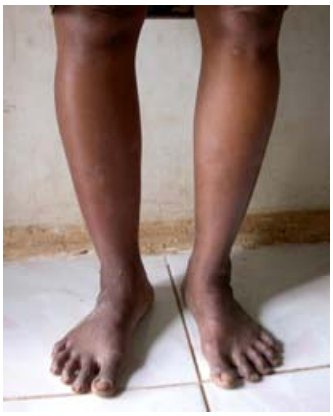
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Prum Rim, 44F (Pal Hal Village)

Chief Complaint (CC): Subra pubic pain for 4y

History of Present Illness (HPI): 44F, farmer, came here complaining of subrapubic pain for 4y. She presented with symptoms of subrapubic pain, burning and dull sensation, radiate to the lower back and both legs with numbness and tingling. The pain usually present about 5-7d before menstrual period and continue until the period finished. The period came with moderate amount of dark blood sometime with clots and finished about 10d. She also presented the symptoms of vaginal discharge, white color, fishy smell, fever, fatigue, dizziness, both legs weakness, poor appetite so she was brought to Kg Thom hospital and was treated there for a few days and transfused with a unit of blood and because she don't have money for paying everything, she was brought home. the pain presented every months and she took pain killer prn and didn't seek other care because she doesn't have money. Now she still present with subrapubic pain, much amount of menstrual period, vaginal discharge, fever, poor appetite, fatigue, dizziness and came to us today for help. She denied of cough, chest pain, dyspnea, palpitation, oliguria, hematuria, stood with blood.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: no alcohol drinking, no smoking

Current Medications: unknown name medicine for pain prn

Allergies: NKDA

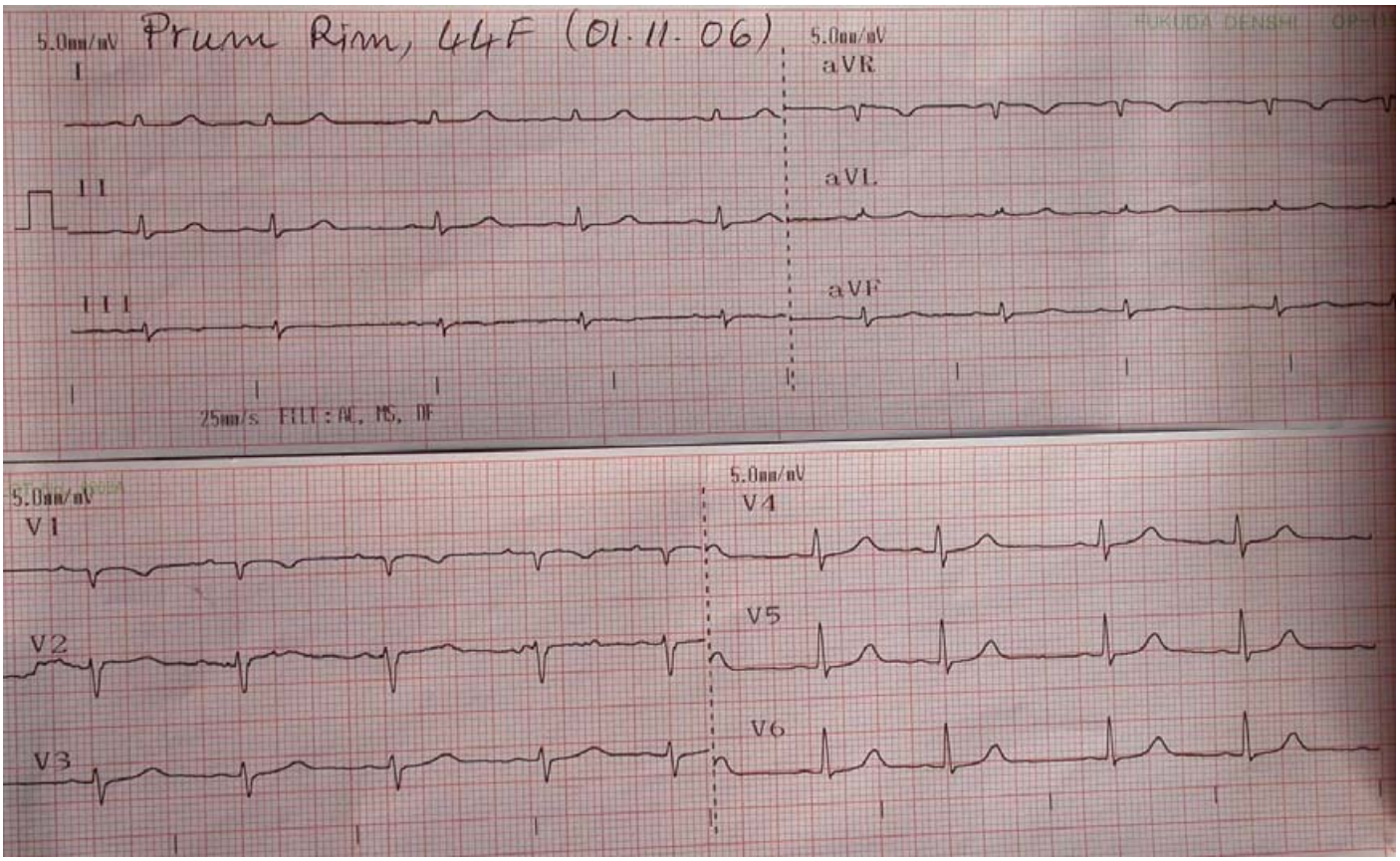
Review of Systems (ROS): unremarkable

PE:

Vitals: BP: 100/64 P: 86 R: 20 T: 38.5^{o}C Wt: 49Kg

General: Look sick

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



Chest: CTA bilaterally, no rales, no rhonchi; H RRR, crescendo systolic murmur loudest at pulmonic area

Abd: soft, no distension, no spider nevi, (+) BS, tender on lower abdomen, no mass palpable, no HSM, (-) chvostek sign, (-) rebound tenderness

Extremity/Skin: 1-2 + pitting edema, no rash, no lesion, no jaundice

Rectal: good sphincter tone, no mass palpable, strong (+) colocheck

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

Lab/Study: Hb=9m/dl, UA normal; EKG attachedd

Assessment:

1. H Pyloric Colitis
2. VHD??
3. Anemia

Plan:

1. Amoxicillin 500mg 1t 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 bid for one month

5. MTV 1t po bid for one month

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, LFT, HepB, HepC at SHCH and Abd U/S, CXR at Kg Thom

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: November 1, 2006

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, November 02, 2006 8:13 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006 Second Day, Case# 9 Prum Rim, 44F (Pal Hal Village)

Dear Rithy and Sovann,

please do pelvic exam for this patient, i am concern PID, also as the history of sexual intercourse as well. If really inflam please treat for PID. Along with H piloric eradiction , you can add Doxycicline only for this PID treament.

I would check TSH as well fro rule out hypothyroid.

Please request Reticulocyte and peripheral smear.

Thanks

Kruy

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Saturday, November 04, 2006 3:41 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM Clinic November 2006 Second Day, Case# 9 Prum Rim, 44F (Pal Hal Village)

Telemedicine Consultation
November 3, 2006

Name: Prum Rim
Location: Pal Hal Village, Cambodia

Summary of Case:

Prum Rim is a 44-year-old woman who complains of suprapubic pain. This pain has been present for 4 years. The pain is associated with her periods. The periods last 10 days and include clots and a moderate amount of dark blood.

Her other symptoms include fever, fatigue, dizziness, poor appetite, and vaginal discharge with fishy smell.

She received a unit of blood. Her examination was significant for fever to 38.5, tachypnea to 20, and a crescendo systolic murmur. She had 1-2 plus pitting edema and a positive “colocheck”.

Nurse Peng Sovann plans to treat with Amoxicillin, Metronidazole, Omeprazole, iron, and multivitamins.

Comments
I agree with nurse Peng Sovann’s preliminary treatment plan. I would like to think through the various problems that Prum Rim has and then offer several other suggestions.

Prum Rim has fatigue, anemia. Her physical examination supports a diagnosis of anemia. Her murmur could be secondary to a low blood count. Her lower extremity edema could also be due to anemia.

The cause of the anemia needs to be established. The possible etiology of anemia includes the following:

1. Poor nutrition. She may not be eating foods containing iron, folate, B vitamins. Additionally, her lower extremity edema could be due to protein malnutrition.
2. Blood loss from the gastrointestinal system. I assume “colocheck” is a test for blood in the stool. If so, she has loss from her bowels. If she has acquired an intestinal parasite, she may have bleeding from that. Other possibilities include gastritis, gastric or duodenal ulcer, and malignancies of the large intestine.
3. Blood loss from the female genital tract. Prum Rim has heavy menstrual bleeding and pain associated with her menstrual cycles. Heavy uterine bleeding can be due to growths inside the uterus such as polyps or fibroids. Bleeding can be due to a malignancy on the cervix or inside the uterus. Bleeding can also be secondary to a hormonal imbalance, which is called dysfunctional uterine bleeding “DUB”.
4. Anemia could be due to blood disease that cause hemolysis such as malaria. Some herbs and medicines can cause a hemolytic anemia
5. Finally, her heart murmur may not be a flow murmur of anemia. It could be that Prum Rim had rheumatic heart disease as a child. She may have a component of heart failure, which then leads to fatigue and lower extremity edema. That may be the explanation of her tachypnea. She may have a secondary hemolytic anemia from the shearing effect of abnormal heart valves.

Suggestions:
1. Iron and multivitamin supplementation as you are doing. Also check a serum albumin level to assess for protein malnutrition.
2. You are empirically treating her for H Pylori or possible gastritis and ulcer disease. You could also check for intestinal parasites.
3. It is crucial that Prum Rim have a female examination. Cervical cancer is extremely common. It is important to carefully look at the vulva, vagina, and cervix to see if there are any visible lesions. A bimanual examination and recto-vaginal examination will evaluate for an enlarged uterus, ovarian masses, or larger cervical cancers that have spread into the lateral pelvic tissues.
4. A blood smear will help evaluate the possibility of hemolysis. Blood cell indices will help guide if this is a microcytic (iron deficient) or macrocytic (B12 and folate deficient) anemia.

5. A chest x-ray may be helpful to assess the size of the heart. This x-ray may confirm heart failure.

Respectfully,

Annekathryn Goodman, M.D.
Associate Professor Obstetrics, Gynecology, Reproductive Biology
Harvard Medical School
Massachusetts General Hospital

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 9:33 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 10 Uth Sok Hai, 20F (Bak Kdong Village)

Dear all,

This is case number ten, Uth Sok Hai, 20F and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

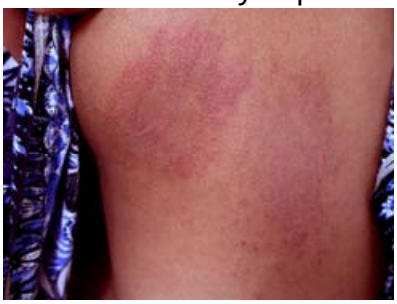
Rovieng Commune, Preah Vihear Province, Cambodia

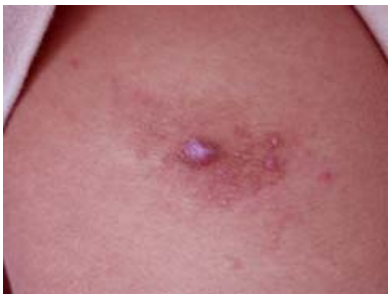
History and Physical

Name/Age/Sex/Village: **Uth Sok Hai, 20F (Bak Kdong Village)**

Chief Complaint (CC): Skin rash for 1y

History of Present Illness (HPI): 20F, teacher, came here complaining of skin rash for 1y. Last year insect bitted her on right flank so that spot became erythema and pruritus. She scratched on it and about 10d later the rash appeared around that spot so she applied ointment on that (unknown name) but not cure. In the last two months, she went to have a bath in water fall and three days later she noticed itchy rash on the thigh so she scratched on that, then it became bigger and bigger. So she applied on it with ointment medicine and traditional herbal medicine but the rash still appeared. She came to us for help. She denied of any expose.





Past Medical History (PMH): Dyspepsia 2y prn Antacid

Family History: None

Social History: Drink alcohol casually, no smoking

Current Medications: Traditional herbal medication, unknown name ointment apply and po drugs

Allergies: NKDA

Review of Systems (ROS): unremarkable

PE:

Vitals: BP: 100/64 P: 80 R: 20 T: 37^{o}C
Wt: 45Kg

General: Look stable

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

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

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

Extremity/Skin: No legs edema; on right flank, keloid in middle, rash papular, hyper pigmented, no clear border around, pruritus, no vesicle, no pus; on right buttock, the rash, maculo-

papular, no scaly skin, no vesicle, no pustule, no clear border, no central clearing, scratchy mark, pruritus

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

Lab/Study: None

Assessment:

1. Eczema
2. Zoonotic infection

Plan:

1. Alergra 180mg 1t po qAM for one month
2. Dyphendramin 25mg 1-2t po qhs for one month
3. Fluocinolone 0.025% apply bid until the rash gone
4. Doxycyclin 100mg 1t po bid for 14d

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: November 1, 2006**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, November 02, 2006 3:56 AM
To: Robib Telemedicine; Rith Chau
Subject: FW: Robib TM Clinic November 2006 Second Day, Case# 10 Uth Sok Hai, 20F (Bak Kdong Village)
-----Original Message-----
From: Kvedar, Joseph Charles,M.D.
Sent: Wednesday, November 01, 2006 3:47 PM
To: Fiamma, Kathleen M.
Subject: Re: Robib TM Clinic November 2006 Second Day, Case# 10 Uth Sok Hai, 20F (Bak Kdong Village)

It looks much more like a contact eczema reaction than a zoonotic infection to me. Thus I agree completely with the management, but probably would not choose to use doxycycline here in the US. If there is an endemic infection in Cambodia that presents this way and responds to doxy, then it is a low risk medication to add. I defer to your judgment on this.
--
Joseph C. Kvedar, MD
Director, Telemedicine
Partners HealthCare System, Inc.
Vice Chair, Dermatology
Harvard Medical School

Two Longfellow Place, Suite 216
Boston, MA 02114

voice: 617-726-4447
fax: 617-228-4609

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, November 02, 2006 8:26 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006 Second Day, Case# 10 Uth Sok Hai, 20F (Bak Kdong Village)

Dear Rithy and Sovann,

One question, you give doxycicline for Acne or other disease?

Thanks
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 9:40 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 11 Lay Lai, 28F (Taing Treuk Village)

Dear all,

This is case number eleven, Lay Lai, 28F and photo.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Lay Lai, 28F (Taing Treuk Village)

Chief Complaint (CC): Palpitation for 3y

History of Present Illness (HPI): 28F, farmer, came here complaining of palpitation for 3y. In last three years, after she gave birth for 20d she got syncope without symptoms of dizziness, fatigue, diaphoresis Then the local healer got the BP is over 200 and was given with IV fluid and a few medicines. Since then she felt symptoms of palpitation, tremor, insomnia, heat intolerance, constipation but no syncope any more and came to us last two months, her heart rate over 100 but we hadn't time to see her so we asked her buy propranolol 40mg 1/4t po bid and come to us this month. She denied of HA, sore throat, cough, dyspnea, chest pain, GI problem, nausea, vomiting, oliguria, dysuria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No EtOH, no smoking

Current Medications: Propranolol 40mg 1/4t po bid and Injection contraceptive

Allergies: NKDA

Review of Systems (ROS): No menstrual period

PE:

Vitals: BP: 120/70 P: 101 R: 18 T: 37^{o}C O2sat 98% Wt: 56Kg

General: Look stable

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

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

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

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

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

Lab/Study: None

Assessment:

1. Tachycardia
2. Thyroid dysfunction

Plan:

1. Propranolol 40mg 1/2t po bid for one month

Lab/Study Requests: Draw blood for TSH at SHCH

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

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

Examined by: Nurse Peng Sovann **Date: October 31, 2006**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, November 02, 2006 8:19 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006 Second Day, Case# 11 Lay Lai, 28F (Taing Treuk Village)

Dear Rithy and Sovann,

Please do EKG ,

I am not clear what you are write related to Postpartum? is 3 year postpartume or Recently?

If recent postpartum, you need to consider, dilated cardiomyopathy?

Sent the patient to district for CXR.

Thanks

Kruy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 9:55 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 12 Nung Chhun, 70F (Ta Tong Village)

Dear all,

This is case number 12, Nung Chhun, 70F and photo.

Best Regards,
Sovann/Rithy

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. She is better than before with symptoms of normal appetite, normal bowel movement but still complaint of HA, dizziness, fatigue. She denied of dyspnea, fever, chest pain, palpitation, GI complaint, polyuria, oliguria, dysuria, hematuria, stool with mucus or blood, and edema, numbness, tingling.

Objective:

VS: BP: 110/64 P: 80 R: 20 T: 36.5 Wt: 44kg

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; 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: RBS = 306mg/dl

Lab result on October 6, 2006

WBC	=6	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=5	[3.9 - 5.5x10^{12}/L]	K	=2.8	[3.5 - 5.0]
Hb	=10.9	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=36	[35 - 47%]	BUN	=2.1	[0.8 - 3.9]
MCV	=71	[80 - 100fl]	Creat	=62	[44 - 80]
MCH	=22	[25 - 35pg]	Glu	=11.6	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=6.07	[<5.7]
Plt	=161	[150 - 450x10^9/L]	TG	=3.08	[<1.71]
Lym	=1.5	[1.0 - 4.0x10^9/L]			
HbA1c	=9.2	[4 - 6]			

Current Medications:

1. Glibenclamide 5mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. ASA 300mg 1/4t 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 qhs 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 bid for one month
6. Do regular exercise, educate on hypoglycemia sign, and 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: November 1, 2006, 2006**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, November 02, 2006 7:56 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006 Second Day, Case# 12 Nung Chhun, 70F (Ta Tong Village)

Dear Rithy and Sovann,

I do agree with you

thanks
kruy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 10:02 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 13 Kong Nareun, 31F (Taing Treuk Village)

Dear all,

This is case number 13, Kong Nareun, 31F and photos.
Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

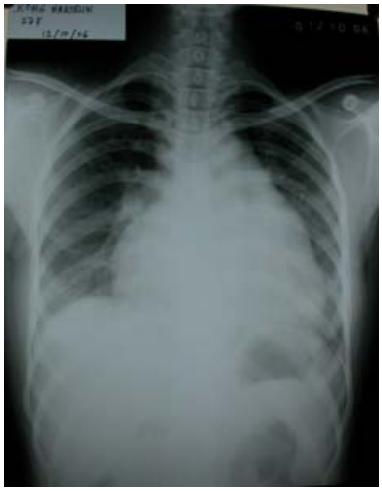
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Kong Nareun, 31F (Taing Treuk Village)

Subjective: 31F came to follow up of VHD (MR), PVC, Tachycardia. She is better than before but still present with chest tightness, dyspnea on exertion (walking 200m), palpitation, worry on her disease because radiologist told that her heart is not normal. She denied of cough, fever, chest pain, orthopnea, GI complaint, oliguria, dysuria, hematuria, stool with mucus or blood, and edema, regular period.



Objective:

VS: BP: 96/72 P: 80 R: 20 T: 36.5 Wt: 52kg

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; H regular rate, irregular rhythm, skip beat, strong and weak beat, no murmur

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

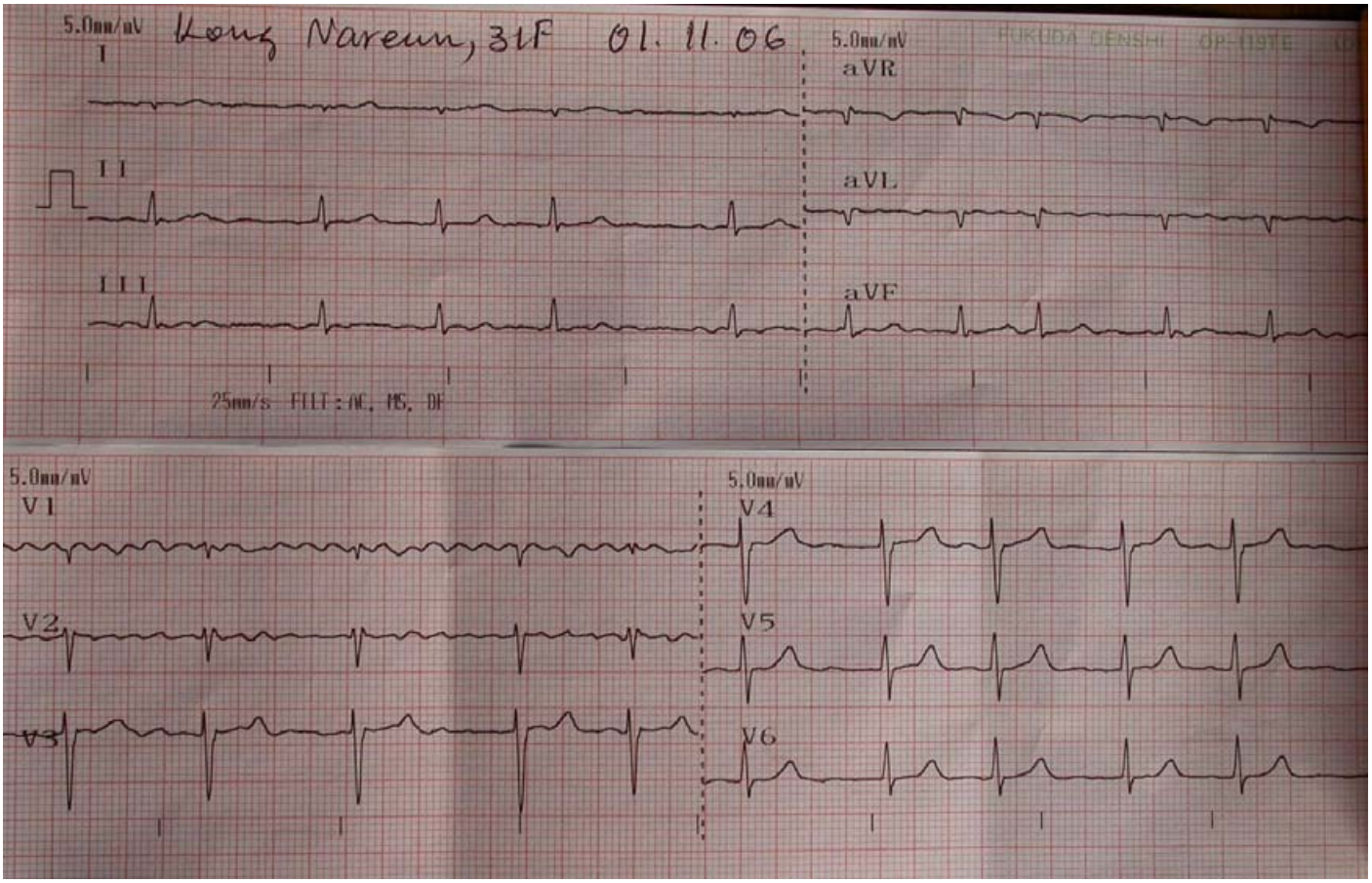
Skin/Extremity: No edema, no rash, no lesion

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

Labs/Studies: CXR and EKG attached

Lab result on October 6, 2006

WBC	=8	[4 - 11x10^9/L]	Na	=134	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10^{12}/L]	K	=5.1	[3.5 - 5.0]
Hb	=12.2	[12.0 - 15.0g/dL]	BUN	=1.3	[0.8 - 3.9]
Ht	=37	[35 - 47%]	Creat	=79	[44 - 80]
MCV	=80	[80 - 100fl]	Glu	=4.6	[4.2 - 6.4]
MCH	=26	[25 - 35pg]			
MHCH	=33	[30 - 37%]			
Plt	=281	[150 - 450x10^9/L]			
Lym	=1.6	[1.0 - 4.0x10^9/L]			
Mxd	=1.1	[0.1 - 1.0x10^9/L]			
Neut	=5.4	[1.8 - 7.5x10^9/L]			



Current Medications:

1. Atenolol 50mg 1/2t po bid

Allergies: NKDA

Assessment:

1. VHD (MR)
2. PVC
3. Cardiomegaly
4. Tachycardia

Plan:

1. Atenolol 50mg 1/2t po bid 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: November 1, 2006, 2006**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, November 02, 2006 7:54 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006 Second Day, Case# 13 Kong Nareun, 31F (Taing Treuk Village)

Dear Rithy and Sovann,

I would add ASA and furosemide for her when she increase SOB and Coughting that make her unable to sleep.

Please advise her for contraceptive (DMPA)

Thanks
kruy

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, November 02, 2006 8:43 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006 Second Day, Case# 13 Kong Nareun, 31F (Taing Treuk Village)

Dear Rithy and Sovann,

I think she had mitral stenosis and Mitral regurgitaion may be secondary. She may have pulmonary Hypertension as well.

I would add Furosemide 20mg or 4omg BID.

Thanks
kruy

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, November 02, 2006 8:48 PM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM Clinic November 2006 Second Day, Case# 13 Kong Nareun, 31F (Taing Treuk Village)

This young woman's heart is extremely enlarged on the chest x-ray and she is in atrial fibrillation on her electrocardiogram. The history supplied describes mitral regurgitation but there is no description of a mitral murmur on the physical examination. If it would be possible to obtain an echocardiogram, this could be quite useful. If her heart is this large because of mitral regurgitation, consideration of surgery might be appropriate.

In the meantime, atrial fibrillation leaves her at some risk of embolic stroke and she should be on warfarin if this can be managed. In addition, I would be inclined to start her on a diuretic such as furosemide, because her chest film seems to show some pulmonary congestion. Digoxin might also be helpful to control her heart rate.

Timothy Guiney, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 10:09 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 14 Chheuk Norn, 52F (Thnout Malou Village)

Dear all,

This is case number 14, Chheuk Norn, 44F and photo.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: Chheuk Norn, 52F (Thnout Malou Village)

Subjective: 52F came to follow up of DMII. She is stable with normal appetite, normal bowel movement but complaint of dizziness on/off. She denied of cough, dyspnea, fever, chest pain, palpitation, GI complaint, polyuria, oliguria, dysuria, hematuria, stool with mucus or blood, and edema.

Objective:

VS: BP: 92/64 P: 78 R: 20 T: 37 Wt: 47kg

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; 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 = 183mg/dl

Current Medications:

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

Allergies: NKDA

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po bid for four months
2. ASA 300mg 1/4t po qd for four months

Lab/Study Requests: Draw blood for HbA1C at SHCH

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

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

Examined by: Nurse Peng Sovann **Date: November 1, 2006, 2006**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, November 02, 2006 7:45 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006 Second Day, Case# 14 Chheuk Norn, 52F (Thnout Malou Village)

Dear Rithy and Sovann,

Please increase the glibenclamide to maximum doses(7.5 or 10mg BID) , FBS still hight.

Thanks

kruy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 10:15 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 15 Prum Sourn, 64M (Taing Treuk Village)

Dear all,

This is case number 15, Prum Sourn, 64F and photos.

Best Regards,
Sovann/Rithy

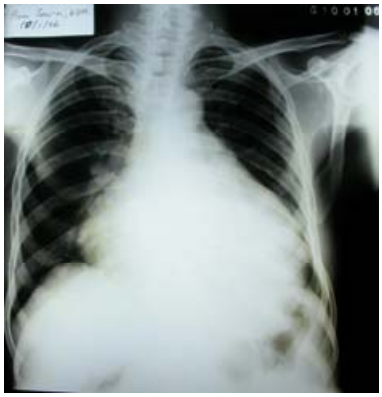
Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: Prum Sourn, 64M (Taing Treuk Village)

Subjective: 64M came to follow up of CHF and HTN. He is stable with normal appetite, normal bowel movement, but present with chest discomfort on/off when he felt hungry and didn't have meal on time. He denied of cough, fever, chest pain, palpitation, orthopnea, GI complaint, oliguria, dysuria, hematuria, stool with mucus or blood, and edema.



Objective:

VS: BP: 130/60 P: 54 R: 20 T: 36.5 Wt: 46kg

PE (focused):

General: Look stable

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

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

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

Skin/Extremity: No edema, no rash, no lesion, (+) dorsalis pulse

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

Labs/Studies:
EKG attached
CXR on January 2006 attached

Current Medications:

1. Captopril 25mg 1t po qd
2. HCTZ 50mg 1/2t po qd

Allergies: NKDA

Assessment:

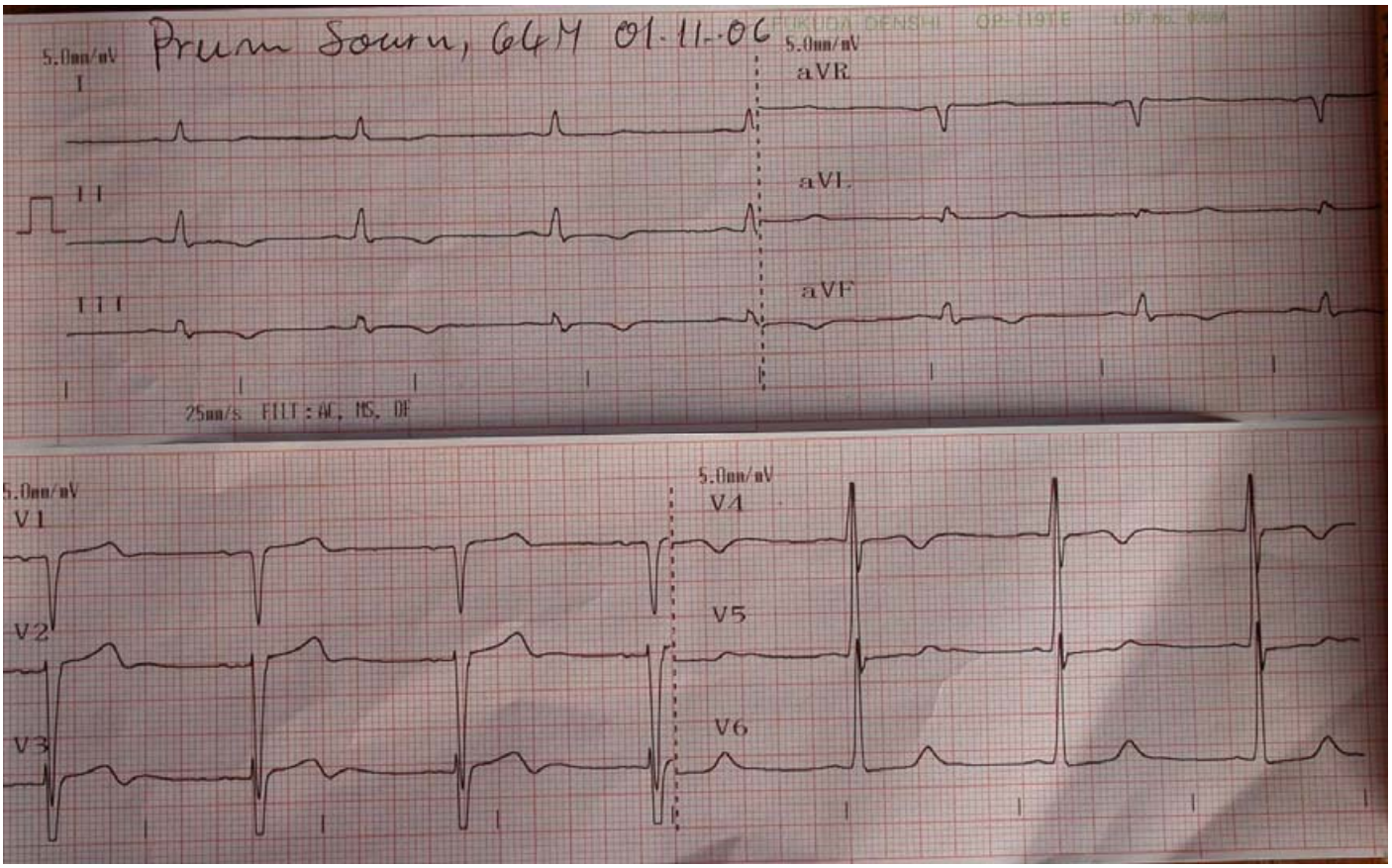
1. CHF
2. Cardiomegaly?
3. LVH
4. HTN
5. Bradycardia

Plan:

1. Captopril 25mg 1t po bid for one month
2. HCTZ 50mg 1/2t po qd for one month

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

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



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

Examined by: Nurse Peng Sovann **Date: November 1, 2006**

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

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, November 02, 2006 8:54 AM
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic November 2006 Second Day, Case# 15 Prum Sourn, 64M (Taing Treuk Village)

Dear Rithy and Sovann,

I would add ASA for him.

DDx. he may have HTN or Ischemic cardiomyopathy (Abnormal ST changed) and severe Bradycardia and LBBB

Please instruct patient that he had severe Bradycarida.

Thanks

kruy

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, November 02, 2006 8:50 PM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM Clinic November 2006 Second Day, Case# 15 Prum Sourn, 64M (Taing Treuk Village)

This man has a huge heart but he is in normal sinus rhythm. His blood pressure is reasonably well-controlled on the captopril and hydrochlorothiazide.

The electrocardiogram demonstrates normal sinus rhythm with left ventricular hypertrophy. There are prominent U-waves following the T-waves which suggests the possibility of electrolyte imbalance. He should certainly have electrolytes BUN and creatinine checked.

What is missing is a clear diagnosis as to why his heart is so enlarged. The best way to get this would be with an echocardiogram which should help distinguish among diseases such as dilated cardiomyopathy, pericardial effusion and valvar heart disease.

Timothy Guiney, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 10:20 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 16 Sam Logn, 51M (Dam NakChen Village)

Dear all,

This is case number 16, Sam Logn, 51M and photo.

Best Regards,
Sovann/Rithy

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

SOAP Note

Patient Name & Village: Sam Logn, 51M (Dam NakChen Village)

Subjective: 51M came to follow up of DMII,Tachycardia. He is better than before but complaint of palpitation, fatigue, dyspnea, myalgia, moist skin, and tremor. He denied of cough, fever, chest pain, GI complaint, polyuria, oliguria, dysuria, hematuria, stool with mucus or blood, and edema.

Objective:

VS: BP: 126/72 P: 108 R: 22 T: 37 Wt: 56kg

PE (focused):

General: Look stable

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

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

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

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:
On October 31, 2006: FBS = 88mg/dl
On November 1, 2006: FBS = 95mg/dl

Current Medications:

1. Glibenclamide 5mg 1t po bid
2. Captopril 25mg 1/4t po qd
3. ASA 300mg 1/4t po qd

Allergies: NKDA

Assessment:

1. DMII
2. Tachycardia

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 25mg 1/4t po qd for one month
3. ASA 300mg 1/4t po qd for one month
4. Atenolol 50mg 1/2t po bid for one month
5. Do regular exercise and educate on 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: November 1, 2006**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, November 02, 2006 8:45 PM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM Clinic November 2006 Second Day, Case# 16 Sam Logn, 51M (Dam NakChen Village)

The repeat exam does not sound very suggestive of heart failure. The combination of tachycardia, palpitations, fatigue, and tremor is concerning for hyperthyroidism. He should be evaluated for this on physical exam, and bloodwork (thyroid function tests).

Michael J. Healey, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 10:27 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 17 Sath Rim, 50F (Taing Treuk Village)

Dear all,

This is case number 17, Sath Rim, 50F and photo.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: Sath Rim, 50F (Taing Treuk Village)

Subjective: 50F came to follow up of HTN and DMII, Anemia. She is stable with normal appetite, normal bowel movement. She denied of cough, dyspnea, fever, chest pain, palpitation, GI complaint, polyuria, oliguria, dysuria, hematuria, stool with mucus or blood, and edema.

Objective:

VS: BP: 200/90 (both) P: 90 R: 20 T: 36.5 Wt: 48kg

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; 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 = 165mg/dl

Current Medications:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 11/2t po bid
3. Lisinopril 20mg 1t po qd
4. Atenolol 50mg 1t po bid
5. Amitriptylin 25mg 1t po qhs
6. FeSO4/Folic Acid 200/0.25mg 1t po bid

Allergies: NKDA

Assessment:

1. HTN
2. DMII
3. Anemia

Plan:

1. Metformin 500mg 1t po bid for one month
2. Glibenclamide 5mg 11/2t po bid for one month
3. Lisinopril 20mg 1t po qd for one month

4. Atenolol 50mg 1t po bid for one month
5. HCTZ 50mg ½ t po qd for one month
6. Amitriptylin 25mg 1t po qhs for one month
7. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
8. Do regular exercise, educate on hypoglycemia sign, and Low Na diet

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

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

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

Examined by: Nurse Peng Sovann **Date: November 1, 2006, 2006**

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

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, November 01, 2006 10:48 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond; Cornelia Haener; vannrith
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2006 Second Day, Case# 18 Khem Vanny, 10F (Thnout Malou Village)

Dear all,

This is last case for Robib TM Clinic November 2006. This is the Knee x-ray of patient seen in last month, and the case and photos I take from last month. Please reply the cases for tomorrow afternoon in Cambodia because I will make the treatment plan in afternoon.

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

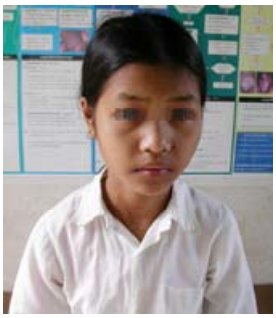
Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

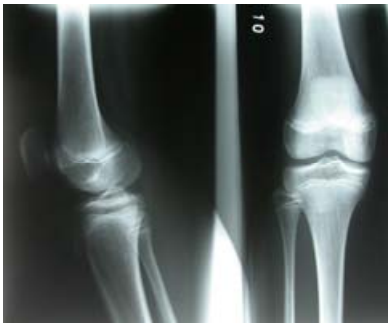
History and Physical

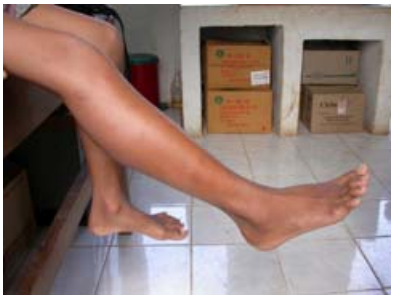


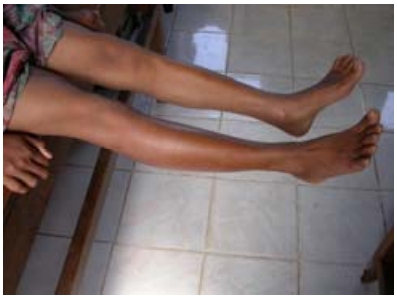
Name/Age/Sex/Village: Khem Vanny, 10F (Thnout Malou Village)

Chief Complaint (CC): Unable to flex right knee x 4y

History of Present Illness (HPI): 10F, student, was brought to us by her mother complaining of unable to flex right knee x 4y. Because she was ill when she was about 4 - 5y she was treated with IM medication on right thigh. She felt too much pain on right thigh so it cause her scar to flex her knee, since then she couldn't flex her knee and getting worse from day to day and didn't find any medical care. She denied of redness, swelling, warmth, ecchymosed, any trauma. She can do all daily activity.







Past Medical History (PMH): Dengue fever when she was three years old

Current Medications: None

Allergies: NKDA

Family History: None

Social History: Student grade 5, no ETOH, no smoking

Review of Systems (ROS): Normal appetite, normal bowel movement, no fever, no cough, no dyspnea, no oliguria, no hematuia, no edema, no trauma

PE:

Vitals: BP: 96/58 P: 100 R: 20 T: 36.5 wt: 22kg

General: Look stable

HEENT: No oropharyngeal lesion, no oral thrust, 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

MS/Neuro/Extremily: ROM intact on joint except right knee joint, only 15 – 20^{o} flexion, but fully extension, no redness, no swelling, no echymosis, sensory intact, (+) dorsalis pedis

Lab/Study: None

Assessment:

1. Right knee Frozen Joint

Plan:

1. Can we refer her to KB, SHCH, or Kean Khlang

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: October 4, 2006**

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

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, November 02, 2006 2:34 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Kruy Lim'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kim Meng Tan'; 'Brian Hammond'; 'vannrith'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic November 2006 Second Day, Case# 16 Sath Rim, 50F (Taing Treuk Village)

Dear Rithy,
bring the patient to P.P. and put her in our surgical clinic on Wednesday afternoon 22th of November so that our orthopedic visitors can discuss the problem.
Regards
Cornelia

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, November 02, 2006 4:46 AM
To: Robib Telemedicine; Rith Chau
Cc: Kvedar, Joseph Charles,M.D.; Myint U, Khinlei
Subject: Problems with computer

Dear Sovaan and Rithy:

Thank you very much for the 18 cases this month.

By now, you should be in receipt of 6/7 responses from yesterday and 1/11 from today. I will send all other responses as they arrive, but I had considerable problems with my computer today so was not able to complete all of them. I had to re-boot my computer several times and my computer froze in the middle of sending cases throughout the day. Tonight and tomorrow, I will try to finalize this month's cases.

Sorry for any inconvenience this may cause.

Kathy Fiamma
Senior Remote Consultation Coordinator
Partners Telemedicine
Two Longfellow Place, Suite 216
Boston, MA 02114
Phone: 617-726-1051

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, November 02, 2006 8:41 PM
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib TM Clinic November 2006 Cases received from Boston

Dear Kathy,

I have received six cases from you. And below are cases I have received from you:

- Case# 1 Say Soeun, 67F
- Case# 2 Sao Yim, 43F
- Case# 3 So Chourn, 50M
- Case# 5 Ros Oeun, 50F
- Case# 7 Tith Hun, 54F
- Case# 10 Uth Sok Hai, 20F

Please send me the reply of the rest cases.

Best Regards,
Sovann

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, November 02, 2006 8:43 PM
To: Robib Telemedicine
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: RE: Robib TM Clinic November 2006 Cases received from Boston

Hello Sovann:

Thank you for your note.

Did you happen to receive my message explaining that many of the cases would be delayed due to computer problems?

Many of the responses have arrived and I will be forwarding them to you now.

Best regards,

Kathy Fiamma
617-726-1051

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, November 02, 2006 9:19 PM
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib TM November 2006 Cases received

Dear kathy,

I have jsut received other three cases from you. Below are other three cases I received:
- Case# 13 Kong Nareu, 31F
- Case# 15 Prum Sourn, 64M
- Case# 16 Sam Logn, 51M

Thank you very much for your sending cases to us.

Best Regards,
Sovann

Thursday, November 2, 2006

Follow-up Report for Robib TM Clinic

There were 7 new and 11 follow-up patients seen during this month Robib TM Clinic (and the other 12 patients came for medication refills only, one came to refill medication before follow up, and one missed appointment came to get medication; also 36 patients were seen for minor health problem by PA Rithy without sending data). The data of all 18 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 November 2006

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

1. Severe HTN
2. DMII
3. VHD?
4. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#70)
2. Metformin 500mg 1t po bid for one month (#70)
3. Lisinopril 20mg 1t po qd for one month (#35)
4. HCTZ 50mg ½t po qd for one month (#18)
5. ASA 300mg ¼t po qd for one month (#9)
6. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#70)
7. MTV 1t po qd for one month (#35)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot Chol, HbA1c at SHCH

Lab Result on November 3, 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]

2. So Chourn, 50M (Thnout Malou Village)
Diagnosis:

1. PUD
2. Parasititis
3. HBsAg (+)?

Treatment:

1. Amoxillin 500mg 2t po bid for two weeks (#56)
2. Metronidazole 250mg 2t po bid for two weeks (#56)
3. Omeprazole 20mg 1t po bid for two weeks (#28)
4. Metochlopramide 10mg 1t po bid for 15d (#30)
5. Mebendazole 100mg 1t po bid for 3d (#6)
6. Regular exercise and drink clean water

Lab/Study Requests: None

3. Sao Yim, 43F (Taing Treuk Village)
Diagnosis:

1. Parasititis
2. Dyspepsia

Treatment:

1. Albendazole 200mg 2t po bid for 5d (#20)
2. Cimetidine 400mg 1t po qhs for 50d (#50)

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

1. CHF
2. Renal Insufficiency
3. Anemia

Treatment:

1. Lisinopril 20mg 1t po qd for two months (#60)
2. Furosemide 20mg 1t po bid for 2 months (#120)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for 2 months (#120)
4. MTV 1t po qd for 2 months (#60)

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

Lab Result on November 3, 2006

WBC	=6	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=2.8	[4.6 - 6.0x10^{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 - 450x10^9/L]			
Lym	=1.4	[1.0 - 4.0x10^9/L]			
Mxd	=1.6	[0.1 - 1.0x10^9/L]			
Neut	=2.9	[1.8 - 7.5x10^9/L]			

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

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (#120)
2. Glibenclamide 5mg 2t po bid for one month (#120)
3. Captopril 25mg ½t po bid for one month (#30)
4. ASA 300mg ¼t po qd for one month (#8)
5. Do regular exercise and DM education

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1c at SHCH

Lab Result on November 3, 2006

WBC	=9	[4 - 11x10^{9}/L]	Na	=142	[135 - 145]
RBC	=5.4	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=12.0	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=69	[80 - 100fl]	Creat	=54	[44 - 80]
MCH	=22	[25 - 35pg]	Glu	=6.6	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=321	[150 - 450x10^{9}/L]			
Lym	=2.6	[1.0 - 4.0x10^{9}/L]			
Mxd	=0.3	[0.1 - 1.0x10^{9}/L]			
Neut	=4.7	[1.8 - 7.5x10^{9}/L]			
HbA1c	=5.7	[4 - 6]			

6. Srey Hom, 60F (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. Glibenclamide 5mg 1½t po bid for one month (#90)
2. Metformin 500mg 1t po qhs for one month (#30)
3. Captopril 25mg ½t po bid for one month (#30)
4. ASA 300mg ¼t po qd for one month (#8)
5. Amitriptyline 25mg 1t po qhs for one month (#30)
6. Review her on diabetic diet, hypoglycemia sign and foot care

Lab/Study Requests: None

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

Diagnosis:

1. HTN
2. Bradycardia
3. Anemia

Treatment:

1. Atenolol 50mg ½t po bid for one month (#30)
2. Lisinopril 20mg ¼t po qd for one month (#8)
3. HCTZ 50mg 1t po qd for one month (#30)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)
5. MTV 1t po qd for one month (#30)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, Peripheral smear, retic at SHCH

Lab Result on November 3, 2006

WBC	=4	[4 - 11x10^{9}/L]	Na	=145	[135 - 145]
RBC	=4.1	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]

Hb	=11.1	[12.0 - 15.0g/dL]	Cl	=115	[95 - 110]
Ht	=33	[35 - 47%]	BUN	=4.2	[0.8 - 3.9]
MCV	=80	[80 - 100fl]	Creat	=108	[44 - 80]
MCH	=27	[25 - 35pg]	Glu	=4.8	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	TSH	=1.90	[0.49 - 4.67]
Plt	=162	[150 - 450x10^9/L]			
Lym	=1.4	[1.0 - 4.0x10^9/L]			
Mxd	=0.4	[0.1 - 1.0x10^9/L]			
Neut	=2.1	[1.8 - 7.5x10^9/L]			
Microcytic 2+					
Hyopchromic 2+					
Reticulo count = 0.7		[0.5 - 1.5]			

8. Chan Cheab, 70M (Koh Pon Village)

Diagnosis:

1. Liver Abscess (per US)???
2. Anemia

Treatment:

1. Diflunisal 500mg 1t po bid for one month prn severe pain (#30)
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#60)
3. MTV 1t po bid for one month (#60)
4. Refer him for a confirmed US of liver abcess at SHCH

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, LFT, HepB, HepC at SHCH

Lab Result on November 3, 2006

WBC	=11	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=5.2	[4.6 - 6.0x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=9.5	[14.0 - 16.0g/dL]	Cl	=108	[95 - 110]
Ht	=32	[42 - 52%]	BUN	=3.1	[0.8 - 3.9]
MCV	=61	[80 - 100fl]	Creat	=101	[53 - 97]
MCH	=18	[25 - 35pg]	Glu	=7.2	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	SGOT	=36	[<33]
Plt	=596	[150 - 450x10^9/L]	SGPT	=16	[<40]
Lym	=2.7	[1.0 - 4.0x10^9/L]			
Mxd	=0.6	[0.1 - 1.0x10^9/L]			
Neut	=7.9	[1.8 - 7.5x10^9/L]			
HBsAg	= non-reactive				
HVC	= non-reactive				

9. Prum Rim, 44F (Pal Hal Village)

Diagnosis:

1. PUD
2. PID
3. VHD??
4. Anemia

Treatment:

1. Amoxicillin 500mg 2t po bid for two weeks (#56)
2. Metronidazole 250mg 2t po bid for two weeks (#56)
3. Omeprazole 20mg 1t po bid for two weeks (#28)
4. Cipro 250mg 2t po bid x 10d (#40)
5. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#60)
6. MTV 1t po bid for one month (#60)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH; Abd US, CXR at Kg Thom

Lab Result on November 3, 2006

WBC	=3	[4 - 11x10^{9}/L]	Na	=140	[135 - 145]
RBC	=3.2	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=4.0	[12.0 - 15.0g/dL]	Cl	=114	[95 - 110]
Ht	=17	[35 - 47%]	BUN	=1.0	[0.8 - 3.9]
MCV	=53	[80 - 100fl]	Creat	=54	[44 - 80]
MCH	=12	[25 - 35pg]	Glu	=4.4	[4.2 - 6.4]
MHCH	=23	[30 - 37%]	SGOT	=18	[<30]
Plt	=>999	[150 - 450x10^{9}/L]	SGPT	=12	[<30]
Lym	=0.8	[1.0 - 4.0x10^{9}/L]			
Mxd	=0.5	[0.1 - 1.0x10^{9}/L]			
Neut	=1.4	[1.8 - 7.5x10^{9}/L]			

Platelets confirmed by smear adequate
Anisocytosis 3+
Hypochromic 3+
Schistocytes 3+

10. Uth Sok Hai, 20F (Bak Kdong Village)
Diagnosis:

1. Eczema

Treatment:

1. Allegra 180mg 1t po qAM prn (#30)
2. Diphenhydramine/Acetaminophen 25/500mg 1-2t po qhs prn (#60)
3. Fluocinolone 0.025% cream 60g apply on rash bid until gone (#1 tube)

Lab/Study Requests: None

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

1. Post-partum cardiomyopathy?
2. Tachycardia
3. Thyroid dysfunction

Treatment:

1. Propranolol 40mg ½t po bid for one month (#30)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc, TFT at SHCH and CXR at Kg Thom

Lab Result on November 3, 2006

WBC	=8	[4 - 11x10^{9}/L]	Na	=141	[135 - 145]
RBC	=5.1	[3.9 - 5.5x10^{12}/L]	K	=4.8	[3.5 - 5.0]
Hb	=12.5	[12.0 - 15.0g/dL]	Cl	=113	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=1.8	[0.8 - 3.9]
MCV	=76	[80 - 100fl]	Creat	=68	[44 - 80]
MCH	=25	[25 - 35pg]	Glu	=4.7	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=188	[150 - 450x10^{9}/L]			
Lym	=2.2	[1.0 - 4.0x10^{9}/L]			
Mxd	=1.6	[0.1 - 1.0x10^{9}/L]			
Neut	=3.7	[1.8 - 7.5x10^{9}/L]			
TSH	=1.80	[0.49 - 4.67]			

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

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po qhs for one month (#30)
3. Captopril 25mg ¼ t po bid for one month (#15)
4. ASA 300mg 1/4t po qd for one month (#8)
5. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#60)
6. Do regular exercise, educate on hypoglycemia sign, and Low Na diet

Lab/Study Requests: None

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

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

Treatment:

1. Atenolol 50mg ½t po bid for one month (#30)
2. Furosemide 20mg 1t po bid for one month (#60)

Lab/Study Requests: None

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

1. DMII

Treatment:

1. Glibenclamide 5mg 1½t po bid for one month (#90)
2. ASA 300mg ¼t po qd for one month (#8)

Lab/Study Requests: Draw blood for HbA1C at SHCH

Lab Result on November 3, 2006

HbA1c =11.0 [4 - 6]

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

1. HTN
2. Ischemic cardiomyopathy
3. LVH
4. LBBB
5. Severe Bradycardia

Treatment:

1. Captopril 25mg 1t po bid for one month (#60)
2. HCTZ 50mg ½t po qd for one month (#15)
3. ASA 300mg ¼t po qd for one month (#8)

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

Lab Result on November 3, 2006

WBC	=5	[4 - 11x10^9/L]	Na	=145	[135 - 145]
RBC	=3.7	[4.6 - 6.0x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=11.5	[14.0 - 16.0g/dL]	Cl	=116	[95 - 110]
Ht	=35	[42 - 52%]	BUN	=3.5	[0.8 - 3.9]
MCV	=94	[80 - 100fl]	Creat	=137	[53 - 97]
MCH	=31	[25 - 35pg]	Glu	=4.5	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	TSH	=6.29	[0.49 - 4.67]
Plt	=148	[150 - 450x10^9/L]			

16. Sam Logn, 51M (Damnak Chen Village)
Diagnosis:

1. DMII
2. Tachycardia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Captopril 25mg ¼t po qd for one month (#8)
3. ASA 300mg ¼t po qd for one month (#8)
4. Atenolol 50mg ½t po bid for one month (#30)
5. Do regular exercise and educate on hypoglycemia sign

Lab/Study Requests: None

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

1. HTN
2. DMII
3. Anemia

Treatment:

1. Metformin 500mg 1t po bid for one month (#60)
2. Glibenclamide 5mg 1½t po bid for one month (#90)
3. Lisinopril 20mg 1t po qd for one month (#30)
4. Atenolol 50mg 1t po bid for one month (#60)
5. HCTZ 50mg ½t po qd for one month (#15)
6. Amitriptylin 25mg 1t po qhs for one month (#30)
7. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#60)
8. Do regular exercise, educate on hypoglycemia sign, and Low Na diet

Lab/Study Requests: None

18. Khem Vanny, 10F (Thnout Malou Village)
Diagnosis:

1. Right knee frozen Joint

Treatment:

1. Refer to SHCH on November 22, 2006 for consultation

Patients who come to refill medication

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

1. Euthyroid Goiter
2. Hypocromic Microcytic Anemia

Treatment:

1. Draw blood for Free T4 in two months

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

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

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

Treatment:

1. Furosemide 20mg 1t po qd for one month (30tab)
2. Spironolactone 25mg 1t po bid for one month (60tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (60tab)
4. MTV 1t po bid for one month (60tab)
5. Folic Acid 5mg 1t po qd for one month (30tab)

Lab/Study Requests: None

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

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (240tab)
2. Metformin 500mg 1t po bid for two months (120tab)
3. ASA 300mg 1/4t po qd for two months (15tab)
4. Amitriptyline 25mg 1t po qhs for two months (60tab)

Lab/Study Requests: None

4 Same Kun, 27F (Boang Village)
Diagnosis:

1. Hyperthyroidism
2. Dyspepsia
3. Cachexia
4. Psychiatric Dz

Treatment:

1. Carbimazole 5mg 2t po tid for one month (180tab)
2. Propranolol 40mg 1t po bid for one month (60tab)
3. Famotidine 10mg 1t po qhs for one month (30tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (60tab)
5. MTV 1t po bid for one month (60tab)
6. Continue her psychiatric drugs
7. Draw blood for TFT at SHCH

Lab Result on November 3, 2006

TSH	=<0.02	[0.49 - 4.67]
Free T4	=9.11	[9.14 - 23.81]
Free T3	=2.58	[0.78 - 2.5]

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

1. Nephrotic Syndrome (recurrent)
2. Dyspepsia

Treatment:

1. Prednisolone 5mg 3t po bid for one month (180tab)
2. Captopril 25mg ½ t po q12h for one month (30tab)
3. ASA 300mg ¼ t po qd for one month (8tab)
4. Omeprazole 20mg 1t po qhs for one month (30tab)
5. Low salt, low prot diet

6. Chhay Chanthy, 43F (Thnout Malou)

Diagnosis

1. Hyperthyroidism

Treatment

1. Carbimazole 5mg 1/2t po tid for two months (90tab)
2. Propranolol 40mg 1/2t po bid for two months (60tab)
3. Draw blood for FreeT 4 in two months

Lab test: None

7. Dourng Sunly, 50M (Taing Treurk Village)

Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Captopril 25mg 1/2t po bid for three months (90tab)
2. ASA 300mg 1/4t po qd for three months (24tab)
3. Diflunisal 500mg 1t po bid prn severe pain for three months (90tab)
4. Paracetamol 500mg 1t po 1q6h prn pain/feverfor three months (90tab)

Lab/Study Requests: None

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

Diagnosis:

1. MDII
2. Hyperlipidemia

Treatment:

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

Lab/Study Requests: None

9. Uy Noang, 55M (Thnout Malou)

Diagnosis:

1. DMII
2. Dyspepsia

Treatment:

1. Glibenglamide 5mg 1t po qd for two months (60tab)
2. Captopril 25mg ¼ tab po qd for two months (15tab)

3. ASA 300mg ¼ tab po qd for two months (15tab)
4. Famotidine 10mg 1t po qhs for one month (30tab)

Lab/Study: None

10. Kul Keung, 61F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII
3. Hyperlipidemia

Treatment:

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

Lab/Study: None

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

Diagnosis

1. DMII

Treatment

1. Glibenglamide 5mg 1t po q12h for three months (240tab)
2. Captopril 25mg 1/4t po qd for three months (30tab)
3. Review patient about DMII education

Lab/Study: None

12. Chhim Paov, 50M (Boeung Village)

Diagnosis

1. GOUT

Treatment

1. Diflunisal 500mg 1t po q12h prn pain for four months (100tab)
2. Paracetamol 500mg 1t po q6h prn pain for four months (100tab)

13. Sao Phal, 57F (Thnout Malou)

Diagnosis:

1. HTN
2. Anxiety

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (60tab)
2. Amitriptylin 25mg 1t po qhs for four months (120tab)
3. Control BS with diet and exercise

Labs/Studies: Draw blood for CBC, Lyte, BUN, Creat, GLuco, HbA1c at SHCH

Lab Result on November 3, 2006

WBC	=7	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=3.3	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=9.8	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=29	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=88	[80 - 100fl]	Creat	=133	[44 - 80]
MCH	=29	[25 - 35pg]	Glu	=5.1	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=326	[150 - 450x10^9/L]			
Lym	=1.6	[1.0 - 4.0x10^9/L]			
Mxd	=1.0	[0.1 - 1.0x10^9/L]			
Neut	=4.4	[1.8 - 7.5x10^9/L]			

14. Pheng Reung, 61F (Thnout Malou)

Diagnosis:

1. HTN
2. Euthyroid

Treatment:

1. Propranolol 40mg 1t po bid for two months (120tab)
2. HCTZ 50mg 1/2t po qd for two months (30tab)

Labs/Studies: none

15. Prom Norn, 53F (Thnout Malou)

Diagnosis

1. Liver Cirrhosis with PHTN

Treatment

1. Propranolol 40 mg ¼ t po q12h for four months (60tab)
2. Spironolactone 25 mg ½ t po q12h for four months (120tab)

16. Kim UN, 54M (Taing Treuk Village)
Diagnosis:

1. Right Upper Arm Mass

Treatment:

1. Refer to SHCH for consultation on 22 November 2006

Patients seen by PA Rithy without sending data

1. Chhim Soly, 49F (Thnout Malou Village)
Diagnosis:

1. Sciatica

Treatment:

1. Naproxen 375mg 1t po bid prn pain (50tab)
2. Vit B12 25mcg 1t po bid (60tab)

2. Yim Khourn, 43F (Rovieng Cheung Village)
Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

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

3. Sun Theary, 19F (Taing Treuk Village)
Diagnosis:

1. Malaria
2. Parasititis
3. Cachexia

Treatment:

1. Malarine take as instructed on package for 3d (buy)
2. Mebendazole 100mg chew 1t po bid for 3d (6tab)
3. MTV 1t po qd (30tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)
5. Naproxen 375mg 1t po bid prn (30tab)

4. Key Cheng Lean, 32F (Rovieng Cheung Village)
Diagnosis:

1. UTI
2. Dyspepsia

Treatment:

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

5. Yem Sean, 69F (Thnal Keng Village)
Diagnosis:

1. Gingivitis
2. Aphthous Ulcer
3. Vit Difficiency

Treatment:

1. Naproxen 375mg 1t po bid prn (30tab)
2. MTV 1t po qd (30tab)
3. B complex 1t po qd (30tab)
4. Lidocaine gel 2% apply q4h prn on gum (15cc)
5. Tobaco cessation

6. So Em, 73F (Bakdoang Village)
Diagnosis:

1. Pneumonia
2. PTB??
3. Cachexia

Treatment:

1. AFB sputum smear at local health center
2. Clarithromycin 500mg 1t po bid for 10d (20tab)
3. MTV 1t po qd (30tab)
4. Paracetamol 500mg 1t po qid prn (30tab)

7. Khiev Pheak, 29M (Taing Treuk Village)
Diagnosis:

1. PUD
2. Parasititis
3. Balanitis
4. Tinea Cruris

Treatment:

1. Chlarythromycin 500mg 1t po bid for two weeks (28tab)
2. Amoxicilline 250mg 2t po bid for two weeks (56tab)
3. Omeprazole 20mg 1t po bid (28tab)
4. Metochlorpramide 10mg 1t po qhs (15tab)
5. Ciprofloxacin 500mg 1t po bid for 5d (10tab)
6. Mebendazole 100mg 1t po bid for 3d (6tab)
7. Clothrimazole cream 1% apply on rash bid (2tubes)

8. Chhin lai Heak, 28F (Trapang Tem Village)
Diagnosis:

1. Bacterial Vaginitis
2. Dyspepsia
3. Parasititis
4. Dysentery
5. UTI

Treatment:

1. Ciprofloxacin 500mg 1t po bid for 5d (10tab)
2. Metronidazole 250mg 2t po tid for 10d (60tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)
4. Famotidine 10mg 1t po qhs (30tab)
5. Metochlorpramide 10mg 1t po qhs (15tab)
6. MTV 1t po qd (30tab)

9. Lev Kim Sak, 27F (Koh Pon Village)
Diagnosis:

1. Bacterial Vaginitis
2. Vaginal Candidiasis
3. Cachexia
4. Dyspepsia
5. Spontaneous Abortion

Treatment:

1. Ciprofloxacin 500mg 1t po bid for 5d (10tab)]
2. Fluconazole 100mg 1t po qd (1tab)
3. MTV 1t po qd (30tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)
5. Famotidine 10mg 1t po qhs (30tab)

10. Kong Khem, 63M (Rovieng Cheung Village)
Diagnosis:

1. Muscle Pain
2. Renal Microstones
3. Cachexia

Treatment:

1. Nabumetone 750mg 1t po bid prn (100tab)
2. MTV 1t po qd (30tab)
3. Vit B12 1t po bid (60tab)
4. Increase fluid intake

11. Sun Bun, 45M (Trapang Reusey Village)
Diagnosis:

1. Infected Wound
2. Right Leg Stump

Treatment:

1. Augmentin 875mg 1t po bid for 10d (20tab)]

2. Naproxen 375mg 1t po bid prn (30tab)
3. Calmoseptine Oitment apply on wound qid (24packets)

12. Chheng Chhonn, 32M (Chambak Pha Em Village)
Daignosis:

1. UTI
2. Right Ankle Sprain
3. Right Wrist Eczema

Treatment:

1. Ciprofloxacin 500mg 1t po bid for 3d (6tab)
2. Naproxen 375mg 1t po bid prn (50tab)
3. Claritin 10mg 1t po qd prn (20tab)
4. Mometasone Furoate Cream 0.1% apply on rash bid (1tube)

13. Hon Sophanna, 10moF (Koh Pon Village)
Diagnosis:

1. Growing Teeth

Treatment:

1. Children's Tylenol 80mg grind 1t po bid prn (30tab)
2. Poly Visol MTV 0.5cc qd (1bottle)

14. Seng SokNy, 28M (Koh Pon Village)
Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Albendazole 200mg 2t po bid for 5d (20tab)

15. Gnem Top, 76F (Taing Treuk Village)
Diagnosis:

1. Dyspepsia
2. Muscle Pain
3. Tension HA
4. Cachexia

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. MTV 1t po qd (21tab)
3. Paracetamol 500mg 1t po qid prn (50tab)

16. Phon Oudom Pheap, 10M (Taing Treuk Village)
Diagnosis:

1. Nasal Polyps
2. Allergic Rhinitis

Treatment:

1. Flonase nasal spray 50mcg 1spray each nostril qd for one month (#1)
2. Pseudoephedrine 15mg /5cc 5cc po bid prn (1bottle)
3. Children Tylenol 80mg chew 4-5t po tid prn (60tab)

17. Prum Sokhoeun, 49F (Koh Pon Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Cachexia

Treatment:

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

18. Cheng Boreth, 3M (Boeung Village)
Diagnosis:

1. Right eye injury (over 1mo)

Treatment:

1. Prednisolon eye drop 1-2drops in right eye tid for 3-5d (1 bottle)
2. Ibuprofen 200mg/5cc 15ml 2.5cc po tid prn (1bottle)
3. Acetaminophen 80mg chew 2t po tid prn (30tab)

19. Prum Yean, 46F (Koh Pon Village)
Diagnosis:

1. GERD
2. Parasititis

Treatment:

1. Omeprazole 20mg 1t po qhs (30tab)
2. Metochlorpramide 10mg 1t po qhs (30tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)
4. MTV 1t po qd (30tab)

20. Beann Vicheka, 8M (Bospey Village)
Diagnosis:

1. Pharyngitis

Treatment:

1. Ceftin 250mg 1t po bid for 8d (16tab)
2. Tussi-12DS 5cc po bid prn (1bottle)
3. Children's Tylenol 80mg chew 4t po tid prn (30tab)

21. Kuy Venn, 61F (Bos Pey Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Cachexia

Treatment:

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

22. Sok Moeun, 30F (Chambak PhaEm Village)
Diagnosis:

1. Baterial Vaginitis

Treatment:

1. Ciprofloxacin 250mg 2t po bid for 5d (20tab)
2. Naproxen 375mg 1t po bid prn (20tab)

23. Prank Mann, 65F (Bos Pey Village)
Diagnosis:

1. Cachexia
2. Anemia
3. Tension HA

Treatment:

1. MTV 1t po qd (30tab)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)
3. Paracetamol 500mg 1t po qid prn (50tab)

24. Gnem Phann, 42F (Pal Hal Village)
Diagnosis:

1. Sciatica
2. Vit Difficiency
3. Anemia

Treatment:

1. Nabumetone 750mg 1t po bid prn (96tab)
2. MTV 1t po qd (30tab)
3. Vit B12 1t po bid (60tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)

25. Chan Sol, 46F (Pal Hal Village)
Diagnosis:

1. Vit Difficiency
2. Muscle pain

Treatment:

1. Naproxen 375mg 1t po bid (30tab)
2. MTV 1t po qd (30tab)
3. Vit B12 1t po bid x 60d (120tab)

26. Preil Kah, 67M (Anlong Svay Village)
Diagnosis:

1. Right eye conjunctivitis
2. Dyspepsia
3. Constipation
4. Cachexia
5. Parasititis

Treatment:

1. Tetracyclin eye oitment 1% apply bid for 3-5d (1tube)
2. Famotidine 10mg 1t po qhs (30tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)
4. MTV 1t po qd (30tab)
5. Increase water and fiber in diet

27. Heng Sun Ny, 27F (Koh Pon Village)
Diagnosis:

1. PUD
2. Parasititis
3. Otitis externa right ear

Treatment:

1. H Pyloric eradication medication (buy)
2. Mebendazole 100mg 1t po bid for 3d (6tab)
3. MTV 1t po qd (30tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)
5. Acetyl Acid/Isopropyl alcohol 50/50 mix 2-3drops in affected ear qid (buy)

28. Ke Soath, 50F (Sre Village)
Diagnosis:

1. GERD
2. Dysentery
3. Parasititis

4. Cachexia
5. Baterial Vaginitis

Treatment:

1. Metronidazole 250mg 2t po tid (60tab)
2. Omeprazole 20mg 1t po qhs (30tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)
4. Metochlorpramide 10mg 1t po qhs (15tab)
5. MTV 1t po qd (30tab)
6. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)
7. Ciprofloxacin 500mg 1t po bid for 5d (10tab)

29. Eib Yem, 51F (Sralou Srong Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Cachexia
4. Anemia
5. Goiter
6. Left Otitis Media

Treatment:

1. Famotidine 10mg 1t po qhs (30tab)
2. Mebendazole 100mg 1t po bid for 3d (6tab)
3. MTV 1t po qd (30tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)
5. Paracetamol 500mg 1t po qid prn (50tab)
6. Augmentin 875mg 1t po bid for 10d (20tab)
7. Schedule for follow up on goiter in April 2007

30. Neng Sopheary, 20M (Koh Pon Village)
Diagnosis:

1. Urticaria
2. Allergic Rhinitis
3. Parasitis

Treatment:

1. Loratidine 10mg 1t po qd (40tab)
2. Pseudoephedrine 15mg /5cc 10cc po tid (1bottle)
3. Tylenol PM 12t po qhs prn (60tab)
4. Albendazole 200mg 2t po bid for 5d (20tab)

31. Prum Hourn, 60F (Thnout Malou Village)
Diagnosis:

1. Cachexia
2. Parasititis

Treatment:

1. MTV 1t po qd (30tab)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)
3. Mebendazole 100mg 1t po bid for 3d (6tab)

Missed appointment and before follow-up patients who came for more medicine

1. Yoeung Chanthorn, 35F (Doang Village) (before follow up)

Diagnosis:

1. Idiopathic Epilepsy
2. Grand Mal Seizure?

Treatment:

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

2. Phim Chourn, 78M (Sangke Roang Village) (missed appointment)

Diagnosis:

1. COPD
2. Anemia

Treatment:

1. Albuterol Inhaler 2puffs bid prn SOB for one month (2vials)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (30tab)
3. MTV 1t po qd for one month (28tab)

The next Robib TM Clinic will be held on December 4-8, 2006