

Robib *Telemedicine* Clinic

Preah Vihear Province

N O V E M B E R 2 0 1 2

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

On Monday, November 5, 2012, SHCH staffs PA Rithy, Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), November 6 & 7, 2012, the Robib TM Clinic opened to receive the patients for evaluations. There were 3 new cases and 1 follow up case seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM CCH/MGH in Boston and Phnom Penh on Wednesday and Thursday, November 7 & 8, 2012.

On Thursday, replies from SHCH in Phnom Penh and CCH/MGH Telemedicine in Boston were downloaded. Per advice from Boston, SHCH and PA Rithy on site, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for brief consult and refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Sovann Peng 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 CCH/MGH in Phnom Penh and Boston:

From: [Robibtelemed](#)
To: [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Cornelia Haener](#) ; [Kruy Lim](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savoeun Chhun](#) ; [Robib School 1](#)
Sent: Thursday, October 25, 2012 7:29 AM
Subject: Schedule for Robib Telemedicine Clinic November 2012

Dear all,

I would like to inform you that Robib TM Clinic for November 2012 will be starting on November 5 to 9, 2012.

The agenda for the trip is as following:

1. On Monday November 5, 2012, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday November 6, 2012, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as the word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday November 7, 2012, the activity is the same as on Tuesday
4. On Thursday November 8, 2012, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday November 9, 2012, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: [Robibtelemed](#)

To: [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Tuesday, November 06, 2012 2:38 PM

Subject: Robib Telemedicine clinic November 2012, Case#1, Heum Phum, 50M

Dear all,

There are three new cases for the first day of Robib Telemedicine clinic November 2012. This is case number 1, Heum Phum, 50M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Heum Phum, 50M (Kampot Village)

Chief Complaint (CC): Frontal HA x 2months

History of Present Illness (HPI): 50M, village chief, presented with history of frontal HA, throbbing like in these two months. It frequently occurred when he missed drinking alcohol (he usually drinks about 100ml in morning and evening) and better with alcohol drinking. These symptom also associated with neck tension, fatigue but denied of syncope, tremor, hallucination, numbness/tingling. He did not get any treatment yet and just come to Telemedicine clinic today.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 10cig/d for over 20y, Drinking alcohol about 1/2glass/day for over 20y

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 149/99 (both arms) P: 90 R: 20 T: 37°C Wt: 49Kg

General: Stable

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

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

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

Extremity/Skin: No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

U/A: normal

Assessment:

1. HTN
2. Alcoholism

Plan:

1. Stop alcohol and cig smoking
2. Recheck BP in the next follow up
3. Multivitamin 1t po qd for one month
4. Xango powder po bid for one month

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

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

Examined by: Nurse Sovann Peng

Date: November 6, 2012

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: "Fang, Leslie S.,M.D." <LFANG@PARTNERS.ORG<<mailto:LFANG@PARTNERS.ORG>>>

Date: November 7, 2012 6:32:14 PM EST

To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG<<mailto:KFIAMMA@PARTNERS.ORG>>>

Subject: RE: Robib Telemedicine clinic November 2012, Case#1, Heum Phum, 50M

Agree with diagnosis

Will have to be concerned about withdrawal in this patient with heavy and chronic alcohol use.

He should also receive thiamine as we wean him from alcohol

Leslie Fang, MD

From: [Robibtelemed](#)

To: [Cornelia Haener](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Tuesday, November 06, 2012 2:40 PM

Subject: Robib Telemedicine clinic November 2012, Case#2, Meng Panha, 4M

Dear all,

This is case number 2, Meng Panha, 4M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Meng Panha, 4M (O Village)

Chief Complaint (CC): Foreskin swelling x 2 days

History of Present Illness (HPI): 4M was brought to Telemedicine clinic complaining of swelling of foreskin for 2 days. She said at first he told her of feeling itchy on the foreskin and she didn't see any swelling or mark of insect biting. In the next day, she saw the swelling and asked him who

said he scratched. She said no fever, and he can normally pass urine. He has not yet received any treatment.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Complete national children vaccination and he is third among three children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: P: 113 R: 22 T: 37°C Wt: 14Kg

General: Stable

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

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



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

GU: Swelling of foreskin, no tender, no discharge, no groin LN palpable

Lab/study: None

Assessment:

1. Phimosis (skin allergy??)

Plan:

1. Ibuprofen 200mg 11/2t po tid for 3 days
2. If not better in 3d, refer to children hospital for surgical evaluation

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

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

Examined by: Nurse Sovann Peng

Date: November 6, 2012

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: [Cornelia Haener](#)

To: ['Robibtelemed'](#) ; ['Kruy Lim'](#) ; ['Kathy Fiamma'](#) ; ['Paul Heinzelmann'](#) ; ['Joseph Kvedar'](#) ; ['Rithy Chau'](#)

Cc: ['Bernie Krisher'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#)

Sent: Tuesday, November 06, 2012 5:19 PM

Subject: RE: Robib Telemedicine clinic November 2012, Case#2, Meng Panha, 4M

Dear all,

I am worried about a paraphimosis and suggest not to wait two more days to refer the boy but refer him for surgical assessment as soon as possible.

Kind regards

Cornelia

From: Richard Allen Johnson

Sent: Tuesday, November 13, 2012 8:13 AM

To: Tran, Thanh-Nga T., M.D., Ph.D.

Subject: Re: FW: Robib Telemedicine clinic November 2012, Case#2, Meng Panha, 4M

Paraphimosis not phimosis. Looks really tight. I don't see inflammation. Probably needs surgical correction.

Richard Johnson, MD

From: [Robibtelemed](#)

To: [Cornelia Haener](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Tuesday, November 06, 2012 2:42 PM

Subject: Robib Telemedicine clinic November 2012, Case#3, Theum Sithath, 26F

Dear all,

This is case number 3, Theum Sithath, 26F and photos. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

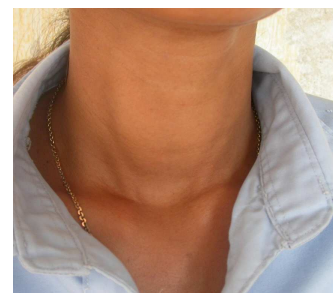


Name/Age/Sex/Village: Theum Sithath, 26F (Kampot Village)

Chief Complaint (CC): Palpitation x 1y and extremity tremor x 2months

History of Present Illness (HPI): 26F, farmer, noticed of palpitation (fast heart beating), and morning sickness (nausea, vomiting) when she became pregnancy. She was told that pregnant woman had this symptom. After delivery, she noticed her palpitation became worse and also symptoms of extremity tremor, SOB, heat intolerance, weight loss even increased appetite. She got consultation with local health care

worker and told she had GI problem and treated her with some medicine but the symptoms still persist. On October 26, 2012, she went to doctor in Kg Thom province and diagnosed her with toxic goiter (thyroid ultrasound done but blood test was not done). She was treated with five kind of medicine (see photos of prescription) and now she became a bit better. She denied of fever, cough, orthopnea, abdominal pain, diarrhea, edema.



Past Medical History (PMH): Unremarkable

Family History: No family member with goiter

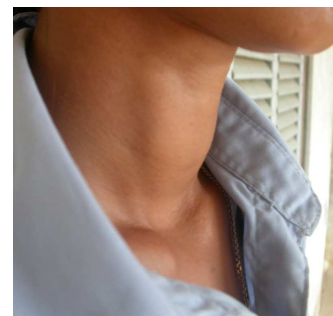
Social History: No cig smoking, no tobacco chewing, no EtOH

Current Medications: Five kinds of medicine (see photo of prescription)

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:



Vitals: BP: 101/72 P: 90 R: 20 T: 37°C Wt: 43Kg O2sat: 99%

General: Stable

HEENT: Thyroid enlargement bilateral, smooth, regular border, no tender, no bruit, mobile on swallowing, No oropharyngeal lesion, pink conjunctiva, no exophthalmia

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

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

Extremity/Skin: No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

October 26, 2012

Thyroid ultrasound conclusion: bilateral nodular goiter

Assessment:

1. Hyperthyroidism with nodular goiter?

Plan:

1. Hold all the medication prescribed
2. Draw blood for CBC, TSH, and Free T4 at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: November 6, 2012

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From: "Barbesino, Giuseppe,M.D."

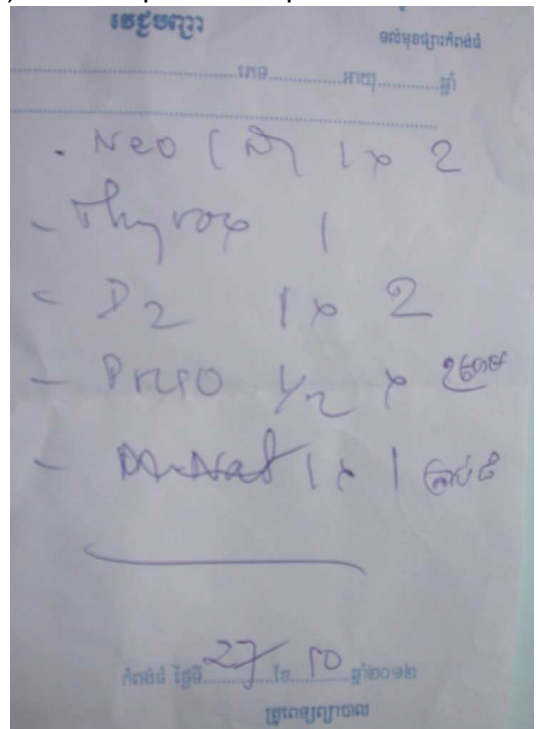
<GBARBESINO@PARTNERS.ORG<<mailto:GBARBESINO@PARTNERS.ORG>>>

Date: November 7, 2012 5:44:40 PM EST

To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG<<mailto:KFIAMMA@PARTNERS.ORG>>>

Subject: RE: Robib Telemedicine clinic November 2012, Case#3, Theum Sithath, 26F

Depending on the timing after delivery this is either Graves' disease (persistent hyperthyroidism) or post partum thyroiditis. Post partum thyroiditis occurs 2-4 months after delivery and it is a transient form of hyperthyroidism which resolves spontaneously. If this started > 6 months after delivery, then more likely



Graves' disease. While Graves' disease requires carbimazole or PTU, thyroiditis only needs monitoring and may end-up in hypothyroidism. The best test to distinguish is a TSH receptor antibody test. One quick trick is listening on the thyroid with stethoscope bell: if there is a bruit (not just a transmitted heart beat) then it is unequivocally Graves' disease. If no bruit, it can be both. The prescribed drugs are not familiar to me. One can get TFTs and watch, or treat with methimazole and watch as well depending on how poorly the patient feels.

Thanks

Giuseppe Barbesino, M.D.

From: [Robibtelemed](#)

To: [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Wednesday, November 07, 2012 1:43 PM

Subject: Robib TM Clinic November 2012, Case#4, Nung Chhun, 76F

Dear all,

This is the one follow up case for second day of Robib TM Clinic November 2012. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly and patient will come to receive treatment in afternoon.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note



Name/Age/Sex/Village: Nung Chhun, 76F (Ta Tong Village)

Subjective: 76F was seen and diagnosed with DMII and HTN in October 2006. She was controlled with Metformin 500mg 2t po bid, Glyburide 10mg 1/2t po bid, Captopril 25mg 1t po tid, ASA 300mg 1/4t po qd until in June 2012, Her family said she had symptoms of common cold with poor appetite then developed unconscious and blood sugar checked with hypoglycemia and was treated accordingly locally by local health care worker. During Telemedicine clinic July 2012, her medication reduced Metformin 500mg 1t po, Captopril 25mg 1t po tid, ASA 300mg 1/4t po qd. In August 2012, her blood sugar and blood pressure increased so her medication was increased Metformin 500mg 1t tid, Glyburide 10mg 1/2t bid, Captopril 25mg 1t tid, HCTZ 25mg 1t qd, ASA 300mg 1/4t qd. In September and October TM clinic 2012, her blood sugar around 250mg/dl and blood pressure 150/80mmHg. She denied symptoms of fever, cough, SOB, chest pain, nausea, vomiting, abdominal pain, polyphagia, polydipsia, polyphagia, numbness/tingling, oliguria, edema.

Current Medications:

1. Metformin 500mg 1t po tid
2. Glipizide 10mg 1/2t po bid
3. Captopril 25mg 1t po tid
4. HCTZ 25mg 1t po qd
5. ASA 300mg 1/4t po qd

Allergies: NKDA

Objective:

VS: **BP:** 153/81 **P:** 78 **R:** 20 **T:** 36.5°C **Wt:** 40kg

PE (focused):

General: Stable

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

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

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

Extremity/Skin: No legs edema, no lesion, no foot wound, positive dorsalis pedis and posterior tibial pulse

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

Lab/study:

Lab result	on June 8, 2012	on August 10, 2012
Creat	=133	=132 [44 - 80]
Gluc	=8.2	=3.3 [4.1 - 6.1]
HbA1C	=6.8	=9.7 [4.8 - 5.9]

Done on November 7, 2012

FBS: 403mg/dl; Two hours after with 0.5L water drinking → blood sugar: 348mg/dl

U/A: protein 1+, glucose 4+, no blood, no ketone

Assessment:

1. DMII
2. HTN

Plan:

1. Metformin 500mg 1t po tid
2. Glibenclamide 5mg 1t po bid
3. Captopril 25mg 1t po tid
4. HCTZ 25mg 1t po qd
5. ASA 300mg 1/4t po qd
6. Review on diabetic diet, and foot care
7. Draw blood for CBC, Creat, Glucose, HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: November 7, 2012

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: [Heinzelmann, Paul J., M.D.](#)

To: [Fiamma, Kathleen M.](#) ; [Paul Heinzelmann](#)

Cc: 'robibtelemed@gmail.com' ; 'rithychau@sihosp.org'

Sent: Thursday, November 08, 2012 8:12 AM

Subject: RE: Robib TM Clinic November 2012, Case#4, Nung Chhun, 76F

Thank you for this case.

This case demonstrates one of the challenges of using hypoglycemic medications - they have to be taken as prescribed. Many patients take them intermittently or incorrectly. In an elderly woman, its best to err on the side of risking under treatment. The benefits of lower than ideal glucose are outweighed by the risk of repeated hypoglycemic episodes in my opinion (i.e. loss of consciousness, falls).

A similar argument can be made for antihypertensive. Too much is bad - especially in elderly (i.e. dizziness, falls).

Her glucose and blood pressure are elevated at this visit, suggesting she is not taking her meds any more.

I would create a *simple BID regimen* that can be easily remembered and followed- (I would also provide a weekly pill dispenser if possible).

Strongly emphasize that the pills have to be taken as prescribed.

For example:

- **Metformin 500mg BID**
- **Glibenclamide 5mg 1t po BID**
- **Captopril 25mg 1t po BID**
- **HCTZ 25 po qam (eliminate if possible)**

This regimen may need to be adjusted, and if possible eliminate one of these meds to make it even simpler to follow.

Good luck!

Paul Heinzelmann, MD

Thursday, November 8, 2012

Follow-up Report for Robib TM Clinic

There were 3 new patients and 1 follow up patient seen during this month Robib TM Clinic, and other 52 patients came for brief consult and medication refills, and 35 new patients seen by PA Rithy for minor problem without sending data. The data of all 4 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by CCH/MGH 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 on 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. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib Telemedicic Clinic November 2012

1. Heum Phum, 50M (Kampot Village)

Diagnosis:

1. Elevated BP
2. Alcoholism (Alcohol withdrawal?)

Treatment:

1. Stop alcohol and cig smoking
2. Recheck BP in the next follow up
3. Multivitamin 1t po qd for one month (#30)

2. Meng Panha, 4M (O Village)

Diagnosis:

1. Phimosis (skin allergy)

Treatment:

1. Ibuprofen 200mg 11/2t po tid for 3 days (#15)
2. The phimosis swelling has been resolved (seen on Thursday afternoon)

3. Theum Sithath, 26F (Kampot Village)

Diagnosis:

1. Hyperthyroidism with nodular goiter

Treatment:

1. Carbimazole 5mg 1t po bid (buy)
2. Draw blood for CBC, TSH, and Free T4 at SHCH

Lab result on November 9, 2012

WBC	=5.7	[4 - 11x10 ⁹ /L]	TSH	=<0.005	[0.27 – 4.20]
RBC	=5.4	[3.9 - 5.5x10 ¹² /L]	F T4	=34.74	[12.0 – 22.0]
Hb	=12.4	[12.0 - 15.0g/dL]			
Ht	=39	[35 - 47%]			
MCV	=72	[80 - 100fl]			

MCH	=23	[25 - 35pg]
MHCH	=32	[30 - 37%]
Plt	=276	[150 - 450x10 ⁹ /L]
Lymph	=3.0	[1.00 - 4.00x10 ⁹ /L]
Mono	=0.7	[0.10 - 1.00x10 ⁹ /L]
Neut	=2.0	[1.80 - 7.50x10 ⁹ /L]

4. Nung Chhun, 76F (Ta Tong Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 11/2t po bid (#90)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1t po tid (buy)
4. HCTZ 25mg 1t po qd (#30)
5. ASA 300mg 1/4t po qd (#8)
6. Review on diabetic diet, and foot care
7. Draw blood for CBC, Creat, Glucose, HbA1C at SHCH

Lab result on November 9, 2012

WBC	=5.1	[4 - 11x10 ⁹ /L]	Creat	=127	[44 - 80]
RBC	=4.7	[3.9 - 5.5x10 ¹² /L]	Gluc	=20.1	[4.1 - 6.1]
Hb	=9.7	[12.0 - 15.0g/dL]	HbA1C	=13.5	[4.8 - 5.9]
Ht	=33	[35 - 47%]			
MCV	=71	[80 - 100fl]			
MCH	=21	[25 - 35pg]			
MHCH	=29	[30 - 37%]			
Plt	=110	[150 - 450x10 ⁹ /L]			
Lymph	=1.5	[1.00 - 4.00x10 ⁹ /L]			
Mono	=0.6	[0.10 - 1.00x10 ⁹ /L]			
Neut	=3.0	[1.80 - 7.50x10 ⁹ /L]			

Patient who come for brief consult and refill medicine

1. Chum Chandy, 54F (Ta Tong Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for three months (#120)

2. Keum Heng, 46F (Koh Lourng Village)

Diagnosis:

1. Hyperthyroidism
2. HTN

Treatment:

1. Carbimazole 5mg 1t po qd for one month (buy)
2. Propranolol 40mg 1/2t po bid for one month (#20)
3. Draw blood for Free T4 at SHCH

Lab result on November 9, 2012

Free T4	=6.89	[12.0 - 22.0]
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3. Kham Sary, 50M (Thnal Koang Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs for four months (#60)
2. Glyburide 2.5mg 2t bid four months (#480)
3. Captopril 25mg 1/4t bid four months (buy)

4. Kin Yin, 35F (Bos Pey Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)

5. Mar Thean, 54M (Rom Chek Village)

Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid for three months (buy)
2. Glyburide 2.5mg 2t po bid for three months (#360)
3. ASA 300mg 1/4t po qd for three months (#24)
4. Fenofibrate 100mg 1t po bid for three months (buy)

6. Meas Lam Phy, 58M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for four months (#120)

7. Meas Ream, 88F (Taing Treuk Village)

Diagnosis:

1. HTN
2. Left side stroke with right side weakness

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)

8. Nung Hun, 80M (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (#30)
2. Eat low salt/fats diet, no regular exercise

9. Ny Ngek, 58F (Svay Pat Village)

Diagnosis:

1. DMII with PNP
2. HTN
3. Hypercholesterolemia

Treatment:

1. Glyburide 2.5mg 1t bid three months (#180)
2. Captopril 25mg 1/2t bid three months (buy)

3. Simvastatin 20mg 2t qhs three months (buy)

10. Pech Huy Keung, 51M (Rovieng Cheung Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (buy)
2. Metformin 500mg 2t po bid for three months (#300)
3. Captopril 25mg 1t po bid three months (buy)
4. ASA 300mg 1/4t po qd three months (#24)

11. Preum Proy, 52M (Thnout Malou Village)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Glyburide 2.5mg 2t po bid for three months (#360)
2. Metformin 500mg 2t po bid for three months (#200)
3. Captopril 25mg 1/2t po bid for three months (buy)
4. ASA 300mg 1/4t po qd for three months (#24)

12. Prum Vandy, 50F (Taing Treuk Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for three months (buy)
2. Propranolol 40mg 1/4t po bid for three months (#45)

13. Seng Yom, 45F (Damnak Chen Village)

Diagnosis:

1. Hypothyroidism due to Methimazole
2. Mod-severe TR/MR, mild AR with normal EF

Treatment:

1. Captopril 25mg 1/4t po qd for one month (buy)
2. Furosemide 40mg 1/2t qd for one month (#15)
3. FeSO4/Folate 200/0.4mg 1t qd for one month (#30)
4. ASA 300mg 1/4t qd for one month (#8)
5. Hold Methimazole and Propranolol
6. Draw blood for Free T4 at SHCH

Lab result on November 9, 2012

F T4 = **4.03** [12.0 – 22.0]

14. Srey Ry, 63M (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (#30)

15. Thourn Nhorn, 41F (Svay Pat Village)

Diagnosis:

1. DMII

2. HTN

Treatment:

1. Metformin 500mg 1t po bid for three months (#180)
2. Glibenclamide 5mg 1t po bid for three months (#buy)
3. Captopril 25mg 1/2t po bid for three months (buy)

16. Un Rady, 49M (Rom Chek Village)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid for three months (#200)
2. Captopril 25mg 1/2t po bid for three months (buy)
3. ASA 300mg 1/4t po qd for three months (#24)
4. Fenofibrate 100mg 1t po bid (buy)

17. Kong Vanny, 57F (Taing Treuk Village)

Diagnosis:

1. Dyspepsia

Treatment:

1. Cimetidine 200mg 1t po qhs for one month then follow up prn (#40)

18. Seum Phoeun, 46M (Thkeng Village)

Diagnosis:

1. Eczema

Treatment:

1. Fluocinonide cream 0.1% apply bid until the rash gone (#1)

19. Yin Hun, 74F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. Enalapril 10mg 1t po qd for one month (#40)
2. HCTZ 25mg 2t po qd for one month (#60)

20. Chan Rim, 59F (Ke Village)

Diagnosis:

1. HTN

Treatment:

1. Nifedipine 20mg 1/2t po qd for two months (#30)

21. Heng Chey, 71M (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#40)

22. Heng Naiseang, 63F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for one month (#60)
2. Captopril 25mg 1/2t po qd for one month (buy)

23. Keth Chourn, 58M (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for three months (#90)
2. Amlodipine 5mg 1t po qd for three months (#90)

24. Keum Kourn, 65F (Thkeng Village)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (buy)
2. Methimazole 5mg 1t po bid for two months (#120)

25. Kong Sam On, 55M (Thkeng Village)

Diagnosis:

1. HTN
2. DMII
3. Chronic renal failure (Creat: 269)
4. Hypertriglyceridemia
5. Arthritis

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 10mg 1/2t po qd for one month (#15)
4. Amlodipine 5mg 2t po qd for one month (#60)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Fenofibrate 100mg 1t po qd for one month (buy)

26. Prum Norn, 56F (Thnout Malou Village)

Diagnosis:

1. Liver cirrhosis with PHTN
2. HTN
3. Hypertrophic Cardiomyopathy
4. Renal Failure with hyperkalemia
5. Gouty Arthritis

Treatment:

1. Spironolactone 25mg 1t po qd for one month (#30)
2. Furosemide 40mg 1/2t po bid for one month (#30)
3. Paracetamol 500mg 1t po qid prn pain one month (#30)
4. Ibuprofen 200mg 2t po tid for one month (#30)

27. Ros Yeth, 58M (Thnout Malou Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glyburide 2.5mg 2t po bid for two months (#240)
2. Metformin 500mg 2t po bid for two months (#150)
3. Captopril 25mg 1t po bid for two months (buy)

28. Sao Phal, 63F (Thnout Malou Village)

Diagnosis:

1. HTN
2. Anxiety
3. Renal insufficiency

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)
2. Amitriptylin 25mg 1/2t po qhs for two months (#30)
3. Paracetamol 500mg 1t po qid prn pain/HA for two months (#20)

29. Sath Roeun, 58F (Taing Treuk Village)**Diagnosis:**

1. HTN
2. Hyperlipidemia

Treatment:

1. Captopril 25mg 1t bid for two months (buy)
2. HCTZ 25mg 1t qd for two months (#60)
3. Simvastatin 20mg 1t po qhs for two months (buy)

30. Seng Ourng, 63M (Rovieng Cheung Village)**Diagnosis:**

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1t po tid for one month (buy)
2. Glyburide 2.5mg 1t bid for one month (#60)
3. Educate on diabetic diet, do regular exercise and foot care

31. Tay Kimseng, 54F (Taing Treuk Village)**Diagnosis:**

1. HTN
2. Obesity

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. HCTZ 25mg 1t po qd for one month (#30)

32. Tey Sok Ken, 31F (Sre Thom Village)**Diagnosis:**

1. Hyperthyroidism

Treatment:

1. Propyl thiouracil 50mcg 2t qd for one month (#70)
2. Draw blood for Free T4 at SHCH

Lab result on November 9, 2012

F T4 =21.56 [12.0 – 22.0]

33. Tith Hun, 58F (Ta Tong Village)**Diagnosis:**

1. HTN

Treatment:

1. Enalapril 10mg 1/2t po qd for three months (#45)
2. HCTZ 25mg 1t po qd for three months (#90)
3. Atenolol 50mg 1/2t po qd for three months (buy)

34. Tith Y, 56F (Ta Tong Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for three months (#50)

35. Yim Sok Kin, 31M (Thnout Malou Village)

Diagnosis:

1. Liver cirrhosis with PHTN

Treatment:

1. Propranolol 40mg 1/4t po bid for two months (buy)
2. Spironolactone 25mg 1/2t po bid for two months (#60)

36. Yung Seum, 68F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)

37. Chan Oeung, 60M (Sangke Roang Village)

Diagnosis:

1. Gouty arthritis attack
2. Osteoarthritis
3. Renal insufficiency
4. Tinea corporis

Treatment:

1. Paracetamol 500mg 1t po qid prn for one month (#30)
2. Ibuprofen 200mg 3t po tid for one month (#30)
3. Allopurinol 100mg 2t po qd for one month (buy)
4. Clotrimazole 1% apply bid (#2)

38. Chhourn Khi, 51F (Trapang Teum Village)

Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 1t po tid for two months (#100)
2. Amitriptylin 25mg 1/2t po qhs for two months (#30)

39. Eam Neut, 56F (Taing Treuk)

Diagnosis

1. HTN

Treatment

1. Amlodipine 5mg 1t po qd for three months (#60)

40. Heng Chan Ty, 50F (Ta Tong Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 2t po bid for one month (buy)
2. Propranolol 40mg ¼ t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on November 9, 2012

Free T4=**22.15** [12.0 – 22.0]

41. Kim Yat, 38F (Sre Thom Village)

Diagnosis:

1. Anemia

Treatment:

1. FeSO₄/Folate 200/0.4mg 1t po bid for two month (#120)
2. MTV 1t po qd for two months (#60)

42. Kong Soeun, 31M (Backdoang Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (buy)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on November 9, 2012

Glucose =**8.6** [4.1 – 6.1]
HbA1C =5.7 [4.8 – 5.9]

43. Kouch Be, 80M (Thnout Malou Village)

Diagnosis

1. HTN
2. COPD

Treatment

1. Amlodipine 5mg 1t po qd for four months (#60)
2. Salbutamol Inhaler 2 puffs prn SOB for four months (#2)

44. Kun Ban, 53M (Thnal Keng Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po tid for two months (#150)
2. ASA 300mg 1/4t po qd for two months (#buy)

45. Moeung Srey, 48F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. Amlodipine 5mg 1t po qd for three months (#60)

46. Prum Chean, 50F (Sangke Roang Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM for one month (#90)
2. Draw blood for Glucose and HbA1C at SHCH

Lab result on November 9, 2012

Glucose =**7.8** [4.1 – 6.1]
HbA1C =**6.4** [4.8 – 5.9]

47. Ros Oeun, 55F (Thnout Malou Village)

Diagnosis:

1. HTN
2. DMII
3. Hypertriglyceridemia

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformin 500mg 3t po qAM, and 2t po qPM for two months (#200)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)
5. Fenofibrate 100mg 1t po bid for two months (buy)

48. Roth Ven, 54M (Thkeng Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glipizide 10mg 1t po qd for one month (#30)
2. Metformin 500mg 2t po bid for one month (#100)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on November 9, 2012

Glucose	=9.9	[4.1 – 6.1]
HbA1C	=9.5	[4.8 – 5.9]

49. Sam Khim, 50F (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (#80)
2. Glyburide 2.5mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on November 9, 2012

Glucose	=23.0	[4.1 - 6.1]
HbA1C	=13.6	[4.8 – 5.9]

50. Tann Sou Hoang, 51F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#200)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. ASA 300mg 1/4t po qd for two months (buy)

51. Uy Noang, 59M (Thnout Malou Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformine 500mg 2t po bid for two months (#200)
3. Captopril 25mg 1t po bid for two months (buy)

52. Yun Yeung, 75M (Doang Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)

**The next Robib TM Clinic will be held on
December 3 – 7, 2012**