Robib *Telemedicine* Clinic

Preah Vihear Province

O C T O B E R 2 0 1 2

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

On Monday, October 1, 2012, SHCH staffs Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), October 2 & 3, 2012, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 new cases and 3 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, October 3 & 4, 2012.

On Thursday, replies from SHCH in Phnom Penh and CCH/MGH Telemedicine in Boston were downloaded. Per advice from Boston, SHCH, 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 ; Kruy Lim ; Cornelia Haener
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach ; Savoeun Chhun ; Robib School 1
Sent: Monday, September 24, 2012 11:42 AM
Subject: Schedule for Robib Telemedicine Clinic October 2012

Dear all,

I would like to inform you that Robib TM Clinic for October 2012 will be starting on October 1 to 5, 2012.

The agenda for the trip is as following:

1. On Monday October 1, 2012, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday October 2, 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 October 3, 2012, the activity is the same as on Tuesday
4. On Thursday October 4, 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 October 5, 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, October 02, 2012 3:59 PM
Subject: Robib TM Clinic Case#1, Cheng Rady, 17F

Dear all,

There are three new cases and one follow up case for first day of Robib TM clinic October 2012. This is case number 1, Cheng Rady, 17F and photo.

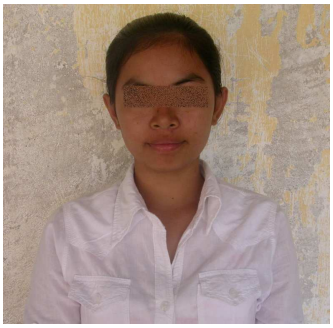
Best regards,
Sovann

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: **Cheng Rady, 17F (Thnal Keng Village)**

Chief Complaint (CC): Left ear discharge x 3 months

History of Present Illness (HPI): 17F, 12 grade student, with past history of left ear discharge, when she was 2 years old and became cured with treatment with two IM injection (unknown name medicine). When she was 15 years old, she had swimming and the water get into the left ear; several days later, the ear discharge developed with pain, and ear ringing sensation. She got treatment with Amoxicillin 500mg 1t bid for 7d then noticed there was no discharge coming out. In these three months, the discharge presented in the same ear with pain, itchy and ringing sensation and got treatment with Amoxicillin but the discharge still persisted so she came to consult with Telemedicine clinic.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No cig smoking, no EtOH

Current Medications:

1. Amoxicillin 500mg 1t po bid (finished 20 days)

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 101/75 P: 77 R: 20 T: 37°C Wt: 43Kg

General: Stable

HEENT: Erythema mucosa of ear canal with fluid collection, the tympanic membrane is not seen due to fluid collection, no cervical lymph node palpable, no pain with pulling the ear lobule; No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement

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

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

Lab/study: None

Assessment:

1. Otitis media

Plan:

1. Augmentin 625mg 1t po bid for 10d
2. Ibuprofen 200mg 2t po bid for 5d
3. Plug the ear with cotton every time having a shower

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: October 2, 2012**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, October 03, 2012 9:08 AM
Subject: RE: Robib TM Clinic Case#1, Cheng Rady, 17F

Dear Sovann,

This patient has recurrent OM of left ear. Was the fluid clear or milky/pus color? If it is cloudy and pustular looking, then you should be treated with Augmentin 625mg either 2 tab po bid or 1 tab po tid x 10-14 days. I prefer the later for tid tx because less irritable to GI. Otherwise, I would skip the Abx and tx her symptomatically. Ibuprofen is good to reduce pain and inflammation. Tell her to avoid using cotton tip

swab to clean out. She can use cotton ball for plugging the left ear during shower/bath/swimming, but can also do it if more discharge is coming out the ear. She should also use cotton ball plug until you can see her TM healed completely. A decongestion like phenylephrine will help to open up more for drainage and expedite the healing process—can give her Robitussin formula which have this ingredient to use qid. Follow up next month. If she became febrile esp. 40C or higher while taking the meds given, she needs to go immediately to seek help properly and not wait for TM clinic.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director Telemedicine/EHC Officer
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From: Robibtelemed
To: Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, October 02, 2012 5:48 PM
Subject: Robib TM Clinic Case#2, Chum Thorn, 32F

Dear all,

This is case number 2, Chum Thorn, 32F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

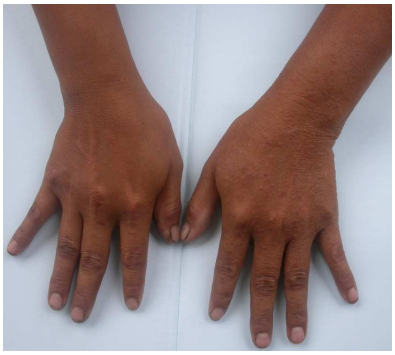
History and Physical

Name/Age/Sex/Village: **Chum Thorn, 32F (Khna Village)**

Chief Complaint (CC): Dizziness and vertigo x 5 months

History of Present Illness (HPI):
lateral decubitus. These symptoms frequently occur at night and morning. She got treatment from local health center with few kinds of medicine bid (unknown name) and admitted to provincial hospital three times but her symptom still persist. She was diagnosed by referral hospital doctor with psychological problem. Her husband used domestic violence on her in the past year by hitting her head causing depressed head skull, ear and nose bleeding. She sometime got confusion with thinking that other home was belonging to her own home and she became clearly knew when house owner

confirmed with her several times. Several months later, she developed above symptoms. She works as mining worker in malaria endemic region and is caring her daughter with positive malaria in local health center.



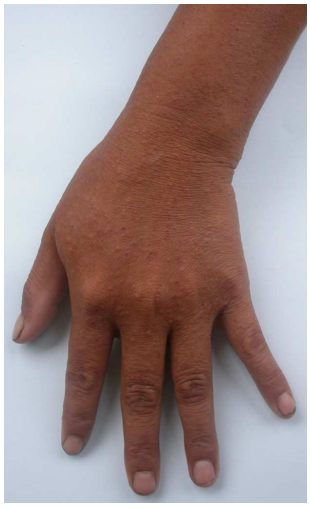
Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications:

1. Injective contraceptive (every three months injection)



Allergies: NKDA

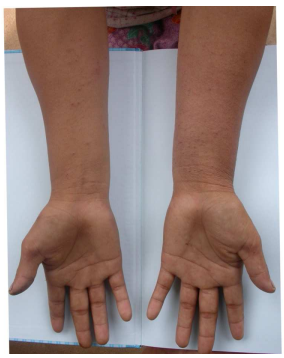
Review of Systems (ROS): Maculopapular skin rash on the forearms with itchy, No cough, no SOB, no bloody/mucus stool, no leg edema.

PE:

Vitals: BP: 128/105 (both arms) P: 77 R: 20 T: 37^{o}C Wt: 50Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable; Normal ear canal mucosa, and intact tympanic membrane, no double, no blurred vision



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

Abd: Soft, generalized mild tender with deep palpation, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: Maculopapular skin rash on the forearms, no vesicle, no pustule (see photos); spare on other skin area

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

Lab/study: Malaria smear microscopic with negative result

Assessment:

1. Vertigo due head trauma
2. Dermatitis?
3. Psychological disorder?

Plan:

1. Paracetamol 500mg 1t po qid prn HA/fever
2. Calmine lotion apply on the rash bid
3. Cetirizine 10mg 1t qhs

4. MTV 1t po qd
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH
   Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

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

Examined by: Nurse Sovann Peng **Date: October 2, 2012**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, October 03, 2012 9:40 AM
Subject: RE: Robib TM Clinic Case#2, Chum Thorn, 32F

Dear Sovann,

First for the rash, it may be a contact dermatitis of some sort—maybe that part of her skin especially using left hand more got exposed to chemical mixing, animal feed mixing, rice husk, forest plants, etc. I agree with using antihistamine oral and calamine lotion application. She can avoid the allergens if you can help her correlate with what she may be exposed to at home or in her line of work.

About the vertigo: if a person experience vertigo, for sure she will not be able to look that well in the photo you took or walking around without problem. Did she have problem when standing up, walking, moving around etc.? You seemed to refer this problem to the "trauma" she claimed from her husband's abuse, but I saw no images or description of such—did you not include or miss in you physical exam? Why is she shaving her head or having such a short haircut? If you truly suspect abuse, then you need to help her to get to the proper authority to report and investigate on this issue. This is a sensitive issue and you need to do this cautiously. Maybe the local NGO like Ben or Elaine can help you better to follow up with this issue.

About psychological problem: I did not see much on assessing this patient about her psychological health. Since you are not train to do this, but if you suspect that she may have this problem, you need to refer her to Khmer-Soviet Hosp in PP for further evaluation. Who (among family, relatives or neighbor) can confirm that she is psychologically unstable? What medication is she taking for this problem?

Can you recheck her BP again at another day and setting?

You can give her the medicine as you planned, but I do not think you need to do any lab work on her unless her BP is still elevated next time you measure.

I hope this is helpful.

Rithy
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Sihanouk Hospital Center of HOPE
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From: Robibtelemed
To: chaurithy
Cc: 'Kruy Lim'
Sent: Thursday, October 04, 2012 9:58 AM
Subject: Re: Robib TM Clinic Case#2, Chum Thorn, 32F

Dear RIthy,

Thhis rash maybe from contact with any substance when she worked as mining worker. I will ask her to avoid contact with that.

I don't see any lesion or scar on the head and she shaved her hair because of feeling heavy on the head with headaches and this shave makes her feel less headaches.

Her husband is a jealous man and usually use domestic violence when he got drunk. She wanted to get divorce but her parents suggested not to do that and authourithy also tried talking with her husband to avoid violence.

Best regards,
Sovann

From: Tan, Heng Soon,M.D.
Sent: Wednesday, October 03, 2012 2:28 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic Case#2, Chum Thorn, 32F response

I'll summarize the case as I understand it.

This 32 year old woman had suffered a skull fracture that left her with periods of confusion a year ago. 5 months ago she had a febrile illness that caused headache and vertigo. She had been admitted to the hospital 3 times because of recurrent symptoms [what symptoms?] diagnosed as psychological problem [what problem? depression, anxiety or dementia?]

On exam her blood pressure was high at 128/105. Skin showed a diffuse pruritic papular rash on both forearms apparently sparing web spaces. Eyes and ears were normal with no mention about nystagmus at rest or with head hyperextended [Barany maneuver]. Neurological exam was non focal. Malaria smear was negative.

Discussion

Periods of confusion and diagnosis of undefined "psychological problem" makes me wonder whether she has developed a post traumatic seizure disorder with post ictal confusion. A seizure disorder may not necessarily be a generalized convulsive seizure, but could be a partial complex temporal lobe seizure that could present with confusion during or after a seizure. A sleep deprived EEG would make the diagnosis and anti epileptics will prevent further seizures. Differential diagnosis: a traumatic subdural hematoma will lead to progressive confusion and focal signs that she does not have.

Vertigo after a febrile illness suggests a viral labyrinthitis. However such vertigo are short lived and clear within several weeks. If vertigo is positional and recurrent over the past 5 months, we should consider post traumatic positional vertigo. In this case, the demonstration of rotatory nystagmus on positioning head down [Barany maneuver] with normal hearing testing and balance will confirm the clinical diagnosis. Brainstem related vertigo will present with associated neurological findings like facial droop or dysarthria. Cerebellar vertigo will be associated with

truncal ataxia and loss of gait balance. If positional vertigo is confirmed clinically, perform the Epley maneuver [check YouTube for demontrations] to correct it.

Itchy papules on forearms may be from scabies, but I don't see papules in a row, no excoriations, no rash in finger web spaces that would confirm the diagnosis. Eczema and keratosis pilaris [from low vitamin A] could present with diffuse papules. A trial of betamethasone cream may help confirm diagnosis of eczema.

Lastly she has severe diastolic hypertension. Repeat the blood pressure measurements to confirm hypertension. Severe hypertension can present with acute headaches, nausea and vertigo due to brain stem vascular insufficiency, but in this case, she appears asymptomatic at the time of clinical exam. She would need treatment immediately: start with HCTZ 12.5 mg and lisinopril 5 mg daily and adjust medicine every week till blood pressure is controlled.

Heng Soon

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, October 02, 2012 5:50 PM
Subject: Robib TM Clinic October 2012, Case#3, Nung Hun, 80M

Dear all,

This is case number 3, Nung Hun, 80M 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: **Nung Hun, 80M (Thkeng Village)**

Chief Complaint (CC): Dizziness and palpitation x 3 months

History of Present Illness (HPI): 80M presented with 3 months history of dizziness and palpitation (fast heart beating), but denied HA, neck tension, CP, diaphoresis, vertigo, syncope. These symptoms became better with traditional method (coining the body). Two months later, these symptoms increased frequency so he got check with local health care worker and told he had hypertension with systolic blood pressure 180mmHg and was treated with HCTZ 25mg 1t qd. Several days later, the dizziness and palpitation got better but he complained of frequency of urine so HCTZ was switched to Captopril 25mg 1/2t qd then took traditional medicine instead until now. He denied of GI complaint, oliguria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: Sister with HTN, DMII

Social History: Smoking several cig per day, stopped 1y; casual EtOH in the past

Current Medications:

1. Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 168/77 (both arms) P: 62 R: 20 T: 37^{o}C Wt: 45Kg

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: protein trace, no glucose, no blood, no leukocyte

Assessment:

1. HTN

Plan:

1. HCTZ 25mg 1t po qd
2. Eat low salt/fats diet, no regular exercise
3. Draw blood for Lyte, BUN, Creat, Gluc at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: October 2, 2012**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, October 03, 2012 9:56 AM
Subject: RE: Robib TM Clinic October 2012, Case#3, Nung Hun, 80M

Dear Sovann,

I agree with your assessment and plan.

This patient seems to have compliant problem. Make sure to emphasize to him that he must follow our advice and cannot do anyhow to treat himself. Give him as you planned for one month and tell him to return. Can you have someone from his home to help make sure that he will be compliant? Tell him to stop the traditional med which is obviously not working.

Rithy

Rithy Chau, MPH, MHS, PA-C
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From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, October 02, 2012 5:53 PM
Subject: Robib TM Clinic October 2012, Case#4, Chum Chet, 65M

Dear all,

This is case number 4 (follow up case), Chum Chet, 65M 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.

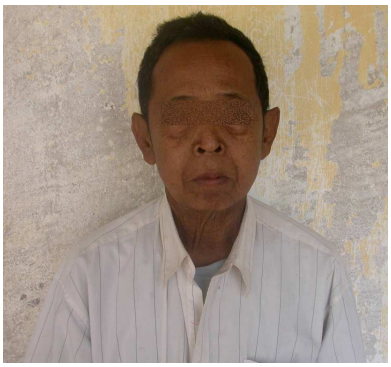
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

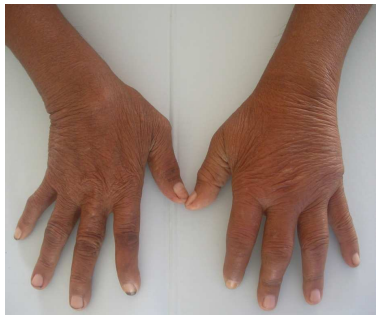
SOAP Note



Name/Age/Sex/Village: Chum Chet, 65M (Koh Pon Village)

Subjective: 65M has been diagnosed with HTN, Osteoarthritis and renal failure and treated with Amlodipine 5mg 1t po qd. In the past 10d, he presented with left elbow and wrist pain with swelling and limited joint motion and got treatment with DICLODOL (Paracetamol 500mg and Diclofenac 50mg) taking 1t bid which help control the pain and swelling. He denied of trauma, insect bite, SOB, cough, fever, CP, GI problem, oliguria, dysuria, hematuria.

Allergies: NKDA

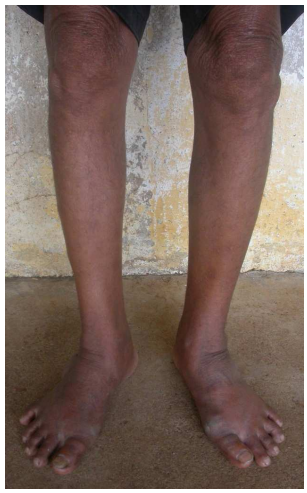


Objective:

VS: **BP: 145/64** **P: 104** **R: 20** **T: 37**
Wt: 52kg

PE (focused):

General: Look stable



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

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no abd mass palpable, no abd bruit

Skin/Extremities: Swelling, limited ROM of left wrist and elbow joints, moderate tender, no warmth

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

Lab/study:

	on August 10, 2012	**on February 10, 2012**	**Normal range**
Na	=136	=138	[135 - 145]
K	=5.9	=5.1	[3.5 - 5.0]
Cl	=112	=107	[95 - 110]
Creat	=452	=284	[53 - 97]

On October 2, 2012 U/A: protein 1+, no glucose, no blood

Assessment:

1. HTN
2. Osteoarthritis attack?
3. Renal failure (Creat: 452)

Plan:

1. Amlodipine 5mg 1t po qd
2. Paracetamol 500mg 1t po qid prn pain
3. Draw blood for CBC, Lyte, BUN, Creat 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: October 2, 2012**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, October 03, 2012 10:33 AM
Subject: RE: Robib TM Clinic October 2012, Case#4, Chum Chet, 65M

Dear Sovann,

This patient's condition is worsening. I would recommend that he comes to PP very soon to further eval. You can give some paracetamol 1g qid to help with the pain. Can he come tomorrow and he can meet me on Friday morning at ED with a relative or his wife? Give him Furosemide 40mg qd for 3d.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director Telemedicine/EHC Officer
Sihanouk Hospital Center of HOPE
rithychau@sihosp.org
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www.sihosp.org, www.care4cambodia.org, www.villageleap.com/telemedicine

From: Robibtelemed
To: chaurithy
Cc: 'Kruy Lim'
Sent: Thursday, October 04, 2012 9:39 AM
Subject: Re: Robib TM Clinic October 2012, Case#4, Chum Chet, 65M

Dear Rithy,

The patient goes to Phnom Penh this morning and will go to SHCH tomorrow morning. I will call and let you know when they get to SHCH on Friday morning.

Best regards,
Sovann

From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; 'robibtelemed@gmail.com'
Cc: 'rithychau@sihosp.org'
Sent: Saturday, October 06, 2012 3:56 AM
Subject: RE: Robib TM Clinic October 2012, Case#4, Chum Chet, 65M

Thank you for the follow up opportunity
He has the acute onset of wrist and elbow joint pain and inflammation.
This kind of presentation could be from an inflammatory arthritis, infection or trauma.

His renal failure is progressing

This certainly could be from gout (uric acid) or pseudo gout (calcium pyrophospate crystals) or rheumatoid arthritis.

If you can check a uric acid level this would be helpful.

treatment with tylenol is fine however, would avoid diclofenac and non steroid antiinflammatory medications due to adverse effect on his kidneys

Ultimately, the diagnosis can be made by joint aspiration and assessing the crystals under a microscope.
ice and elevation to the affected joints may also help out.

Best of luck

Paul Cusick

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, October 03, 2012 3:36 PM
Subject: Robib TM Clinic October 2012, Case#5, Bun Be, 54M

Dear all,

There are three new cases and two follow up cases for seconday of Robib TM Clinic October 2012. This is case number 5, continued from yesterday, Bun Be, 54M 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: **Bun Be, 54M (Doang Village)**

Chief Complaint (CC): Feeling like the bug moving on the skin for 1y and 2d of joint pain

History of Present Illness (HPI): 54M, farmer, with one year history of feeling like the bug moving all over the skin with popular skin rash on the back, no vesicle, no pustule. He got treatment with cream application on the rash and oral medicine (unknown name) then the rash gone but the feeling of something moving on the skin still persisted. On Monday, he went to see with local health staffs and was treated with Promethazine 25mg 1t qd and Mebendazole 500mg 1t once. Next day, he developed of pain on both sides of the ankle, knees, back, elbow and wrists without erythema, warmth, swelling, stiffness.

Past Medical History (PMH): Unremarkable

Family History: No family member with joint disease

Social History: Smoking 1pack of cig per day for over 20y and drinking alcohol 1/4L per day for over 20y, stopped both for three years

Current Medications:

1. Promethazine 25mg 1t qd
2. Mebendazole 500mg 1t once

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 122/70** **P: 96** **R: 20** **T: 37^{o}C** **Wt: 48Kg**

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 (light touch, position sense) intact, DTRs +2/4, normal gait

Lab/study:

BS: 110mg/dl

Assessment:

1. Skin allergy?
2. Vit Deficiency

Plan:

1. Cetirizine 10mg 1t po qhs
2. MTV 1t po bid
3. Vitamin B12 1t qd

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: October 3, 2012**

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

From: Crocker, J.Benjamin,M.D.
Sent: Wednesday, October 03, 2012 1:20 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic October 2012, Case#5, Bun Be, 54M

This gentleman has a recent chronic rash treated with crem and oral medication who presents with persistent paresthesias like something moving under the skin. He was mostly recently treated with promethazine (presumably for pruritis) and mebendazole (for presumptive parasitc/helminthic infection). He developed joint symptoms after starting these medications. He has no rash now. He is not febrile, and the remainder of his examination is benign. It is unclear whether he is still smoking and drinking (having stopped only for three years) or whether he is no longer smoking and drinking (having stopped 3 years ago). This should be clarified. There is sign or symptom of B12 deficiency.

I would recommend checking a CBC with wbc differential. The presence of eosinophils might help point us toward a parasitic/helminthic infection.
I would stop the B12. A multivitamin might be helpful. If the cetirazine helps, that would be fine.

He should stop smoking and drinking if he is still doing this.

Many thanks,
Ben

J. Benjamin Crocker, MD
Associate Medical Director
Ambulatory Practice of the Future
Massachusetts General Hospital
101 Merrimac St., Suite 1000
Boston, MA 02114

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 04, 2012 8:58 AM
Subject: RE: Robib TM Clinic October 2012, Case#5, Bun Be, 54M

Dear Sovann,

Thanks for the second set of cases for today.

For this patient, I think he may have heat rash which went away on its own and this is a minor problem. He can bathe during hot and humid days between his work in the field.

I do not think he needs any medication, but you can give him some calamine lotion if available. Advise him to doing other tasks that will help him to take his mind away from thinking about the "itch." He can also buy heat rash powder sold at the market to apply prn.

Rithy

From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, October 03, 2012 3:37 PM
Subject: Robib TM Clinic October 2012, Case#6, Kong Vanny, 57F

Dear all,

This is case number 6, Kong Vanny, 57F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

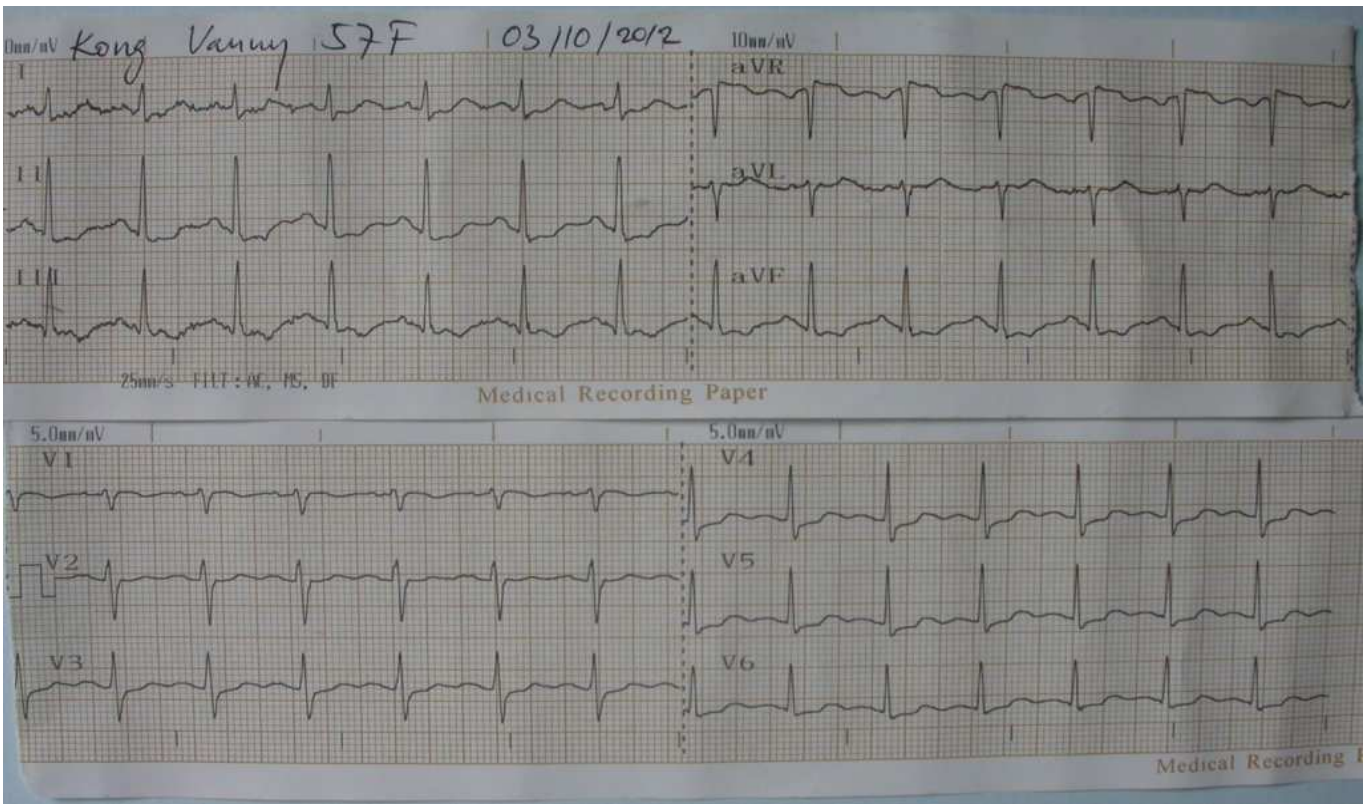
Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Kong Vanny, 57F (Taing Treuk Village)

Chief Complaint (CC): Chest tightness x 1 year



History of Present Illness (HPI): 57F, farmer, presented with chest tightness, pressure sensation, retrosternal location, associated with palpitation, diaphoresis, blurred vision and two times of unconscious. These symptoms frequently occurred at mid night waking her up and got better with sitting up. Sometimes, the chest tightness got better with burping. She got treatment from local health center but her symptoms still persist and denied of fever, orthopnea, edema, bloody/black stool.

PMH/PSH: Appendicectomy in 2002 at Kg Thom referral hospital

Family History: None

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

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 149/90 (both arms) P: 77 R: 20 T: 37^{o}C Wt: 45Kg O2sat: 97%

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:

EKG attached

Assessment:

1. Dyspepsia
2. Cardiovascular disease??

Plan:

1. Famotidine 40mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. Send patient to Kg Thom for CXR

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

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

Examined by: Nurse Sovann Peng **Date: October 3, 2012**

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

From: Drachman, Douglas Emmet,M.D.
Sent: Wednesday, October 03, 2012 4:39 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic October 2012, Case#6, Kong Vanny, 57F

Challenging situation.

Her EKG is grossly abnormal and could be consistent with active coronary ischemia or pericarditis (inflammation of the lining of the heart). The fact that she has lost consciousness twice is worrisome. The worsening at night-time is curious, and could represent a coronary vasospastic process, or possibly the positional influence of pericardial pain, which is often improved when patients lean forward.

If she were here, she would immediately be admitted to the hospital with such a grossly abnormal EKG and the history that you convey. Workup would include laboratory testing (including cardiac enzymes), an echocardiogram (to look at the pericardium and evaluate if there is a regional wall motion abnormality in the left ventricle to suggest ischemia), and a cardiac catheterization if the labs and echo do not point to an alternative diagnosis.

Thanks.

Douglas Drachman, MD

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 04, 2012 9:13 AM
Subject: RE: Robib TM Clinic October 2012, Case#6, Kong Vanny, 57F

Dear Sovann,

The history you described is more likely a GERD problem especially waking her up at night with heartburn sx and relieved by burping. I think you can give her stronger medication like Omeprazole 20mg 2 po qhs for one month and can decrease to 1 po qhs next month. Add metoclopramide 10mg qd. Diet and exercise is necessary and give her the GERD prevention education. Ask her to plan on losing some weight by doing aerobic exercise (running, walking, swimming, etc.).

She seemed anxious and maybe this is why her BP and HR were a bit high. ECG only showed slight tachycardia. Follow her up next month for the elevate BP. CXR is optional but not necessary. Ok to give mebendazole to deworm.

Rithy
Rithy Chau, MPH, MHS, PA-C
Director Telemedicine/EHC Officer
Sihanouk Hospital Center of HOPE
rithychau@sihosp.org
TEL: 855-23-882-484, Ext 250, FAX: 855-23-882-485
HP: 855-11-623-805, 855-12-520-547
www.sihosp.org, www.care4cambodia.org, www.villageleap.com/telemedicine

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From: Robibtelemed
To: Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, October 03, 2012 3:39 PM
Subject: Robib TM Clinic October 2012, Case#7, Seum Phoeun, 46M

Dear all,

This is the case number 7, Seum Phoeun, 46M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

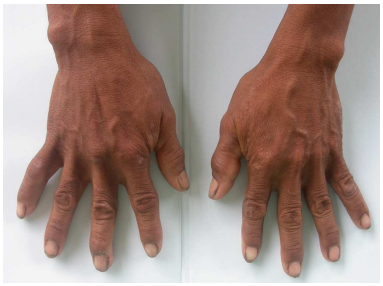
Rovieng Commune, Preah Vihear Province, Cambodia

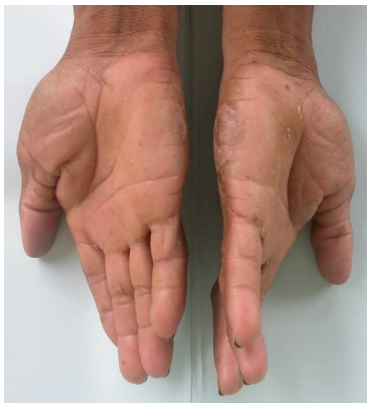
History and Physical

Name/Age/Sex/Village: **Seum Phoeun, 46M (Thkeng Village)**

Chief Complaint (CC): Skin rash x 3 years

History of Present Illness (HPI): 46M, secondary school teacher, presented with maculopapular rash on the dorsum of right foot about 1x1cm size with itchy, he scratched on the rash then he noted the change of rash with discharge then thickening of skin and several other rash on the lateral side of right foot as well in these three years. The rashes also developed to the left foot and noticed on the hands in this year. He got treatment with cream application on rashes and oral drugs but the reappeared in several months after treatment. He denied of chemical contact and present of rash to other skin area as body, elbow, groin and face.





Past Medical History (PMH): Unremarkable

Family History: His wife with eczema

Social History: No cig smoking, casual EtOH

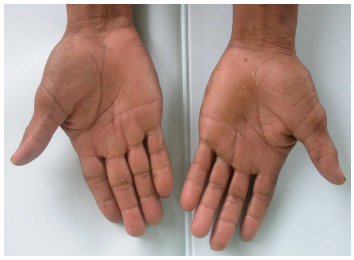
Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 132/86 P: 67 R: 20 T: 37^{o}C Wt: 54Kg

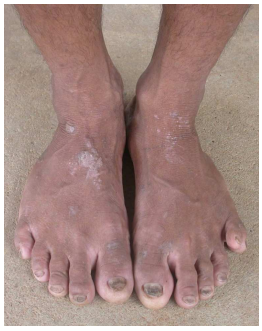


General: Stable

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



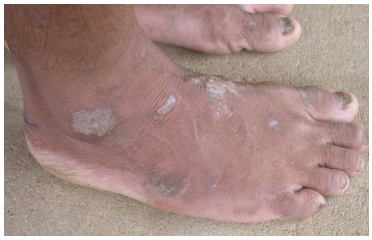
Extremity/Skin: Several hypertrophic skin rash with scaly skin on feet and hands (see photos), no vesicle, no pustule

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

Lab/study: None

Assessment:

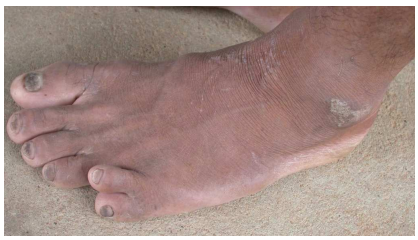
1. Eczema



Plan:

1. Fluocinonide cream 0.1% apply bid until the rash gone
2. Cetirizine 10mg 1t po qhs

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: October 3, 2012**

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

From: Kvedar, Joseph Charles,M.D.
Sent: Wednesday, October 03, 2012 7:02 AM
To: Fiamma, Kathleen M.
Subject: Re: Robib TM Clinic October 2012, Case#7, Seum Phoeun, 46M

This is a reasonable diagnosis. The differential includes lichen planus, but the therapy that is suggested would be good for either condition. It would be great to try this therapy and see the patient back in about two months.

Joseph C. Kvedar, MD

Center for Connected Health
Harvard Medical School
25 New Chardon Street Suite 400D
Boston, MA 02114

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 04, 2012 9:21 AM
Subject: RE: Robib TM Clinic October 2012, Case#7, Seum Phoeun, 46M

Dear Sovann,

I agree with your plan. Also ask him to wear boot to do work in the field and wear gloves for work if possible until rash improved.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director Telemedicine/EHC Officer
Sihanouk Hospital Center of HOPE
rithychau@sihosp.org
TEL: 855-23-882-484, Ext 250, FAX: 855-23-882-485
HP: 855-11-623-805, 855-12-520-547
www.sihosp.org, www.care4cambodia.org, www.villageleap.com/telemedicine

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, October 03, 2012 3:41 PM
Subject: Robib TM Clinic October 2012, Case#8, Seng Yom, 45F

Dear all,

This is the case number 8, Seng Yom, 45F (follow up) and photos.

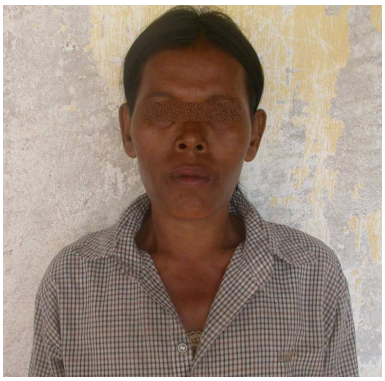
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

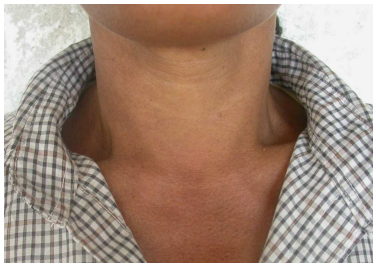
Rovieng Commune, Preah Vihear Province, Cambodia

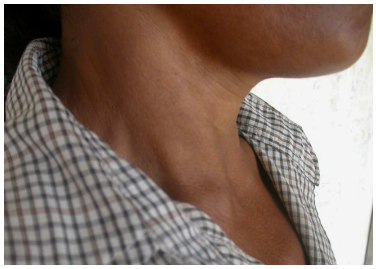
SOAP Note



Name/Age/Sex/Village: Seng Yom, 45F (Damnak Chen Village)

Subjective: 45F has been seen in June 2012 and diagnosed with CHF and Hyperthyroidism and went to seek further evaluation at SHCH in Phnom Penh and had two times follow up there. Because she became stable without dyspnea, cough, palpitation, tremor, insomnia, edema, she requested for follow up with Telemedicine clinic that comes to see patients at local health center due to unable to pay for seeking care at Phnom Penh and now her medication had been adjust to below. Note that patient first treated with Methimazole 5mg 2t tid and adjust to 1t bid now due to Free T4 is lower than normal (Free T4: 6.78).





Current Medications:

1. Methimazole 5mg 1t po bid
2. Propranolol 40mg 1/4t po bid
3. Captopril 25mg 1/4t po bid
4. Furosemide 40mg 1/2t qd
5. ASA 300mg 1/4t qd

Allergies: NKDA

Objective:

VS: BP: 89/53 P: 80 R: 20 T: 37 Wt: 44kg

PE (focused):

General: Look stable

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

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no abd mass palpable, no abd bruit

Skin/Extremities: No legs edema, (+) 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

WBC	=4.54	[4 - 11x10^9/L]	BUN	=2.7	[<8.3]
RBC	=4.1	[3.9 - 5.5x10^{12}/L]	Creat	=31	[44 - 80]
Hb	=9.3	[12.0 - 15.0g/dL]	Gluc	=4.3	[4.1 - 6.1]
Ht	=29	[35 - 47%]	T. Chol	=1.8	[<5.7]
MCV	=70	[80 - 100fl]	TG	=0.5	[<1.7]
MCH	=23	[25 - 35pg]	TSH	=<0.005	[0.27 – 4.20]
MHCH	=32	[30 - 37%]	Free T4	=66.32	[12.0 – 22.0]
Plt	=96	[150 - 450x10^9/L]			
Neut	=1.42	[2.0 - 8.0x10^9/L]			
Lymph	=1.44	[0.7 - 4.4x10^9/L]			
Mono	=0.58	[0.1 - 0.8x10^9/L]			
Eosino	=0.08	[0.8 – 0.40]			
Baso	=0.02	[0.02 – 0.10]			

July 31, 2012	September 3, 2012	Normal range
Free T4= 16.12	Free T4: 6.78	[12.0 – 22.0]

Assessment:

1. Hyperthyroidism
2. CHF due to Hyperthyroidism

Plan:

1. Methimazole 5mg 1t po bid
2. Propranolol 40mg 1/4t po bid
3. Captopril 25mg 1/4t po bid
4. Furosemide 40mg 1/2t qd
5. ASA 300mg 1/4t qd
6. Draw blood for 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: October 2, 2012**

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

From: Barbesino, Giuseppe,M.D.
To: 'robibtelemed@gmail.com'
Cc: 'rithychau@sihosp.org' ; Fiamma, Kathleen M.
Sent: Thursday, October 04, 2012 1:27 AM
Subject: RE: Robib TM Clinic October 2012, Case#8, Seng Yom, 45F

I agree with decreasing the methimazole. It could actually be given in one single daily dose (5 mg 2 tbt QD). I am concerned though with her low absolute neutrophil count. this could represnt methimazole-induced granulocytopenia, a dangerous complication of methimazole treatment, leading to agranulocytosis. this in turn can lead to severe infections, sometimes lethal. I strongly recommend re-checking CBC and differential in 4-7 days and stopping methimazole should the granulocyte count fall further. PLEASE E-MAIL BACK directly with any further questions on this issue. the hyperthyroidism, if persistent should be terated with I-131 or thyroidectomy, if methimazole needs to be stopped. She also has significant anemia and I would check iron studies and treat accordingly. this degree of anemia can increase symptoms of heart failure.
thanks
giuseppe barbesino

From: Robibtelemed
To: Barbesino, Giuseppe,M.D.
Cc: rithychau@sihosp.org ; Fiamma, Kathleen M.
Sent: Tuesday, October 09, 2012 10:17 AM
Subject: Re: Robib TM Clinic October 2012, Case#8, Seng Yom, 45F

Dear Dr. Giuseppe barbesino,

This is the blood test result done on October 5, 2012

WBC	=6.8	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10^{12}/L]	K	=3.3	[3.5 - 5.0]
Hb	=12.0	[12.0 - 15.0g/dL]	Cl	=104	[95 – 110]
Ht	=38	[35 - 47%]	F T4	=3.9	[12.0 – 22.0]
MCV	=77	[80 - 100fl]			
MCH	=24	[25 - 35pg]			
MHCH	=32	[30 - 37%]			
Plt	=152	[150 - 450x10^9/L]			
Lymph	=1.8	[1.00 - 4.00x10^9/L]			
Mono	=2.9	[0.10 - 1.00x10^9/L]			
Neut	=2.1	[1.80 - 7.50x10^9/L]			

and the previous CBC was done before treatment with Methimazole.

Because continuing decreased free T4, the Methimazole is reduced from 5mg bid to only 5mg qd and other medication is as below

1. Propranolol 40mg 1/4t po bid
2. Captopril 25mg 1/4t po qd
3. Furosemide 40mg 1/2t qd
4. FeSO4/Folate 200/0.4mg 1t qd
5. ASA 300mg 1/4t qd
6. Xango powder po bid

Thanks for your reply to the Telemedicine cases.

Best regards,
Sovann

From: Barbesino, Giuseppe,M.D.
To: 'Robibtelemed'
Cc: rithychau@sihosp.org ; Fiamma, Kathleen M.
Sent: Wednesday, October 10, 2012 12:58 AM
Subject: RE: Robib TM Clinic October 2012, Case#8, Seng Yom, 45F

Ok, this is more reassuring then:
I agree with the continuation of methimazole at a lower dose. Neutrophils remain slightly low though, so I would re-check in 10-15 days.

Giuseppe Barbesino, M.D.

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 04, 2012 9:30 AM
Subject: RE: Robib TM Clinic October 2012, Case#8, Seng Yom, 45F

Dear Sovann,

I suggest that you reduce Methimazole 5mg 1 po qd and reduce her Captopril 25mg ¼ po qd also. Check her CBC and chem again. Add MTV and iron supplement as well. Can you do a colocheck on her and tx if needed be? Give her some Xango powder as well.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director Telemedicine/EHC Officer
Sihanouk Hospital Center of HOPE
rithychau@sihosp.org
TEL: 855-23-882-484, Ext 250, FAX: 855-23-882-485
HP: 855-11-623-805, 855-12-520-547
www.sihosp.org, www.care4cambodia.org, www.villageleap.com/telemedicine

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From: Robibtelemed
To: Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, October 03, 2012 3:43 PM
Subject: Robib TM Clinic October 2012, Case#9, Srey Ry, 63M

Dear all,

This is the last case of Robib TM Clinic October 2012, Srey Ry, 63M and photos. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly.

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: Srey Ry, 63M (Rovieng Cheung Village)

Subjective: 63M was seen in September 2012 and diagnosed with Eczema and elevated BP (145/64) and was treated with Fluocinonide cream 0.1% bid, Cetirizine 10mg qhs and Calmine lotion apply qid with life style modification (regular exercise and eat less fats/salt diet). Now his skin rash had gone and he denied of HA, neck tension, palpitation, chest pian, SOB, dizziness, edema.

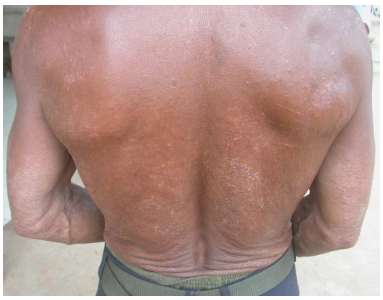
Current Medications: As above

Allergies: NKDA

Objective:

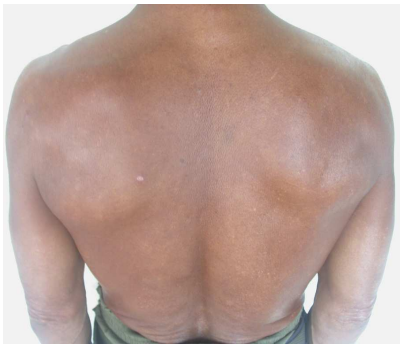
VS: BP: 168/78 P: 66 R: 20 T: 36.5^{o}C

Wt: 51kg



PE (focused):

General: Stable

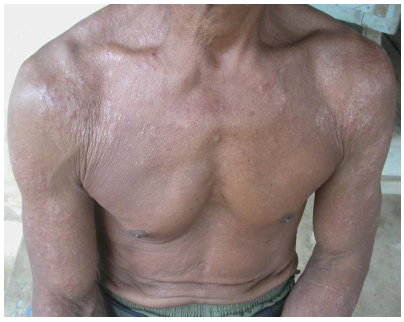


HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

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

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

Extremity/Skin: The skin rashes on forearms, upper arms, upper chest and back had gone (see photos); no legs edema, positive dorsalis pedis and posterior tibial pulse



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

Lab/study:

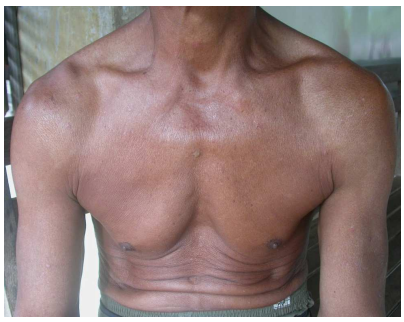
U/A: normal

Assessment:

1. Eczema (resolved)
2. HTN

Plan:

1. HCTZ 25mg 1t po qd
2. Review on diet and do regular exercise



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: October 3, 2012**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, October 04, 2012 9:35 AM
Subject: RE: Robib TM Clinic October 2012, Case#9, Srey Ry, 63M

Dear Sovann,

Excellent work. Agree with your plan. If you have not done any blood work, can you check his chem, BUN, Creat, lipid and CBC?

Rithy

Rithy Chau, MPH, MHS, PA-C
Director Telemedicine/EHC Officer
Sihanouk Hospital Center of HOPE
rithychau@sihosp.org
TEL: 855-23-882-484, Ext 250, FAX: 855-23-882-485
HP: 855-11-623-805, 855-12-520-547
www.sihosp.org, www.care4cambodia.org, www.villageleap.com/telemedicine

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From: Robibtelemed
To: Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach ; Rithy Chau
Sent: Saturday, October 06, 2012 6:23 AM
Subject: Cases received for Robib Telemedicine October 2012

Dear Kathy,

I have received the reply of six cases from you and below are the cases which are not received yet:

Case#1, Cheng Rady, 17F
Case3, Nung Hun, 80M
Case9, Srey Ry, 63M

Thank you very much for the reply to the cases of Robib Telemedicine October 2012.

Best regards,
Sovann

From: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
To: "Robibtelemed" <robibtelemed@gmail.com>
Sent: Saturday, October 06, 2012 6:15 AM
Subject: Out of Office Reply

Thank you for your message.

I am currently out of the office.

If you need immediate assistance, please contact Cyrilla Etienne at 617-643-4556 or cetienne@partners.org<mailto:cetienne@partners.org>

Thanks again for your message and make it a great day!

Kathy

Thursday, October 4, 2012

Follow-up Report for Robib TM Clinic

There were 6 new patients and 3 follow up patient seen during this month Robib TM Clinic, and other 46 patients came for brief consult and medication refills. The data of all 9 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 Telemedicie Clinic October 2012

1. Cheng Rady, 17F (Thnal Keng Village)
Diagnosis:

1. Otitis media

Treatment:

1. Ibuprofen 200mg 2t po tid for 5d (#30)
2. Robitussin (Dextro/Gaifen/Phenyl 10/100/5mg)/5ml 10ml qid (#1)
3. Plug the ear with cotton every time having a shower

2. Chum Thorn, 32F (Khna Village)
Diagnosis:

1. Vertigo due head trauma
2. Contact Dermatitis
3. Psychological disorder?

Treatment:

1. Paracetamol 500mg 1t po qid prn HA/fever (#30)
2. Calmine lotion apply on the rash bid (#1)
3. Cetirizine 10mg 1t qhs (#30)
4. MTV 1t po qd (#30)

3. Nung Hun, 80M (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd (#35)
2. Eat low salt/fats diet, no regular exercise
3. Draw blood for Lyte, BUN, Creat, Gluc at SHCH

Lab result on October 5, 2012

Na	=132	[135 - 145]
K	=3.1	[3.5 - 5.0]
Cl	=97	[95 - 110]
BUN	=6.6	[<8.3]
Creat	=89	[53 - 97]
Gluc	=8.2	[4.1 - 6.1]

4. Chum Chet, 65M (Koh Pon Village)
Diagnosis:

1. HTN
2. Osteoarthritis attack?
3. Renal failure (Creat: 452)

Treatment:

1. Refer to SHCH for further evaluation

5. Bun Be, 54M (Doang Village)
Diagnosis:

1. Skin allergy?
2. Vit Deficiency

Treatment:

1. Cetirizine 10mg 1t po qhs (#10)
2. MTV 1t po bid (#30)

6. Kong Vanny, 57F (Taing Treuk Village)
Diagnosis:

1. Dyspepsia

Treatment:

1. Omeprazole 20mg 2t po qhs for one month (#60)
2. Metoclopramide 10mg 1t po qd for 10d (#10)
3. Mebendazole 100mg 5t po qhs once (#5)

7. Seum Phoeun, 46M (Thkeng Village)
Diagnosis:

1. Eczema

Treatment:

1. Fluocinonide cream 0.1% apply bid until the rash gone (#1)
2. Cetirizine 10mg 1t po qhs (#30)

8. Seng Yom, 45F (Damnak Chen Village)
Diagnosis:

1. Hypothyroidism (secondary to medication)
2. Mod-severe MR/TR, Mild AR with normal EF

Treatment:

1. Methimazole 5mg 1t po qd (#30)
2. Propranolol 40mg 1/4t po bid (#15)
3. Captopril 25mg 1/4t po qd (buy)
4. Furosemide 40mg 1/2t qd (#15)
5. FeSO4/Folate 200/0.4mg 1t qd (#30)
6. ASA 300mg 1/4t qd (#8)
7. Xango powder po bid (#1)
8. Draw blood for CBC, Lyte, Free T4 at SHCH

Lab result on October 5, 2012

WBC	=6.8	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10^{12}/L]	K	=3.3	[3.5 - 5.0]
Hb	=12.0	[12.0 - 15.0g/dL]	Cl	=104	[95 – 110]
Ht	=38	[35 - 47%]	F T4	=3.9	[12.0 – 22.0]
MCV	=77	[80 - 100fl]			
MCH	=24	[25 - 35pg]			
MHCH	=32	[30 - 37%]			
Plt	=152	[150 - 450x10^9/L]			
Lymph	=1.8	[1.00 - 4.00x10^9/L]			
Mono	=2.9	[0.10 - 1.00x10^9/L]			
Neut	=2.1	[1.80 - 7.50x10^9/L]			

9. Srey Ry, 63M (Rovieng Cheung Village)
Diagnosis:

1. Eczema (resolved)
2. HTN

Treatment:

1. HCTZ 25mg 1t po qd (#35)
2. Review on diet and do reguflar exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Chole, and TG at SHCH

Lab result on October 5, 2012

WBC	=7.9	[4 - 11x10^9/L]	Na	=134	[135 - 145]
RBC	=5.5	[4.6 - 6.0x10^{12}/L]	K	=3.3	[3.5 - 5.0]
Hb	=13.8	[14.0 - 16.0g/dL]	Cl	=97	[95 – 110]
Ht	=44	[42 - 52%]	BUN	=4.4	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=74	[53 - 97]
MCH	=25	[25 - 35pg]	T. Chol	=4.6	[<5.7]
MHCH	=31	[30 - 37%]	TG	=1.1	[<1.7]
Plt	=223	[150 - 450x10^9/L]			
Lymph	=2.8	[1.00 - 4.00x10^9/L]			

Patients who come for brief consult and refill medication

1. Chhun Sokha, 26F (Thkeng Village)
Diagnosis:

1. Goiter (euthyroid)

2. GERD

Treatment:

1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Review on GERD prevention education

2. Dourng Sopheap, 37F (Thnal Keng Village)
Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t tid (buy)
2. Propranolol 40mg 1/2t po bid (Buy)
3. Draw blood for Free T4 at SHCH

Lab result on October 5, 2012

Free T4=40.1 [12.0 - 22.0]

3. Prum Rin, 44F (Sangke Roang Village)
Diagnosis:

1. Migraine headache
2. Dyspepsia

Treatment:

1. Paracetamol 500mg 1t po qid prn HA for one month (#30)
2. Cimetidine 200mg 1t po qhs for one month (#30)

4. Keum Heng, 46F (Koh Lourng Village)
Diagnosis:

1. Euthyroid goiter (with ATS)

Treatment:

1. Carbimazole 5mg 2t po bid for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#10)
3. Draw blood for Free T4 at SHCH

Lab result on October 5, 2012

Free T4=12.4 [12.0 - 22.0]

5. Keum Kourn, 65F (Thkeng Village)
Diagnosis:

1. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/2t po bid for one month (buy)
2. Methimazole 5mg 1t po bid for one month (#60)

6. Kong Kin, 60M (Chan Lorng Village)
Diagnosis:

1. Osteoarthritis
2. HTN

Treatment:

1. Paracetamol 500mg 1t po qid prn for two months (#30)
2. Amlodipine 5mg 1t po qd for two months (#30)

7. Meas Lam Phy, 58M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for one month (#30)
2. Draw blood for Glucose and HbA1C at SHCH

Lab result on October 5, 2012

Gluc	=7.9	[4.1 - 6.1]
HbA1C	=6.2	[4.8 – 5.9]

8. 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 one month (#30)
2. Draw blood for Lyte, Creat at SHCH

Lab result on October 5, 2012

Na	=137	[135 - 145]
K	=3.4	[3.5 - 5.0]
Cl	=102	[95 - 110]
Creat	=78	[44 - 80]

9. Nung Chhun, 74F (Ta Tong Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 1t po tid for one month (#90)
2. Glipizide 10mg 1/2t po bid for one month (#30)
3. Captopril 25mg 1t po tid for one month (buy)
4. HCTZ 25mg 1t po qd for one month (#30)
5. ASA 300mg 1/4t po qd for one month (buy)

10. Pen Uk, 66F (Doang Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#30)

11. Prum Sourn, 71M (Taing Treuk Village)
Diagnosis:

1. Heart Failure with EF 27%
2. LVH
3. VHD (MR, AR)
4. Renal Failure

Treatment:

1. Enalapril 10mg 1/8t po qd for three months (#15)
2. Furosemide 40mg 1t po qd for three months (#90)
3. ASA 300mg 1/4t po qd for three months (#23)

12. Ream Sim, 56F (Thnal Keng Village)
Diagnosis:

1. MDII
2. Osteoarthrtis

Treatment:

1. Metformin 500mg 2t po bid for three months (#180)
2. Captopril 25mg 1/4t po bid for three months (buy)
3. Paracetamol 500mg 1-2t po qid prn pain for three months (#30)

13. Sun Ronakse, 40F (Sre Thom Village)
Diagnosis:

1. HTN

Treatment:

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

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

1. Hyperthyroidism

Treatment:

1. Propyl thiouracil 50mcg 2t qd for one month (#70)

15. Thorng Khun, 43F (Thnout Malou Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Methimazole 5mg 2t po tid for one month (180)
2. Propranolol 40mg 1/4t po bid for one month (#15)

16. Un Chhorn, 47M (Taing Treuk Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (buy)
2. Metformin 500mg 1t po bid for three months (#100)
3. Captopril 25mg 1/2t po bid for three months (buy)

17. Yin Hun, 74F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. Enalapril 10mg 1/2t po qd for one month (#15)
2. HCTZ 25mg 2t po qd for one month (#60)

18. Chhay Chanthy, 47F (Thnout Malou Village)
Diagnosis:

1. Euthyroid goiter
2. Dyspepsia

Treatment:

1. Carbimazole 5mg 1t po bid for four months (buy)
2. Propranolol 40mg 1/4t po qd for four months (#30)
3. Cimetidine 200mg 1t po qhs for one month (#30)

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

Diagnosis:

1. HTN

Treatment:

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

20. Heng Sokhourn, 42F (Otalauk Village)
Diagnosis:

1. Anemia

Treatment:

1. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)
2. MTV 1t po qd for two months (#60)

21. Hourn Tann, 73F (Thnout Malou Village)
Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t qd for one month (#30)

22. Kham Sary, 50M (Thnal Koang Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qd for one month (#30)
2. Glyburide 2.5mg 2t bid one month (#120)
3. Captopril 25mg 1/4t bid one month (buy)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on October 5, 2012

Gluc	=4.3	[4.1 - 6.1]
HbA1C	=5.9	[4.8 – 5.9]

23. Kong Sam On, 55M (Thkeng Village)
Diagnosis:

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

Treatment:

1. Glibenclamdie 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)

24. Moeung Rin, 67F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Osteoarthritis

Treatment:

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

3. Paracetamol 500mg 1-2t po qid prn pain for three months (#30)

25. Nop Sareth, 41F (Kampot Village)
Diagnosis:
1. Cardiomegaly
2. VHD (MS/TR) with Pulmonary hypertension

Treatment:
1. Captopril 25mg 1/4t po bid for two months (buy)
2. Furosemide 40mg 1t po bid for two months (#120)
3. ASA 300mg 1/4t po qd for two months (#15)

26. Nung Sory, 62F (Thkeng Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for three months (#60)

27. Sam Bunny, 25F (Thnout Malou Village)
Diagnosis:
1. Nephrotic syndrome
2. Dyspepsia

Treatment:
1. Cimetidine 200mg 1t po qhs (#30)
2. Calcium lactate 300mg 1t po qd for two months (#60)
3. Simvastatin 10mg 1t po qhs for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)

28. Sath Roeun, 58F (Taing Treuk Village)
Diagnosis:
1. HTN
2. Hyperlipidemia

Treatment:
1. Captopril 25mg 1t bid for one month (buy)
2. HCTZ 25mg 1t qd for one month (#30)
3. Simvastatin 20mg 1t po qhs for one month (buy)

29. 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

30. Sok Chou, 60F (Sre Thom Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 2t po bid for two months (#150)

31. Chourb Kim San, 57M (Rovieng Tbong Village)
Diagnosis:

1. HTN
2. Right side stroke with left side weakness
3. DMII
4. Gouty arthritis
5. Chronic renal failure

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (#60)
2. Amlodipine 5mg 1t po qd for two months (buy)
3. ASA 300mg 1/4t po qd for two months (#15)
4. Metformin 500mg 1t po bid for two months (#60)
5. Glibenclamide 5mg 1t po bid for two months (buy)

32. Chum Chandy, 54F (Ta Tong Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for one month (#60)
2. Draw blood for Creat and HbA1C at SHCH

Lab result on October 5, 2012

Creat	=58	[44 - 80]
HbA1C	=7.6	[4.8 - 5.9]

33. Heng Pheary, 33F (Thkeng Village)
Diagnosis:

1. Asthma

Treatment:

1. Salbutamol Inhaler 2puffs po bid prn severe SOB for six months (#2)

34. Kin Yin, 35F (Bos Pey Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on October 5, 2012

Free T4	=32.7	[12.0 - 22.0]

35. Mar Thean, 54M (Rom Chek Village)
Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid for one month (buy)
2. Glyburide 2.5mg 2t po bid for one month (#120)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Fenofibrate 100mg 1t po bid for one month (buy)
5. Draw blood for Glucose, Chole total, Triglyceride, and HbA1C at SHCH

Lab result on October 5, 2012

Gluc	=6.9	[4.1 - 6.1]
T. Chol	=6.3	[<5.7]
TG	=4.6	[<1.71]
HbA1C	=6.3	[4.8 – 5.9]

36. Ny Ngek, 58F (Svay Pat Village)
Diagnosis:

1. DMII with PNP
2. HTN
3. Hypercholesterolemia

Treatment:

1. Glyburide 2.5mg 1t bid one month (#60)
2. Captopril 25mg 1/2t bid one month (buy)
3. Simvastatin 20mg 1t qhs one month (buy)
4. Review on diabetic diet, do regular exercise and foot care
5. Draw blood for Glucose, Chole total, and HbA1C at SHCH

Lab result on October 5, 2012

Gluc	=4.6	[4.1 - 6.1]
T. Chol	=10.9	[<5.7]
HbA1C	=5.6	[4.8 – 5.9]

37. Pech Huy Keung, 49M (Rovieng Cheung Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (buy)
2. Metformin 500mg 2t po bid for one month (#60)
3. Captopril 25mg 1t po bid one month (buy)
4. ASA 300mg 1/4t po qd one month (#8)
5. Draw blood for Glucose, HbA1C at SHCH

Lab result on October 5, 2012

Gluc	=7.9	[4.1 - 6.1]
HbA1C	=8.6	[4.8 – 5.9]

38. Preum Proy, 52M (Thnout Malou Village)
Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Glyburide 2.5mg 2t po bid for one month (#120)
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. Simvastatin 20mg 1t po qhs for one month (buy)
6. Draw blood for Glucose, Chole total, Triglyceride, and HbA1C at SHCH

Lab result on October 5, 2012

Gluc	=11.4	[4.1 - 6.1]
T. Chol	=4.2	[<5.7]
TG	=1.7	[<1.71]

HbA1C =7.6 [4.8 – 5.9]

39. Prum Vandy, 50F (Taing Treuk Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on October 5, 2012

Free T4=15.1 [12.0 - 22.0]

40. Som An, 60F (Rovieng Tbong)
Diagnosis:

1. HTN

Treatment:

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

41. Svay Tevy, 46F (Sre Thom Village)
Diagnosis:

1. DMII
2. HTN
3. Dyslipidemia

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformin 500mg 2t qAM and 3t po qPM for two months (#150)
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 two months h (buy)

42. Tann Kim Hor, 57F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Glipizide 10mg 1t po qd for two months (#60)
2. Metformin 500mg 2t po bid for two months (#60)
3. Captopril 25mg 1/4t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)

43. Thourn Nhorn, 41F (Svay Pat Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for one month (#60)
2. Glibenclamide 5mg 1t po bid for one month (#buy)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. Draw blood for Glucose, HbA1C at SHCH

Lab result on October 5, 2012

Gluc =10.9 [4.1 - 6.1]

HbA1C =6.8 [4.8 – 5.9]

44. Un Chhourn, 42M (Taing Treuk 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. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for Glucose, HbA1C at SHCH

Lab result on October 5, 2012

Gluc =7.0 [4.1 - 6.1]
HbA1C =6.6 [4.8 – 5.9]

45. Un Rady, 49M (Rom Chek Village)
Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

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

Lab result on October 5, 2012

Gluc =6.0 [4.1 - 6.1]
T. Chol =4.9 [<5.7]
TG =5.6 [<1.71]
HbA1C =5.9 [4.8 – 5.9]

46. Yung Seum, 68F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

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

The next Robib TM Clinic will be held on November 5 – 9, 2012