

Telemedicine Clinic

Rattanakiri

Referral Hospital

December 2013

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

On Tuesday December 3 and Wednesday December 4, 2013, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 7 new cases were examined, and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh. PA Rithy Chau was also on site to provide advice.

The following day, Thursday December 5, 2013, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to Nurse Peng Sovann at SHCH who compiled and sent for website publishing.

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

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Tue, Nov 26, 2013 at 11:30 AM

Subject: Telemedicine clinic at Rattanakiri Referral Hospital December 2013

To: Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, Cornelia Haener <corneliahaener@sihosp.org>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear All,

Please be informed that the TM clinic at Rattanakiri Referral Hospital will be held on Tuesday and Wednesday, December 2 - 6, 2013 beginning at 8:00am local time for full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston on Wednesday evening.

Please try to respond before noontime the following day, Thursday, December 5, 2013. The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

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

Best regards,
Koh Polo

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Dec 4, 2013 at 4:52 PM

Subject: Rattanakiri Telemedicine Clinic December 2013, Case#1, EK#RK00434, 62F

To: Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

There are seven new cases for Rattanakiri Telemedicine clini in December 2013. This is case number 1, EK#RK00434, 62F and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: EK#RK00434, 62F (Sayos Village, Kaleng, Lumphatt)

Chief Complaint: SOB and chest tightness x 6months

HPI: 62F, farmer, presented with symptoms of SOB on exertion (walking moderate distance, moderate working), and chest tightness with radiation to left scapular and neck without palpitation, diaphoresis, cough, fever, edema. She bought medicine locally without consultation but her symptoms still persist. She said she was diagnosed for 2 years with HTN and treated with Propranolol 40mg 1t po qd.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No cig smoking, no tobacco chewing; no EtOH; 7 children

Medication: Propranolol 40mg 1t po qd

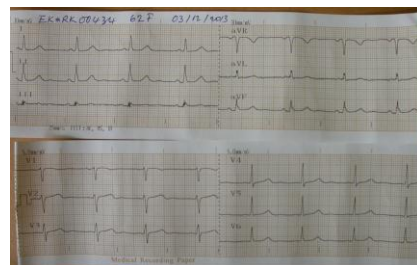
Allergies: NKDA

ROS: No dysuria, no oliguria, no bowel symptoms

PE:

Vital Signs: BP: 149/81 P: 54 RR: 18 T: 36.5°C Wt: 52kg

General: Look stable



HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; Heart bradycardia, regular rhythm, no murmur

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no surgical scar, no abd bruit

Skin/Extremities: No legs edema, no rash no lesions; positive dorsalis pedis and posterior tibial pulse

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

Lab/Study:

CXR and EKG attached

Assessment:

1. Bradycardia
2. HTN



Plan:

1. Stop Propranolol and start HCTZ 25mg 1t po qd
2. Draw blood for Lyte, BUN, Creat, Tot chole, TG at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: December 4, 2013

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

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From: **Cusick, Paul S.,M.D.** <Cusick.Paul@mgh.harvard.edu>

Date: Sat, Dec 7, 2013 at 1:19 AM

Subject: RE: Rattanakiri Telemedicine Clinic December 2013, Case#1, EK#RK00434, 62F

To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, "kirihospital@gmail.com" <kirihospital@gmail.com>

Cc: "rithychau@sihosp.org" <rithychau@sihosp.org>

Thank you for your consult.

she is a woman wiht some chest tightness and shortness of breath with exertion.
She has ;marginally controlled hypertension.

She has no obvious chest disease (pneumonia or Congestive heart failure) on symptoms, exams adn chest xray

She has no obvious cardiac ischemia on EKG

She has risks for cardiovascular disease.

I would suggest consultation with a cardiologist if her symptoms persist to evaluate for ischemia.

Best of luck

Paul

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Dec 4, 2013 at 4:53 PM

Subject: Rattanakiri Telemedicine Clinic December 2013, Case#2, NM#RK00435, 75F

To: Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 2, NM#RK00435, 75F and photo.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: NM#RK00435, 75F (Thmey Village, Labansirk, Banlung)

Chief Complaint: Seizure x 20 years

HPI: 75F, housewife, presented with 20 years history of tonic-clonic generalized seizure with foaming from the mouth, urine/stool incontinence and unconscious without aura. The seizure lasted in 5-10min. She usually became awake in one or two days and noticed of HA and fatigue. She denied of trauma history. She has never consulted or got treatment for this seizure.

PMH/SH: Unremarkable

Family Hx: Sister with DMII, and HTN

Social Hx: No cig smoking, no tobacco chewing; no EtOH

Medication: None

Allergies: NKDA

ROS: 25 years post menopause

PE:

Vital Signs: BP: 173/95 P: 89 RR: 18 T: 36.5°C Wt: 45kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD

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

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no surgical scar, no abd bruit

Skin/Extremities: No legs edema, no rash no lesions; positive dorsalis pedis and posterior tibial pulse

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

Lab/Study:

Blood sugar: 89mg/dl

Assessment:

1. Epilepsy/Grandmal seizure
2. HTN

Plan:

1. Phenytoin 100mg 1t po qd
2. HCTZ 25mg 1t po qd
3. Draw blood for Lyte, BUN, Creat, Calcium, Mg2+, Transaminase at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: December 4, 2013

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

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From: "Cole, Andrew James,M.D." <ACOLE1@mgh.harvard.edu>

Date: December 5, 2013 at 6:10:01 PM EST

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

Subject: Re: Rattanakiri Telemedicine Clinic December 2013, Case#2, NM#RK00435, 75F

Yes. I think the plan is good. If she has more it might be possible to raise the dose to 200/day.

AJC

Andrew J. Cole, M.D., F.R.C.P.(C.)
Professor of Neurology
Harvard Medical School
Director, MGH Epilepsy Service
Chief, Division of Clinical Neurophysiology
Massachusetts General Hospital

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Dec 4, 2013 at 4:58 PM
Subject: Rattanakiri Telemedicine Clinic December 2013, CT#RK00436, 48F
To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruiy Lim <kruylim@yahoo.com>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 3, CT#RK00436, 48F and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: CT#RK00436, 48F (Village I, Lamenh, Borkeo)

Chief Complaint: Dizziness x 10d

HPI: 48F, housewife, presented with symptoms of dizziness in early morning after she got up from sleep and associated with nausea, vomiting, palpitation, and dyspnea, without fever, cough, chest pain, diaphoresis, abdominal pain, dysuria, oliguria, leg edema. She was brought to provincial referral hospital and told she had hypertension (Blood Pressure: 220mg/?) then she was admitted to emergency room for 2days. She noticed of persistent dizziness and has not monitored the blood pressure or taken antihypertensive.

PMH/SH: She was told to have elevated blood pressure (blood pressure: 150-160/?) since the past two years and took Amlodipine 5mg 1t prn

Family Hx: Sister and brother with DMII and HTN

Social Hx: No cig smoking, no tobacco chewing; casual EtOH



Medication: Oral contraceptive 1t qd

Allergies: NKDA

ROS: Two years history of patchy, scaly skin lesion with itchy which has appeared first on the head then progressively occurred on body and extremities; She got treatment (unknown name medicine) from local health care worker but it seem not get better.

PE:

Vital Signs: BP: 221/145 P: 98 RR: 18 T: 36°C Wt: 94kg
BP: 175/136 (several hours after taking Captopril 25mg 1/2t po)



General: Look stable, obesity, no neck LN palpable, no JVD

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

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement

Abdomen: Soft, distended, no tender, (+) BS, no HSM, no surgical scar, no abd bruit

Skin: Patchy, scaly skin lesion without vesicle, pustule on the head, back and extremities; spare on flexure area

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

Lab/Study:

U/A: protein trace, blood 3+, no glucose, no leukocyte (patient is on first day of menses)

CXR attached

Assessment:

1. HTN
2. Psoriasis?
3. Tinea?



Plan:

1. Captopril 25mg 1/2t po bid
2. Clotrimazole cream 1% apply bid
3. Fluocinonide cream 0.1% apply bid
4. Whitfield application bid
5. Do regular exercise and eat low fats diet
6. Draw blood for CBC, Lyte, Creat, Tot chole, TG, ESR at SHCH



Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: December 4, 2013

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

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Dec 4, 2013 at 5:07 PM
Subject: Rattanakiri Telemedicine Clinic December 2013, Case#4, KK#RK00437, 42F
To: "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 4, KK#RK00437, 42F and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: KK#RK00437, 42F (Village IV, Kachagn, Banlung)

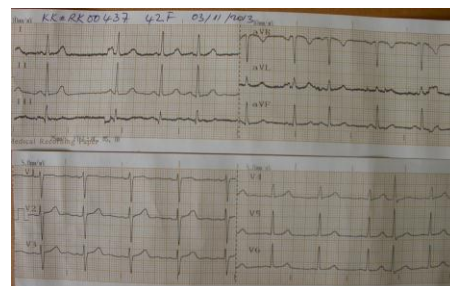
Chief Complaint: Palpitation and insomnia x 15 days

HPI: 42F, housewife, presented with symptoms of palpitation, insomnia, epigastric burning pain, which radiated to the back and relieved by antacid, without fever, cough, tremor, heat intolerance, chest pain, diaphoresis, orthopnea, legs edema. She got treatment with medicine (unknown name) bought from local pharmacy without consultation. She said she was diagnosed with dilated cardiomyopathy in 2006 when she presented with symptoms of fatigue, dizziness and weakness in period of four months post partum and was treated with Coversyl 4mg 1t po qd, Alocardyl 40mg 1/4t po bid for 1month. She has been better since then until these two weeks.

PMH/SH: Unremarkable

Family Hx: Father with heart disease (unknown what kind)

Social Hx: No cig smoking, no tobacco chewing; no EtOH; 3 children



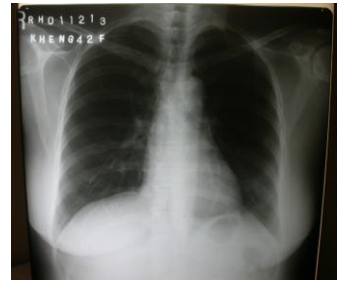
Medication: Oral contraceptive 1t qd

Allergies: NKDA

ROS: Irregular menstrual period (every one or two months)

PE:

Vital Signs: BP: 148/91 P: 73 RR: 18 T: 36.5°C Wt: 57kg



General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H Irregular rhythm with regular rate, no murmur

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no surgical scar, no abd bruit

Skin/Extremities: No legs edema, no rash no lesions; positive dorsalis pedis and posterior tibial pulse

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

Lab/Study:

CXR and EKG attached

Assessment:

1. A-fib
2. Cardiomyopathy?

Plan:

1. ASA 100mg 1t po qd
2. Send patient to Phnom Penh for 2D echo of the heart
3. Draw blood for Lyte, BUN, Creat, Tot chole, TG, TSH at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: December 4, 2013

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

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Dec 4, 2013 at 5:09 PM

Subject: Rattanakiri Telemedicine clinic December 2013, Case#5, CP#RK00438, 1M

To: Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruiy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 5, CP#RK00438, 1M and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: CP#RK00438, 1M (Village IV, Kachagn, Banlung)

Chief Complaint: Skin rash x 5 days

HPI: 1M was brought from orphanage by caretaker complaining of skin rash which first appeared as vesicle lesion then he scratched and crust lesion occurred with itchy, no fever, no pustule, no chemical contact. He has not received any oral or cream application treatment.

PMH/SH: Unremarkable

Family Hx: No other family member with skin lesion

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: / P: 104 RR: 20 T: 36.5°C Wt: 8kg

General: Look stable

HEENT: Unremarkable

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



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

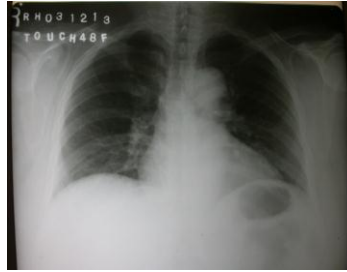
Skin: Dry and scaly lesion on the face, ear; crust lesion on the head and foot (see photos)

MS/Neuro: Unremarkable

Lab/Study: None

Assessment:

1. Eczema?
2. Impetigo?
3. Furuncle



Plan:

1. Augmentin 642.9mg/5cc 2.5cc bid for 5d
2. Ibuprofen 50mg/1.25cc 2cc bid
3. Bacitracin Zinc cream apply bid on lesion

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: December 4, 2013

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

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No answer replied

From: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Date: Wed, Dec 4, 2013 at 5:11 PM

Subject: Rattanakiri Telemedicine Clinic December 2013, Case#6, TV#RK00439, 5M

To: Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 6, TV#RK00439, 5M and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: TV#RK00439, 5M (Village IV, Kachagn, Banlung)

Chief Complaint: Skin rash x 5 years

HPI: 5M is the older brother of two siblings brought from orphanage by caretaker complaining of skin rash which occurred when he was 3 months old. The rash appeared with dry and scaly skin (fish scale) and became worse during period of November to January. Previously, both siblings were brought to Kuntha Bopha pediatric hospital in Phnom Penh and treated with some oral and cream application (unknown name) then the rash got better but it has appeared again and again. He was brought to live in orphanage due to low-economic family status.

PMH/SH: Unremarkable

Family Hx: Brother with same character of skin lesion, No other family member with skin lesion

Medication: None

Allergies: NKDA

ROS: no fever, no cough, no weight loss

PE:

Vital Signs: BP: / P: 102 RR: 20 T: 36.5°C Wt: 16kg

General: Look stable

HEENT: Unremarkable

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

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

Skin: Generalized dry and scaly skin (fish scale) appearance, no vesicle, no pustule and spare on mid area of the back (see photos)

MS/Neuro: Unremarkable

Lab/Study: None

Assessment:

1. Ichthyosis

Plan:



1. Whitfied application on lesion twice daily
2. Skin nourishing moisturizing lotion (Lubriderm) apply bid
3. Xango powder mixed with water drink twice daily

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: December 4, 2013

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

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Dec 4, 2013 at 5:15 PM

Subject: Rattanakiri Telemedicine clinic December 2013, Case#7, TV#RK00440, 3M

To: Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is the last case of Rattanakiri Telemedicine clinic December 2013, case number 7, TV#RK00440, 3M and photos. Please reply to the cases before Thursday afternoon when the patients will come to receive treatment or referral.

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

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: TV#RK00440, 3M (Village IV, Kachagn, Banlung)

Chief Complaint: Skin rash x 3 years

HPI: 3M is the younger brother of two siblings brought from orphanage by caretaker complaining of skin rash which occurred when he was 3 months old. The rash appeared with dry and scaly skin (fish scale) and became worse during period of November to January. Previously, both siblings were brought to Kuntha Bopha pediatric hospital in Phnom Penh and treated with some oral and cream application (unknown name) then the rash got better but it has appeared again and again. He was brought to live in orphanage due to low-economic family status.

PMH/SH: Unremarkable

Family Hx: Brother with same character of skin lesion, no other family member with skin lesion

Medication: None

Allergies: NKDA

ROS: no fever, no cough, no weight loss

PE:

Vital Signs: BP: / P: 106 RR: 20 T: 36.5°C Wt: 14kg

General: Look stable

HEENT: Unremarkable

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

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

Skin: Generalized dry and scaly skin (fish scale) appearance, no vesicle, no pustule and spare on mid area of the back (see photos)

MS/Neuro: Unremarkable

Lab/Study: None

Assessment:

1. Ichthyosis



Plan:

1. Whitified application on lesion twice daily
2. Skin nourishing moisturizing lotion (Lubriderm) apply bid
3. Xango powder mixed with water drink twice daily

Comments/Notes: Do you agree with my assessment and plan?**Examined by: Nurse Sovann Peng****Date: December 4, 2013**

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

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Fri, Dec 6, 2013 at 9:31 PM
Subject: Case reply for Rattanakiri Telemedicine in December 2013
To: "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Rithy Chau <rithychau@sihosp.org>

Dear Kathy,

I would like to inform you that I have just received reply to one case (Case#2) and there are six remaining.

Best regards,
Sovann

Thursday, December 5, 2013

Follow-up Report for Rattanakiri TM Clinic

There were 7 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 7 cases was transmitted and received replies from both Phnom Penh and Boston, and other 28 patients came for brief consult and refill medication only, and other 20 new patients seen by PA Rithy for minor problem without sending data. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE as well as advices from PA Rithy on site, the following patients were managed and treated per local staff:

[Please note that in general the practice of dispensing medications at RRH for all patients is usually limited to a maximum of 7 days treatment with expectation of patients to return for another week of supplies if needed be. This practice allows clinicians to monitor patient compliance to taking medications and to follow up on drug side effects, changing of

medications, new arising symptoms especially in patients who live away from the town of Banlung and/or illiterate. Nearly all medications and some lab tests not available/done at RRH are provided by SHCH to TM patients at no cost]

Treatment Plan for Rattanakiri TM Clinic December 2013

1. EK#RK00434, 62F (Sayos Village, Kaleng, Lumphatt)

Diagnosis:

1. Bradycardia
2. HTN

Treatment:

1. Stop Propranolol and start HCTZ 25mg 1t po qd (#70)
2. Draw blood for Lyte, BUN, Creat, Tot chole, TG at SHCH

Lab result on December 6, 2013

Na	=137	[135 - 145]
K	=3.3	[3.5 - 5.0]
Cl	=95	[95 - 110]
BUN	=3.6	[<8.3]
Creat	=57	[44 - 80]
T. Chol	=5.2	[<5.7]
TG	=1.8	[<1.71]

2. NM#RK00435, 75F (Thmey Village, Labansirk, Banlung)

Diagnosis:

1. Epilepsy/Grandmal seizure
2. HTN

Treatment:

1. Phenytoin 100mg 1t po qd (#70)
2. HCTZ 25mg 1t po qd (#70)
3. Draw blood for Lyte, BUN, Creat, Calcium, Mg2+, Transaminase at SHCH

Lab result on December 6, 2013

Na	=134	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=96	[95 - 110]
BUN	=3.7	[<8.3]
Creat	=68	[44 - 80]
Ca2+	=1.16	[1.12 - 1.32]
Mg2+	=0.92	[0.66 - 1.07]
AST	=49	[<1.71]
ALT	=31	[38 - 54]

3. CT#RK00436, 48F (Village I, Lamenh, Borkeo)

Diagnosis:

1. HTN
2. Psoriasis?
3. Tinea?

Treatment:

1. Captopril 25mg 1/2t po bid (buy)
2. Clotrimazole cream 1% apply bid (#2)
3. Fluocinonide cream 0.1% apply bid (#4)
4. Whitfield application bid
5. Do regular exercise and eat low fats diet
6. Draw blood for CBC, Lyte, Creat, Tot chole, TG, ESR at SHCH

Lab result on December 6, 2013

WBC	=8.6	[4 - 11x10 ⁹ /L]	Na	=136	[135 - 145]
RBC	=6.1	[3.9 - 5.5x10 ¹² /L]	K	=4.0	[3.5 - 5.0]
Hb	=13.0	[12.0 - 15.0g/dL]	Cl	=97	[95 - 110]
Ht	=43	[35 - 47%]	Creat	=66	[44 - 80]
MCV	=71	[80 - 100fl]	T. Chol	=7.4	[<5.7]
MCH	=21	[25 - 35pg]	TG	=1.7	[<1.71]
MHCH	=30	[30 - 37%]			
Plt	=327	[150 - 450x10 ⁹ /L]			
Lymph	=2.4	[0.7 - 4.4x10 ⁹ /L]			
ESR	=6	[0 - 25]			

Recommendation after lab test resulted: Add Simvastatin 20mg 1t po qhs

4. KK#RK00437, 42F (Village IV, Kachagn, Banlung)

Diagnosis:

1. A-fib
2. Cardiomyopathy?

Treatment:

1. ASA 100mg 1t po qd
2. Send patient to Phnom Penh for 2D echo of the heart
3. Draw blood for Lyte, BUN, Creat, Tot chole, TG, TSH at SHCH

Note: Patient did not come for treatment in following day

5. CP#RK00438, 1M (Village IV, Kachagn, Banlung)

Diagnosis:

1. Eczema?
2. Impetigo?
3. Furuncle

Treatment:

1. Augmentin 642.9mg/5cc 2.5cc bid for 5d (#2)
2. Ibuprofen 50mg/1.25cc 2cc bid (#1)
3. Bacitracin Zinc cream apply bid on lesion (#1)

6. TV#RK00439, 5M (Village IV, Kachagn, Banlung)

Diagnosis:

1. Ichthyosis

Treatment:

1. Whitfied application on lesion twice daily
2. Skin nourishing moisturizing lotion (Lubriderm) apply bid (#1)
3. Xango powder mixed with water drink twice daily (#1)

7. TV#RK00440, 3M (Village IV, Kachagn, Banlung)

Diagnosis:

1. Ichthyosis

Treatment:

1. Whitfied application on lesion twice daily
2. Skin nourishing moisturizing lotion (Lubriderm) apply bid (#1)
3. Xango powder mixed with water drink twice daily (#1)

Patients who come for brief consult and refill medicine

1. KY#RK00069, 65F (Village III)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid (buy)
2. Metformin 500mg 3t po qAM, 2t po qPM (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 100mg 1t po qd (buy)
5. Amitriptylin 25mg 1/4t po qhs (buy)
6. Draw blood for Creat, Glucose, HbA1C, and TSH at SHCH

Lab result on December 6, 2013

Gluc	=13.7	[4.1 - 6.1]
HbA1C	=10.80	[4.8 – 5.9]
Creat	=55	[44 – 80]
TSH	=1.55	[0.27 - 4.20]

2. EB#RK00078, 41F (Village IV), KON MOM

Diagnosis:

1. CHF
2. Incompleted RBBB

Treatment:

1. Captopril 25mg 1/2t po qd (buy)
2. Digoxin 0.25mg 1t po qd (#70)
3. Spironolactone 25mg 1t po bid (#120)

3. SP#RK00081, 58F (Village III, LBS)

Diagnosis:

1. HTN
2. DMII
3. Liver cirrhosis (Hepatitis C)

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Amlodipine 5mg 2t po qd (#60)
3. Spironolactone 25mg 1t po bid (#120)
4. Propranolol 40mg 1/4t po bid (#30)

4. OT#RK00155, 52F (Bor Keo)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Captopril 25mg 1t po bid (#buy)
3. Atenolol 50mg 1/2t po bid (#60)
4. ASA 100mg 1t po qd (#60)
5. Amitriptylin 25mg 1/2t po qhs (#30)
6. Insulin NPH 23UI qAM and 8UI qPM (buy)
7. Draw blood for Creat, Glucose, HbA1C at SHCH
8. Refer to SHCH for further evaluation and management

Lab result on December 6, 2013

Gluc	=10.1	[4.1 - 6.1]
HbA1C	=12.79	[4.8 – 5.9]
Creat	=56	[44 – 80]

5. SV#RK00256, 49M (Village I)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#120)
2. Metformin 500mg 3t qAM and 2t qPM (#100)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1t po bid (buy)

6. KC#RK00260, 50F (Village V)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Captopril 25mg 1/4t po bid (buy)
3. Draw blood for Glucose, Creat, and HbA1C at SHCH

Lab result on December 6, 2013

Creat	=62	[44 - 80]
Gluc	=6.7	[4.1 - 6.1]
HbA1C	=7.20	[4.8 - 5.9]

7. VC#RK00268, 70M (Bey Srok Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 3t po qAM and 2t qPM (buy)
2. Glibenclamide 5mg 2t po bid (buy)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. ASA 100mg 1t po qd (buy)
6. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on December 6, 2013

Gluc	=9.3	[4.1 - 6.1]
HbA1C	=10.25	[4.8 - 5.9]
Creat	=89	[53 - 97]

8. SS#RK00299, 50F (Thmey Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 2t po bid (#100)
3. Pioglitazone 15mg 1t po qd (#70)
4. Captopril 25mg 1/2 tab bid (buy)
5. Amlodipine 5mg 1t po qd (#60)
6. ASA 100mg 1t po qd (#60)
7. Draw blood for Creat, Glucose, HbA1C at SHCH

Lab result on December 6, 2013

Gluc	=21.6	[4.1 - 6.1]
HbA1C	=10.48	[4.8 - 5.9]
Creat	=61	[44 - 80]

9. SH#RK00311, 60F (Dey Lor Village)

Diagnosis:

1. DMII
2. Dilated Cardiomyopathy

Treatment:

1. Metformin 500mg 1t po bid (#100)
2. Glibenclamide 5mg 1t po bid (#120)
3. Amiodarone 200mg 1t po qd (buy)
4. Lorsartan Potassium 50mg 1t po qd (buy)
5. Furosemide 40mg 2t po qd (#120)
6. ASA 100mg 1t po qd (#60)
7. Draw blood for TG, Glucose, HbA1C and TSH at SHCH

Lab result on December 6, 2013

Na	=136	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	=98	[95 - 110]
Gluc	=8.6	[4.1 - 6.1]
HbA1C	=8.62	[4.8 - 5.9]

10. CT#RK00318, 33F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 3t po qAM, 2t po qPM (#70)
2. Glibenclamide 5mg 1t po bid (#120)
3. Pioglitazone 15mg 1t po qd (buy)
4. Draw blood for Glucose, HbA1C at SHCH

Lab result on December 6, 2013

Gluc	=9.2	[4.1 - 6.1]
HbA1C	=9.92	[4.8 - 5.9]

11. TK#RK00344, 59F (Thmey Village, Ban Lung)

Diagnosis:

1. DMII

Treatment:

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

Lab result on December 6, 2013

Gluc	=12.4	[4.1 - 6.1]
HbA1C	=10.18	[4.8 - 5.9]

Recommendation after lab test resulted: Increase Metformin 500mg 2t po bid

12. LV#RK00369, 56F (Village I, LBS)

Diagnosis:

1. DMII with PNP
2. HTN

Treatment:

1. Metformin 500mg 3t po qAM and 2t po qPM (#100)
2. Glibenclamide 5mg 2t po bid (#120)
3. Pioglitazone 15mg 1t po qd (#60)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptyline 25mg 1/4t po qhs (#15)
6. Fenofibrate 100mg 1t po qhs (buy)
7. Draw blood for Creat, Glucose, HbA1C at SHCH

Lab result on December 6, 2013

Gluc	=13.2	[4.1 - 6.1]
HbA1C	=11.70	[4.8 - 5.9]
Creat	=73	[44 - 80]

13. NK#RK00371, 70F (Thmey Village, LBS)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po tid (#100)
2. Captopril 25mg 1/2t po bid (buy)
3. Draw blood for Glucose, HbA1C and TSH at SHCH

Lab result on December 6, 2013

Gluc	=11.8	[4.1 - 6.1]
HbA1C	=7.00	[4.8 - 5.9]
TSH	= 1.51	[0.27 - 4.20]

14. CS#RK00390, 52F (Village I, LBS)

Diagnosis:

1. DMII
2. HTN
3. Obesity

Treatment:

1. Metformin 500mg 3t po qAM and 2t po qPM (buy)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 10mg 1t po bid (buy)
5. HCTZ 25mg 1t po qd (buy)
6. Propranolol 40mg 1/4t po bid (buy)
7. Draw blood for Glucose, HbA1C and TSH at SHCH

Lab result on December 6, 2013

Gluc	=10.8	[4.1 - 6.1]
HbA1C	=7.61	[4.8 - 5.9]
TSH	=0.45	[0.27 - 4.20]

15. CA#RK00392, 48M (Village III, LBS)

Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Glibenclamide 5mg 1t po bid (buy)

3. Captopril 25mg 1/2t po bid (buy)
4. Amitriptyline 25mg 1/4t po qhs (#15)

16. SS#RK00395, 51F (Village I, Bor Keo)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po qhs (#30)
2. Glipizide 5mg 1t po qd (#60)
3. Captopril 25mg 1/2t po bid (#buy)
4. Fenofibrate 100mg 1t po qd (buy)
5. Propranolol 40mg 1/4t po bid (buy)
6. Draw blood for TG, Glucose, HbA1C and TSH at SHCH

Lab result on December 6, 2013

Gluc	=5.5	[4.1 - 6.1]
HbA1C	=6.78	[4.8 – 5.9]
TG	=4.7	[<1.7]
TSH	= 2.84	[0.27 – 4.20]

17. CM#RK00399, 52F (Village IV, Kachagn, Banlung)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t po bid (#90)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1t po bid (buy)
4. Atenolol 50mg 1/2t po qd (#30)
5. ASA 100mg 1t po qd (#60)
6. Draw blood for Glucose, HbA1C and TSH at SHCH

Lab result on December 6, 2013

Gluc	=9.0	[4.1 - 6.1]
HbA1C	=10.25	[4.8 – 5.9]
TSH	=3.32	[0.27 - 4.20]

18. ND#RK00401, 56F (Oromeat Village, Labansirk, Banlung)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Glipizide 5mg 1t bid (#60)
3. Captopril 25mg 1t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Draw blood for Glucose, HbA1C at SHCH

Lab result on December 6, 2013

Gluc	=14.7	[4.1 - 6.1]
HbA1C	=10.13	[4.8 – 5.9]

19. ES#RK00407, 20F (Yern village, Kork commune, Borkeo district)

Diagnosis:

1. Euthyroid goiter (with medicine)

Treatment:

1. Propylthiouracil 50mg 1t po bid (buy)
2. Draw blood for Free T4 at SHCH

Lab result on December 6, 2013

Free T4=20.07 [12.0 - 22.0]

20. MH#RK00415, 56M (Akhivath Village, Labansirk, Banlung)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (buy)
2. Glibenclamide 5mg 1t po bid (#100)
3. Captopril 25mg 1/2t po bid (buy)
4. Draw blood for Glucose, HbA1C at SHCH

Lab result on December 6, 2013

Gluc =8.0 [4.1 - 6.1]
HbA1C =7.43 [4.8 - 5.9]

21. YC#RK00416, 43M (Chey Chumnas Village, Labansirk, Banlung)

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1/2t po bid (buy)

22. CC#RK00419, 53M (Chey Chumnas Village, Labansirk, Banlung)

Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformin 500mg 1t po qhs (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. Lipantil 200mg 1t po qd (buy)
4. Simvastain 20mg 1t po qhs (buy)

23. SC#RK00422, 45M (Village I, Lamenh, Borkeo)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glipizide 5mg 1t po qd (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. ASA 100mg 1t po qd (#60)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 6, 2013

Gluc =6.3 [4.1 - 6.1]
HbA1C =6.63 [4.8 - 5.9]

24. SS#RK00423, 50M (Village I, Lamenh, Borkeo)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1/2t po bid (buy)
2. Metformin 500mg 1t po qhs (#60)
3. ASA 100mg 1t po qd (#60)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 6, 2013

Gluc =7.4 [4.1 - 6.1]
HbA1C =7.19 [4.8 – 5.9]

25. LD#RK00425, 53M (Okantil Village, Beung Kanseng commune, Banlung)**Diagnosis:**

1. DMII

Treatment:

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

Lab result on December 6, 2013

Gluc =8.4 [4.1 - 6.1]
HbA1C =9.42 [4.8 – 5.9]

26. VS#RK00428, 58M (Village III, Labansirk, Banlung)**Diagnosis:**

1. DMII with PNP
2. UTI
3. Right eye blindness

Treatment:

1. Glibenclamide 5mg 1t po bid (#60)
2. Metformin 500mg 1t po bid (#60)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Amitriptylin 25mg 1/4t po qhs (#15)

27. KP#RK00431, 43F (Chey ChumNas Village, Labansirk, Banlung)**Diagnosis:**

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#100)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)
4. Fenofibrate 100mg 1t po qd (buy)

28. YS#RK00432, 59M (Sayos Lor Village, Kaleng, Lumphatt)**Diagnosis:**

1. COPD

Treatment:

1. Salbutamol inhaler 2puffs bid for two months (#1)

**The next Rattanakiri TM Clinic will be held in
February 2014**