

Telemedicine Clinic

Rattanakiri

Referral Hospital

February 2014

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

On Tuesday February 11 and Wednesday February 12, 2014, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 9 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 February 13, 2014, 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, Feb 4, 2014 at 3:13 PM

Subject: Telemedicine clinic at Rattanakiri referral hospital February 2014

To: Rithy Chau <rithychau@sihosp.org>, Kruey 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, February 11 - 12, 2014 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, February 13, 2014. 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, Feb 12, 2014 at 6:19 PM

Subject: Rattanakiri TM clinic February 2014, Case#1, CS#RK00446, 28M

To: Cornelia Haener <corneliahaener@sihosp.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>, 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 nine new cases for Rattanakiri TM clinic February 2014. This is case number 1, CS#RK00446, 28M and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: CS#RK00446, 28M (Village I, Labansirk commune, Banlung district)

Chief Complaint: Unable to supine the left hand with paresthesia x 5months

HPI: 28M got injury with the glass falling over his left forearm in the past 5 months, he got surgical operation at hospital in Viet Nam. After the wound completely healed, he noticed of paresthesia on forearm, inability to supine and extend the wrist so he come to consult with Telemedicine today.

PMH/SH: No hepatitis, no TB

Social Hx: He got marriage, no tobacco use and Casual alcohol drinking

Allergies: NKDA

Family Hx: no family member with HTN, diabetes, TB

ROS: Unremarkable

PE:

Vital Signs: BP=110/72 mmHg P= 62 R= 18 T = 37 Wt: 60kg

General: look normal

HEENT: head: no trauma, no scar
Eyes: no redness, no conjunctivitis, no epiphoria
Ear: no discharge

Chest: chest symmetry, no abnormal sound



Abdomen: abdominal soft, no hepatomegaly, no mass

Left arm examination: absence of sensation with light touch and pin prick, limited ROM (making fist, spreading the fingers, wrist extension/flexion) [see photos]

Lab/Studies Requests:

Assessment:

1. Ulnar nerve injury?
2. Tendon contracture?
3. Nerve compression?

Plan:

1. Refer to SHCH for surgical evaluation



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

Examined by: Lam Srey Aun (Medical student)

Date: February 12, 2014

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

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From: **Rithy Chau** <rithychau@sihosp.org>

Date: Thu, Feb 13, 2014 at 8:06 AM

Subject: RE: Rattanakiri TM clinic February 2014, Case#1, CS#RK00446, 28M

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

Dear Sovann,

Maybe better to send to Kean Kleing instead of SHCH.

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>

Date: Thu, Feb 13, 2014 at 5:35 PM

Subject: Fwd: Rattanakiri TM clinic February 2014, Case#1, CS#RK00446, 28M

To: "kirihospital@gmail.com" <kirihospital@gmail.com>

Cc: MPH MHS PA-C Rithy Chau <rithychau@sihosp.org>

Looks like his ulnar and radial sensory nerves are lacerated. I wonder about the median. Also will have tendon injuries, but at the muscle level.

Next step is to find out what was repaired in Vietnam. They may have done the work already and there's not much to do but wait 1-2 years, then if nothing recovers consider tendon transfers.

David Ring, MD PhD

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Fri, Feb 14, 2014 at 1:15 PM
Subject: RE: Rattanakiri TM clinic February 2014, Case#1, CS#RK00446, 28M
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, 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,
I agree with assessment and plan.

Kind regards
Cornelia

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Feb 12, 2014 at 6:27 PM
Subject: Rattanakiri TM Clinic February 2014, Case#2, TY#RK00443, 63F
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>, Cornelia Haener <corneliahaener@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, TY#RK00443, 63F and photos.

Best regards,
Polo/Sovann

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



Patient: TY#RK00443, 63F (Village I, Lamenh, Borkeo)

Chief Complaint: Back pain for 2yrs

HPI: 63F presented with 2yrs history of the ground falling on her body while she did mining. She was told she became unconscious for about 2h then when she woke up, she noticed of back pain without numbness/weakness. These 6 months, she noticed her back became bended with increased pain and made her difficult in lying on supine.

PMH/SH: HTN for 2yrs with Atenolol 50mg 1t po qd

Family Hx: Brother with HTN

Social Hx: Chewing tobacco, no cig smoking, no EtOH

Medication:

1. Atenolol 50mg 1t po qd

Allergies: NKDA

ROS: normal appetite, normal bowel movement, normal urination

PE:

Vital Signs: BP: 133/90 P: 65 RR: 18 T: 36.5°C Wt: 51kg

General: Look stable, alert O x 4; tachypnea (on exertion)

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

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

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

Spine exam: Kyphosis appearance, no deformity, no tenderness

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: 105mg/dl
- Spine x-ray (AP and lateral) attached

Assessment:

1. Osteoporosis
2. Post traumatic compression fracture
3. Kyphosis with Scoliosis

Plan:

1. Calcium/Vit D 500mg/200IU 1t po bid
2. Paracetamol 500mg 1-2t po qid prn pain

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



Examined by: Nurse Sovann Peng

Date: February 12, 2014

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

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From: **Rithy Chau** <rithychau@sihosp.org>
Date: Thu, Feb 13, 2014 at 8:06 AM
Subject: RE: Rattanakiri TM Clinic February 2014, Case#2, TY#RK00443, 63F
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Sovann,

Don't forget her HTN, and should reduce her Atenolol 50mg to ½ qd and add Captopril 25mg ¼ bid.

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

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Fri, Feb 14, 2014 at 1:15 PM
Subject: RE: Rattanakiri TM Clinic February 2014, Case#2, TY#RK00443, 63F
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, Rithy Chau <rithychau@sihosp.org>, Kruey 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 Polo and Sovann,

I agree with your assessment and plan. It will also be beneficial to give her some exercises to strengthen the back and abdominal muscles.

Kind regards
Cornelia

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Feb 12, 2014 at 6:31 PM
Subject: Rattanakiri TM Clinic February 2014, Case#3, HL#RK00442, 70M
To: Kruey 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 3, HL#RK00442, 70M and photo.

Best regards,
Polo/Sovann

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



Patient: HL#RK00442, 70M (Village I, Lamenh commune, Borkeo district)

Chief Complaint: Numbness/tingling both feet x one year

HPI: 70M with 5 years history of DMII and was treated with Glibenclamide 5mg 1t po bid and Metformin 500mg 1t po bid. The last one year, he presented with the symptoms of numbness/tingling on both feet, so he comes to consult today. He denied of polyuria, polyphagia, polydypsia, fever, cough, chest pain, palpitation, foot wound.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Smoking 1 pack of cig/day for over 20y; casual EtOH

Medication:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid

Allergies: NKDA

ROS: normal appetite, normal bowel movement, normal urination

PE:

Vital Signs: BP: 120/80 P: 84 RR: 18 T: 37°C Wt: 46kg

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 RRR, no murmur

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

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

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

Lab/Study:

FBS: 249mg/dl

U/A: glucose 3+, no blood, no protein

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. ASA 100mg 1t po qd
4. Captopril 25mg 1/4t po qd
5. Educate on diabetic diet, foot care and regular exercise
6. Draw blood for Lyte, Creat, Glucose and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: February 12, 2014

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

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From: **Rithy Chau** <rithychau@sihosp.org>

Date: Thu, Feb 13, 2014 at 8:06 AM

Subject: RE: Rattanakiri TM Clinic February 2014, Case#3, HL#RK00442, 70M

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

Sovann,

Double his Metformin to 1g bid since his BS still high. Also, ask him to stop smoking. Add Amitriptyline 25mg ¼ qhs for his PNP.

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

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Feb 12, 2014 at 6:33 PM
Subject: Rattanakiri TM Clinic February 2014, Case#4, HS#RK00445, 40M
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>, Kruy 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 4, HS#RK00445, 40M and photo.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: HS#RK00445, 40M (Village II, Kachagn commune, Banlung district)

Chief Complaint: Fatigue, polyuria x 5months

HPI: 40M complained of fatigue, and polyuria around 5 months ago and loss of appetite. He was treated with Diamicon 60mg once daily for 3 months, but the symptom is not better so he comes here for consultation. He denied of fever, cough, SOB, chest pain, edema, foot wound.

PMH/SH: No hypertension, no TB, malaria in the past 10 years

Social Hx: No tobacco use and s alcohol consumption approximately 6 cans /day may be 20 years

Allergies: Unknown

Family Hx: His parents and daughter with HTN

ROS: Weight loss 10kg/5months

PE:

Vital Signs: BP=127/93 mmHg P= 75 R RR: 18 T = 37 Wt = 64kg

General: look normal

HEENT: head: hair loss, no trauma, no scar
Eyes: no redness, no conjunctivitis
Ear: no discharge

Chest: chest symmetry, no abnormal sound; H RRR, no murmur

Abdomen: abdominal soft, no hepatomegaly, no mass

Musculoskeletal: normal range of motion of finger

Neuro: normal

Previous Lab/Studies:

On 11-10-2013

FBS =185mg/dl

On 28-10-2013

FBS= 451mg/dl and glucouria (++++)

Lab Studies Requests: today

FBS = 141mg/dl, urinalysis is normal

Assessment:

1. DMII

Plan:

1. Diamicron 60mg 1t po qd
2. Captopril 25mg 1/4t po bid
3. ASA 100mg 1t po qd
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for Glucose, Creat, and HbA1C at SHCH

Comments/Notes:

Examined by: Lam Srey Aun (Medical student)

Date: February 12, 2014

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

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No answer replied

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

Date: Wed, Feb 12, 2014 at 7:01 PM

Subject: Rattanakiri TM clinic February 2014, Case#5, LL#RK00444, 92F

To: Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruey 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, LL#RK00444, 92F and photos.

Best regards,
Polo/Sovann

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



Patient: LL#RK00444, 92F (Village VI, Beung Kanseng, Banlung)

Chief Complaint: Generalized edema and SOB x 1 month

HPI: 92F, minority, presented with symptoms dizziness, HA, palpitation and SOB for 10d. She got treatment with few kinds of medicine (unknown name) from local pharmacy but her symptoms still persisted. She noticed of increased SOB on exertion (climbing 9 steps of stair) and generalized edema and white

productive cough. She denied of fever, diaphoresis, cold extremities, chest pain, orthopnea, syncope, oliguria, dysuria.

PMH/SH: Remote malaria

Family Hx: None

Social Hx: Past history of chain of cig smoking, stopped 6y; Casual EtOH

Medication: None

Allergies: NKDA

ROS: Epigastric burning pain, radiation to the back, no burping, no bloody/mucus stool

PE:

Vital Signs: BP: 110/77 P: 98 RR: 28 T: 36.5°C Wt: 39kg

General: Look stable, alert O x 4; tachypnea (on exertion)

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

Chest: Coarse crackle on left lung, clear on the right; Heart regular rate, three normal rhythm with one skip beat, no murmur

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

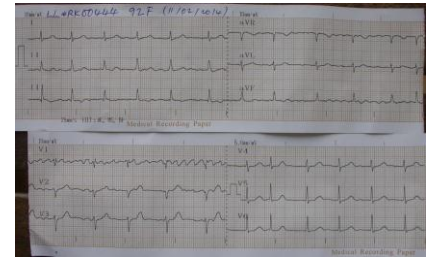
Skin/Extremities: 2+ pitting legs edema, no rash no lesions; positive dorsalis pedis and posterior tibial pulse



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

Lab/Study:

- Blood sugar: 129mg/dl
- U/A: no leukocyte, no blood, no protein, no glucose
- CXR and EKG attached
- Abdominal ultrasound: hepatic vein dilatation (diameter 20mm)



Assessment:

1. Pneumonia
2. CHF?
3. Cardiomegaly?
4. PVC?



Plan:

1. Augmentin 625mg 1t po bid for 7d
2. Furosemide 40mg 1/2t po bid for 7d
3. Propranolol 40mg 1/4t po qd
4. Draw blood for CBC, Lyte, BUN, Creat, Tot chole, TG and TSH at SHCH
5. Refer to Phnom Penh for 2D echo of the heart

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

Examined by: Nurse Sovann Peng

Date: February 12, 2014

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

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From: **Kreinsen, Carolyn Hope, M.D., M.Sc.** <CKREINSEN@partners.org>

Date: Thu, Feb 13, 2014 at 7:27 AM

Subject: RE: Rattanakiri TM clinic February 2014, Case#5, LL#RK00444, 92F

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

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

Hi Sovann,

This 92 year old woman has had dizziness, palpitations, pronounced shortness of breath, and headache for 10 days. It sounds as though she may have had less severe symptoms of dyspnea and peripheral edema for 1 month. She has had epigastric burning with radiation through to the back.

Chest x-ray shows cardiomegaly, minor left lower lung blunting indicating a small pleural effusion. There are increased vascular markings. No specific opacification or pneumonia is evident. The 12 lead EKG shows atrial flutter with 4:1 - 6:1 block, seen best in leads III, AVF, and V1, with good ventricular rate control. It's unclear if there may be atrial fibrillation/flutter. A longer rhythm strip along with EKG, would be helpful. No ventricular ectopy was evident at the time the EKG was taken. There are no obvious ST changes. T waves are more difficult to evaluate, given the atrial flutter.

I agree with your differential of cardiomegaly and congestive heart failure. The next question is , "why?" My greatest concern is that this woman possibly had a recent myocardial infarction. Women with MI often have different symptoms than do men - fatigue, dyspnea, and GI symptoms without chest pain. The introduction of propranolol 10 mg every 6 hours for cardiac protection and furosemide 20 mg twice a day for diuresis was a wise intervention. Another concern I would have is for possible pulmonary emboli. Did this woman have any leg pain before other symptoms started? Are you able to obtain a D-dimer, and CPK (with MB) or troponin T level? I also recommend liver function tests. I agree with the 2D-echo, ASAP. With furosemide, I'd keep an eye on her electrolytes to make certain that the patient does not become hypokalemic. Low sodium diet should be reinforced. She is elderly and at greater risk for rhythm disturbances. With atrial fib/flutter, this patient has lost her "atrial kick." That can cause dyspnea, chest heaviness, palpitations, dizziness and less good cardiac function. It would not cause cardiomyopathy. It can occur as a primary process, as a result of myocardial infarction, pulmonary embolism, pneumonia, or from metabolic disturbance. If she is alternating between sinus rhythm and atial fib/flutter she is at risk for stroke. It's reassuring that there is no protein in the urine. I don't see evidence of pneumonia or mass on the chest x-ray; lateral view would be helpful.

I think that this woman needs evaluation by an MD as soon as possible. Possible to arrange for that? Her presentation and symptoms are worrisome.

Good luck and hope all is well!

Carolyn

From: **Rithy Chau** <rithychau@sihosp.org>
Date: Thu, Feb 13, 2014 at 8:06 AM
Subject: RE: Rattanakiri TM clinic February 2014, Case#5, LL#RK00444, 92F
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Sovann,

Probably no need to give her Abx because not likely to have pneumonia.

Rithy

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Feb 12, 2014 at 6:43 PM
Subject: Rattanakiri TM Clinic February 2014, Case#6, TN#RK00441, 46M
To: Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruey 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 6, TN#RK00441, 46M and photo.

Best regards,

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



Patient: TN#RK00441, 46M (Malit Village, Malit commune, Andaung Meas district)

Chief Complaint: Nocturia, insomnia and weight loss 10kg in 3months

HPI: 46M, commune chief, presented with symptoms of nocturia, insomnia, polyphagia and weight loss 10kg in 3months. He sought consultation at private clinic and diagnosed with DMII (BS: 400mg/dl) and treated with antidiabetic medicine (unknown name) 1t po qd for about 1month then he has continued treatment with traditional medicine until now. He denied of numbness/tingling, blurred vision, diaphoresis, syncope, legs edema.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Smoking 3-5cig/day for over 20y, stopped 10y; casual EtOH

Medication: Traditional medicine

Allergies: NKDA

ROS: normal appetite, normal bowel movement, normal urination

PE:

Vital Signs: BP: 124/81 P: 63 RR: 18 T: 37°C Wt: 50kg

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 RRR, no murmur

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

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

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

Lab/Study:

On February 11, 2014

Glucose: 165 [75 – 115]

Tot chole: 130 [<200]
TG : 150 [80 – 165]
Creat : 1.4 [0.8 – 1.1]
SGOT: 130 [<37]
SGPT : 112 [<42]

On February 12, 2014
FBS: 215mg/dl
U/A: protein trace, glucose 1+

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po qd
2. Educate on diabetic diet, foot care and regular exercise
3. Draw blood for Lyte, Creat, Glucose, LFT and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: February 12, 2014

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

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From: Fang, Leslie S.,M.D.

Sent: Wednesday, February 12, 2014 5:03 PM

To: Fiamma, Kathleen M.

Subject: RE: Rattanakiri TM Clinic February 2014, Case#6, TN#RK00441, 46M

Agree with management for diabetes.
Needs follow up for abnormal liver function tests

Leslie Fang, MD

From: **Rithy Chau** <rithychau@sihosp.org>

Date: Thu, Feb 13, 2014 at 8:06 AM

Subject: RE: Rattanakiri TM Clinic February 2014, Case#6, TN#RK00441, 46M

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

Sovann,

Add for this man pioglitazone 15mg qd also. Add Captopril 25mg ¼ qd and ASA qd.

Rithy

Rithy Chau, MPH, MHS, PA-C

Director Telemedicine/EHC Officer

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

Date: Wed, Feb 12, 2014 at 6:49 PM

Subject: Rattanakiri TM clinic February 2014, Case#7, SV#RK00447, 26M

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 7, SV#RK00447, 26M and photo.

Best regards,
Polo/Sovann

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



Patient: SV#RK00447, 26M (Village I, Lamenh commune, Borkeo district)

Chief Complaint: Polyuria x 8 months and muscle weakness, clonic contraction x 10 days

HPI: 26M, mining worker, presented with symptoms of polyuria, polyphagia, polydipsia, and fatigue. He didn't seek medical consult and since the past ten days, the above symptoms became worse and associated with other symptoms such as HA, muscle weakness, muscle clonic contraction and weight loss about 10kg. He was brought to referral hospital and admitted to medicine ward on February 6, 2014. He has been diagnosed with diabetic and treated with IV fluid LR infusion 1000mL/d, Metformin 500mg 1t po bid, Glibenclamide 5mg 1t po bid, MTV 1t po bid. On February 11, 2014, he was seen by Telemedicine (blood sugar above 600mg/dl; U/A glucose 4+, no ketone, no protein, no blood) and treated with IV NSS infusion, and Insulin Actrapid.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Single, No cig smoking; casual EtOH

Medication: As above

Allergies: NKDA

ROS: pain on buccal mucosa wall, No fever, no cough, no chest pain, no GI complaint

PE:

Vital Signs: BP: 101/77 P: 101 RR: 22 T: 37°C Wt: 30kg

General: Look sick, skinny, weak

HEENT: Fissure lesion on buccal mucosa wall, pink conjunctiva, no thyroid enlargement, no neck LN palpable

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

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

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

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

Lab/Study:

Blood sugar: >600mg/dl (on Insulin Actrapid 10IU when it was checked >600mg/dl)

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

Assessment:

1. DMI

Plan:

1. IV fluid NSS 2000mL per day
2. Insulin Actrapid 10-20IU tid
3. Refer to SHCH for further evaluation and management on Thursday February 13, 2014

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

Examined by: Nurse Sovann Peng

Date: February 12, 2014

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

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From: Fang, Leslie S.,M.D.

Sent: Wednesday, February 12, 2014 5:02 PM

To: Fiamma, Kathleen M.

Subject: RE: Rattanakiri TM clinic February 2014, Case#7, SV#RK00447, 26M

Agree with management and the need for insulin and tertiary referral

Leslie Fang, MD

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

Date: Wed, Feb 12, 2014 at 7:09 PM

Subject: Rattanakiri TM clinic February 2014, Case#8, SP#RK00449, 31F

To: Krui 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 8, SP#RK00449, 31F and photos.

Best regards,
Polo/Sovan

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



Patient: SP#RK00449, 31F (7 Makara Village, Labansirk commune, Banlung district)

Chief Complaint: Lower back pain with radiation down the legs x 3 years

HPI: 31F, housewife, presented with symptoms of lower back pain with radiation down the side both legs and ending at the knee. She got treatment from local private clinic with pain killer on/off. In these three days, she developed severe pain which made her unable to walk. The pain increased in intensity with long standing or sitting. She denied of trauma history.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No cig smoking; no EtOH; five children

Medication:

1. Paracetamol 500mg 1t po qid
2. Thiocolchicoside 4mg 1t po bid
3. Etocox-90 1t po qd

Allergies: NKDA



ROS: Regular menses

PE:

Vital Signs: BP: 107/80 P: 74 RR: 18 T: 37°C Wt: 73kg

General: Look stable

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

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

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

Skin/Extremities: No legs edema, positive dorsalis pedis and posterior tibial pulse

MS/Neuro: Straight legs raise positive, pain with active motion of the hip, sensory intact, DTRs +2/4, normal gait

Lab/Study:

Assessment:

1. Sciatica

Plan:

1. Ibuprofen 200mg 3t po tid for 3days then prn severe pain
2. Paracetamol 500mg 1t po qid prn pain
3. Warmth compression and regular exercise
4. Avoid prolonged sitting or standing

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

Examined by: Nurse Sovann Peng

Date: February 12, 2014

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

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From: **Mansfield, Frederick Lawton, M.D.** <FLMANSFIELD@mgh.harvard.edu>

Date: Thu, Feb 13, 2014 at 6:24 AM

Subject: Rattanakiri TM clinic February 2014, Case#8, SP#RK00449, 31F

To: "kirihospital@gmail.com" <kirihospital@gmail.com>

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

Dear Nurse Sovann Peng:

I agree with your diagnosis and plan. In a healthy 31 year old woman, lumbar disc herniation with sciatica is the most probable diagnosis. Disc herniation is a benign disease and, with high probability, the symptoms

usually resolve eventually. Your medication regimen is reasonable. There don't appear to be any signs of motor or sensory deficit, so as long as she retains control of her bowel and bladder and has no perineal numbness (which would suggest cauda equina syndrome), symptomatic treatment is indicated. If disabling pain persists for more than 6 weeks, or if she develops symptoms of cauda equina syndrome, surgery might be considered.

F. L. Mansfield, M.D.

Assistant Professor of Orthopedic Surgery, Harvard Medical School
Orthopedic Spine Surgeon, Massachusetts General Hospital

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

Date: Wed, Feb 12, 2014 at 9:48 PM

Subject: Rattanakiri TM Clinic February 2014, Case#9, YK#RK00448, 35M

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>, Krui 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 the last case of Rattanakiri TM clinic February 2014, Case number 9, YK#RK00448, 35M and photo. Please reply to the cases before Thursday afternoon because the patients will come to receive the treatment during the noon time of that day.

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: YK#RK00448, 35M (Bunhuk II Village, Samki commune, Ochum district)

Chief Complaint: Chronic diarrhea x 2 years

HPI: 35M, farmer, with two years history of semi-liquid or watery diarrhea which frequently occurred after having meal. It sometimes contained with mucus and bloody and denied of fever. He got treatment from local health care worker but the diarrhea still persists. He has been admitted to medicine ward and treated with Ciprofloxacin 500mg 1t po bid and Metronidazole 250mg 2t po bid but diarrhea still presented. He reported of the previous about two year history of constipation with small caliber, and hard stool before the diarrhea.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Smoking 1 pack of cig/day for over 20y; casual EtOH

Medication: See above

Allergies: NKDA

ROS: fatigue, weak, weight loss

PE:

Vital Signs: BP: 80/59 P: 87 RR: 18 T: 37°C Wt: 41kg

General: Look sick, alert O x 4

HEENT: Sunken eyes with dry skin, No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck LN palpable

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

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

Skin/Extremities: No legs edema

Rectal exam: Good sphincter tone, no mass palpable, negative hemocult

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

Lab/Study:

HIV negative

Assessment:

1. Chronic diarrhea due to Colitis/Crohn's disease?
2. Dehydration

Plan:

1. IV fluid LR infusion 2-3L per day
2. Ceftriaxone 2g IV qd for 10d
3. Metronidazole 250mg 2t po bid for 10d
4. Xango powder bid
5. Draw blood for CBC, Lyte, Creat, Glucose, LFT, ESR, HBsAg, HCV ab at SHCH

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

Examined by: Lam Srey Aun (Medical student)

Date: February 12, 2014

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

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From: **Rithy Chau** <rithychau@sihosp.org>
Date: Thu, Feb 13, 2014 at 8:06 AM
Subject: RE: Rattanakiri TM Clinic February 2014, Case#9, YK#RK00448, 35M
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Sovann,

Give him Albendazole instead of metronidazole which may have been given at MW already. Give him some b-complex also.

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

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>
Date: Thu, Feb 13, 2014 at 5:38 PM
Subject: Fwd: Rattanakiri TM Clinic February 2014, Case#9, YK#RK00448, 35M
To: "kirihospital@gmail.com" <kirihospital@gmail.com>
Cc: MPH MHS PA-C Rithy Chau <rithychau@sihosp.org>

I agree with all the blood tests suggested. I don't see any stool tests suggested. I would suggest stool culture, and ova/parasite exam for amebiasis and giardiasis. I would also suggest a placing a tuberculin skin test to look for possible tuberculosis as a cause.

If the above tests are all negative, I would suggest that the patient go to Phnom Penh for a colonoscopy.

Thanks,

Ashwin

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Sat, Feb 15, 2014 at 10:05 PM
Subject: Cases reply for Telemedicine February 2014
To: "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Rithy Chau <rithychau@sihosp.org>

Dear Kathy,

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

Case# 2, TY#RK00443, 63F

Case#3, HL#RK00442, 70M

Case#4, HS#RK00445, 40M

Thank you very much for the reply to Telemedicine cases February 2014.

Best regards,
Sovann

From: **Fiamma, Kathleen M.** <KFIAMMA@partners.org>

Date: Sat, Feb 15, 2014 at 10:05 PM

Subject: Automatic reply: Cases reply for Telemedicine February 2014

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

Thank you for your message.

In observation on President's Day, all Partners HealthCare offices will be closed on Monday 2/17/14. We will resume normal operations on Tuesday 2/18/14.

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

Kathy Fiamma
[617-726-1051](tel:617-726-1051)

Thursday, February 13, 2014

Follow-up Report for Rattanakiri TM Clinic

There were 9 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 9 cases was transmitted and received replies from both Phnom Penh and Boston, and other 26 patients came for brief consult and refill medication only, and other 10 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 February 2014

1. CS#RK00446, 28M (Village I, Labansirk commune, Banlung district)

Diagnosis:

1. Ulnar nerve injury?
2. Tendon contracture?
3. Nerve compression?

Treatment:

1. Refer to Kean Kleing for surgical evaluation

2. TY#RK00443, 63F (Village I, Lamenh, Borkeo)

Diagnosis:

1. Osteoporosis
2. Post traumatic compression fracture
3. Kyphosis with Scoliosis

Treatment:

1. Calcium/Vit D 500mg/200IU 1t po qd (#70)
2. Paracetamol 500mg 1-2t po qid prn pain (#30)

3. HL#RK00442, 70M (Village I, Lamenh commune, Borkeo district)

Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 2t po bid (#80)
2. Glibenclamide 5mg 1t po bid (#100)
3. ASA 100mg 1t po qd (#60)
4. Captopril 25mg 1/4t po qd (buy)
5. Amitriptylin 25mg 1/4t po qhs (#20)
6. Educate on diabetic diet, foot care and regular exercise
7. Draw blood for Lyte, Creat, Glucose and HbA1C at SHCH

Lab result on February 13, 2014

Na+	=134	[135 – 145]
K+	=4.4	[3.5 – 5.0]
Cl ⁻	=98	[95 – 110]
Creat	=76	[53 – 97]
Gluc	=13.5	[4.1 - 6.1]
HbA1C	=9.64	[4.8 – 5.9]

4. HS#RK00445, 40M (Village II, Kachagn commune, Banlung district)

Diagnosis:

1. DMII

Treatment:

1. Diamicron 60mg 1t po qd (buy)
2. Captopril 25mg 1/4t po bid (buy)
3. ASA 100mg 1t po qd (#70)
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for Glucose, Creat, and HbA1C at SHCH

Lab result on February 13, 2014

Creat	=71	[53 – 97]
Gluc	=7.5	[4.1 - 6.1]
HbA1C	=6.79	[4.8 – 5.9]

5. LL#RK00444, 92F (Village VI, Beung Kanseng, Banlung)

Diagnosis:

1. CHF?

2. Cardiomegaly?
3. PVC?

Treatment:

1. Furosemide 40mg 1/2t po bid for 7d (#40)
2. Propranolol 40mg 1/4t po qd (#20)
3. ASA 100mg 1t po qd (#70)
4. Draw blood for CBC, Lyte, BUN, Creat, Tot chole, TG , Transaminase and TSH at SHCH
5. Refer to Phnom Penh for 2D echo of the heart

Lab result on February 13, 2014

WBC	=5.0	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	=13.2	[12.0 - 15.0g/dL]	Cl	=98	[95 - 110]
Ht	=45	[35 - 47%]	BUN	=6.2	[<8.3]
MCV	=87	[80 - 100fl]	Creat	=73	[44 - 80]
MCH	=25	[25 - 35pg]	T. Chol	=3.7	[<5.7]
MHCH	=29	[30 - 37%]	TG	=1.3	[<1.71]
Plt	=180	[150 - 450x10 ⁹ /L]	TSH	=0.92	[0.27 - 4.20]
Lym	=1.5	[1.0 - 4.0x10 ⁹ /L]	AST	= 39	[<32]
			ALT	=28	[<33]

Remark: Patient was referred to SHCH, diagnosed with CHF, A fib, Cardiomegaly, Batrium dilated, VHD (moderate TR, mild AR, mild MR and moderate aortic sclerosis) and treated with Digoxin 0.25mg 1/2t po qd (#20), Enalapril 5mg 1/2t po qd (#35), Furosemide 40mg 1/4t po qd, Ranitidine 150mg 1t po qd, Metoclopramide 10mg 1t po qd, Albendazole 400mg 1t po bid x 5d

6. TN#RK00441, 46M (Malit Village, Malit commune, Andaung Meas district)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (#30)
2. Educate on diabetic diet, foot care and regular exercise
3. Draw blood for Lyte, Creat, Glucose, LFT, HBs Ag, HCV ab, RPR and HbA1C at SHCH

Lab result on February 13, 2014

Na	=137	[135 - 145]
K	=3.6	[3.5 - 5.0]
Cl	=101	[95 - 110]
Creat	=90	[53 - 97]
Gluc	=13.4	[4.2 - 6.4]
AST	=134	[<32]
ALT	=161	[<33]
HBsAg	= Non-reactive	
HCV ab	= Reactive	
RPR	= Non-reactive	
HbA1C	=11.91	[4.8 - 5.9]

7. SV#RK00447, 26M (Village I, Lamenh commune, Borkeo district)

Diagnosis:

1. DMI

Treatment:

1. IV fluid NSS 2000mL per day
2. Insulin Actrapid 10-20IU tid
3. Refer to SHCH for further evaluation and management on Thursday February 13, 2014

8. SP#RK00449, 31F (7 Makara Village, Labansirk commune, Banlung district)

Diagnosis:

1. Sciatica

Treatment:

1. Ibuprofen 200mg 3t po tid for 3days then prn severe pain (buy)
2. Paracetamol 500mg 1t po qid prn pain (buy)
3. Warmth compression and regular exercise
4. Avoid prolonged sitting or standing

9. YK#RK00448, 35M (Bunhuk II Village, Samki commune, Ochum district)**Diagnosis:**

1. Chronic diarrhea due to Colitis/Crohn's disease?
2. Dehydration

Treatment:

1. IV fluid LR infusion 2-3L per day
2. Albendazole 400mg 1t po bid for 10d (#20)
3. Vit B-complex 1t po bid (#120)
4. Xango powder bid
5. Draw blood for CBC, Lyte, Creat, Glucose, LFT, ESR, HBsAg, HCV ab, peripheral blood smear, Ret count, TSH, RPR at SHCH

Lab result on February 13, 2014

WBC	=6.0	[4 - 11x10 ⁹ /L]	Na	=136	[135 - 145]
RBC	=3.9	[4.6 - 6.0x10 ¹² /L]	K	=4.3	[3.5 - 5.0]
Hb	=11.8	[14.0 - 16.0g/dL]	Cl	=101	[95 - 110]
Ht	=36	[42 - 52%]	Creat	=123	[53 - 97]
MCV	=92	[80 - 100fl]	Gluc	=5.3	[4.2 - 6.4]
MCH	=30	[25 - 35pg]	AST	=94	[<40]
MHCH	=33	[30 - 37%]	ALT	=118	[<41]
Plt	=250	[150 - 450x10 ⁹ /L]	HbsAg	= Non-reactive	
Lym	=2.4	[1.0 - 4.0x10 ⁹ /L]	HCV ab	= Non-reactive	
			RPR	= Non-reactive	
ESR	=38	[0 - 15]	TSH	= 1.04	[0.27 - 4.20]
Ret count	= 1.3	[0.5 - 1.5]			

Peripheral blood smear

Microcytic = 1+
 Hypochromic = 1+
 Burr cells = 15%

Patients who come for brief consult and refill medicine**1. NH#RK00010, 59F (Village III)****Diagnosis:**

1. HTN
2. DMII
3. VHD (AI/MR)

Treatment:

1. Atenolol 50mg 2t po qd (buy)
2. HCTZ 25mg 2t po qd (#120)
3. Captopril 25mg 1t po bid (buy)
4. Glibenclamide 5mg 1t po bid (#120)
5. Metformin 500mg 2t po bid (#60)
6. ASA 100mg 1t po qd (buy)
7. Draw blood for Creat and HbA1C at SHCH

Lab result on February 13, 2014

Creat =56 [44 - 80]
HbA1C =7.57 [4.8 – 5.9]

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

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid (#150)
2. Metformin 500mg 3t po qAM, 2t po qPM (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Amitriptylin 25mg 1/4t po qhs (#15)

3. 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 (#60)
3. Spironolactone 25mg 1t po bid (#120)

4. 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 (#120)
3. Spironolactone 25mg 1t po bid (#120)
4. Propranolol 40mg 1/4t po bid (#30)
5. Draw blood for CBC, Electrolyte, Creat, glucose, Transaminase, Albumin, Protein and HbA1C at SHCH

Lab result on February 13, 2014

WBC =5.7	[4 - 11x10 ⁹ /L]	Na =132	[135 - 145]
RBC =4.0	[3.9 - 5.5x10 ¹² /L]	K =4.2	[3.5 - 5.0]
Hb =10.8	[12.0 - 15.0g/dL]	Cl =97	[95 – 110]
Ht =35	[35 - 47%]	Creat =90	[44 - 80]
MCV =88	[80 - 100fl]	Gluc =8.8	[4.2 - 6.4]
MCH =27	[25 - 35pg]	AST =82	[<32]
MHCH =31	[30 - 37%]	ALT =36	[<33]
Plt =118	[150 - 450x10 ⁹ /L]	Protein =74	[66 – 87]
Lym =2.2	[1.0 - 4.0x10 ⁹ /L]	Albumin=36	[38 – 51]

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

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 1t po qhs
2. Enalapril 5mg 2t po qd
3. Atenolol 50mg 1t po qd
4. ASA 100mg 1t po qd
5. Amitriptylin 25mg 1/2t po qhs
6. Insulin NPH 27UI qAM and 15UI qPM

7. Follow up with CMC in Phnom Penh

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#150)
2. Metformin 500mg 3t qAM and 2t qPM (#100)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1t po bid (buy)
5. Draw blood for Creat, Glucose, and HbA1C at SHCH

Lab result on February 13, 2014

Creat	=87	[44 - 80]
Gluc	=11.3	[4.1 - 6.1]
HbA1C	=11.55	[4.8 - 5.9]

Recommendation after blood test resulted: Increase Pioglitazone 15mg 2t po qd

7. 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. ASA 100mg 1t po qd (#60)

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

Diagnosis:

1. DMII
2. HTN
3. Neck abscess

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. Refer for surgical evaluation at CSC in Phnom Penh

9. 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 (#60)
4. Captopril 25mg 1/2 tab bid (buy)
5. Amlodipine 5mg 1t po qd (#60)
6. ASA 100mg 1t po qd (#60)

10. 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)

11. 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)

12. TS#RK00320, 53M (Village V)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#100)
2. Metformin 500mg 2t po bid (#80)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 5mg 1t po qd (buy)
5. Draw blood for Creat, Glucose, and HbA1C at SHCH

Lab result on February 13, 2014

Creat	=87	[44 - 80]
Gluc	=8.9	[4.1 - 6.1]
HbA1C	=8.73	[4.8 - 5.9]

13. HY#RK00341, 43M (Village VI, Labansirk commune)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Metformine 500mg 2t po bid (#100)
2. Glibenclamide 5mg 2t po bid (buy)
3. Atenolol 50mg 1/2t po qd (#30)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptylin 25mg 1/4t po qhs (buy)
6. Draw blood for Glucose, Creat, and HbA1C at SHCH

Lab result on February 13, 2014

Creat	=78	[53 - 97]
Gluc	=11.9	[4.1 - 6.1]
HbA1C	=11.87	[4.8 - 5.9]

14. 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)

15. 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 (#60)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 10mg 1t po bid (buy)
5. HCTZ 25mg 1t po qd (#60)
6. Atenolol 50mg 1/2t po qd (buy)

16. 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)
5. Draw blood for Creat, Glucose, and HbA1C at SHCH

Lab result on February 13, 2014

Creat	=77	[53 – 97]
Gluc	=7.7	[4.1 - 6.1]
HbA1C	=5.84	[4.8 – 5.9]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po qhs (#30)
2. Glibenclamide 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 (#30)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

4. Atenolol 50mg 1t po qd (#30)
5. Amlodipine 5mg 1/2t po qd (buy)
6. ASA 100mg 1t po qd (#60)
7. Draw blood for Creat at SHCH

Lab result on February 13, 2014

Creat =122 [44 - 80]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

20. 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 F T4 at SHCH

Lab result on February 13, 2014

Free T4=23.6 [12.0 - 22.0]

21. 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. ASA 100mg 1t po qd (#60)

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

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po qd (#60)
2. Captopril 25mg 1/2t po bid (buy)
3. ASA 100mg 1t po qd (#60)

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)

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

Diagnosis:

1. DMII

Treatment:

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

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

Diagnosis:

1. HTN
2. Psoriasis?
3. Tinea?

Treatment:

1. Captopril 25mg 1/2t po bid (buy)
2. HCTZ 25mg 1t po qd (#60)
3. Clotrimazole cream 1% apply bid (#2)
4. Fluocinonide cream 0.1% apply bid (#1)
5. Whitfield application bid
6. Do regular exercise and eat low fats diet

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