

Telemedicine Clinic

Rattanakiri

Referral Hospital

April 2014

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

On Tuesday April 8 and Wednesday April 9, 2014, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 8 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 April 10, 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: Thu, Apr 3, 2014 at 12:38 PM

Subject: Telemedicine Clinic at Rattanakiri referral hospital in April 2014

To: Rithy Chau <rithychau@sihosp.org>, Cornelia Haener <corneliahaener@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,

Please be informed that the TM clinic at Rattanakiri Referral Hospital will be held on Tuesday and Wednesday, April 8 - 9, 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, April 10, 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, Apr 9, 2014 at 6:17 PM

Subject: Rattanakiri TM Clinic April 2014, Case#1, LS#RK00449, 62M

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>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

There are eight new cases for Telemedicine clinic at Rattanakiri referral hospital in April 2014. This is case number 1, LS#RK00457, 62M and photos.

Best regards,
Polo/Sovann

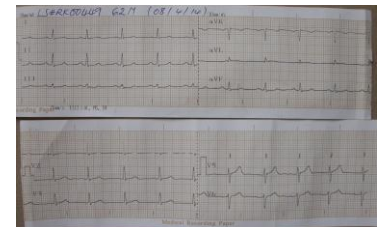
Rattanakiri Provincial Hospital Telemedicine Clinic with Sihanouk Hospital Center of HOPE and Partners in Telemedicine



Patient: LS#RK00457, 62M (Village I, Lamenh Commune, Bokeo district)

Chief Complaint: Fatigue, Polydipsia, polyuria x 10 years

HPI: This patient complained about polydipsia, polyphagia and fatigue approximately 10 years ago. He was treated with Metformin 850 mg tid and Diamicon once daily. His blood sugar was controlled between 120 – 130mg/dl but recently his blood sugar became uncontrolled to about 200 – 300mg/dl fasting. The symptom is not better so he come here for continue consultant with TM clinic. He denied of fever, palpitation, chest pain, syncope, seizure, diaphoresis.



PMH/SH:

-Diabetic 10 years

Social Hx

- Cigarette smoking 40 years one pack per day
- Occasional alcohol use

Allergies: unknown

Family Hx: His brother with diabetic and HTN

- ROS:**
- Eye: Blurr vision
 - Skin: skin rash
 - Limb: edema of both legs
 - Neuron: tingling and paresthesia of face and limb

PE:

Vital Signs: BP= 106/63 mmHg P= 85 R 18 T = 37 Wt

General: Conscious: stable

HEENT: head: hair loss
Eye: no conjunctivitis

Nose: normal
Throat: normal

Chest: chest symmetry, no abnormal sound
Heart: regular rhythms

Abdomen: abdominal soft, no mass no hepatomegaly

MS/Neuro: MS +5/5, motor and sensory (pin prick and light touch) intact, DTRs +2/4, normal gait, no legs edema, no foot wound

Lab/Studies Requests: FBS = 127 mg/dl, UA =normal

Assessment:
1. DMII

Plan:
1. Metformin 850mg 1t po tid
2. Diamicron 30mg 1t po qd

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

Examined by: Lam Srey Aun (Medical student)

Date: April 9, 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, Apr 9, 2014 at 6:19 PM

Subject: Rattanakiri TM Clinic April 2014, Case#2, NS#RK00450, 32M

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>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 2, NS#RK00450, 32M and photo.

Best regards,
Polo/Sovann

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



Patient: NS#RK00450, 32M (7 Makara Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Fatigue, polyphagia, and polyuria x 2 months

HPI: 32M, moto-taxi driver, presented with symptoms of fatigue, polyphagia, polyuria, and weight loss. On April 2, 2014, he went to have blood test done in private clinic and blood sugar was 275mg/dl, urine analysis glucose 3+ and diagnosed with DMII, treated with several kinds of medicine (unknown name). On April 7, 2014, he went to consult in referral hospital and blood sugar was 224mg/dl and treated with Metformin 500mg 1t po bid, Glibenclamide 5mg 1t qd. He denied of numbness/tingling, blurred vision, dysuria, foot wound.

PMH/SH: Unremarkable

Social Hx: No cig smoking; Casual EtOH, 4 children

Medication: as above

Allergies: NKDA

Family Hx: Aunt with HTN and DMII

ROS: Unremarkable

PE:

Vital Signs: BP: 114/76 P: 82 RR: 18 T: 37°C Wt: 66kg

General: Look stable

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

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

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar

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

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

Lab/Study:

RBS: 294mg/dl

U/A: glucose 2+, no blood, no protein

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Educate on diabetic diet, foot care and regular exercise
4. Draw blood for Creat, Glucose and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: April 9, 2014

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, Apr 9, 2014 at 6:23 PM

Subject: Rattanakiri TM Clinic April 2014, Case#3, DB#RK00451, 44F

To: 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>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>

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

Dear all,

This is case number 3, DB#RK00451, 44F and photos.

Best regards,
Polo/Sovann

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



Patient: DB#RK00451, 44F (Ochum Village, Ochum Commune, Ochum district)

Chief Complaint: Neck mass x 5 years

HPI: 44F, farmer, presented with bean size mass on the anterior portion of the neck and it progressively increased in size to about 3x4cm in two years without any symptoms. Then the mass remained the same size until the beginning of this year, she developed symptoms of heat intolerance, palpitation, insomnia and HA but denied of bowel change, hair loss, tremor. She got consultation and treatment from local health center but the symptoms still persisted so she come to TM clinic today.

PMH/SH: Unremarkable

Family Hx: No Family member with goiter

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

Medication: None

Allergies: NKDA

ROS: One year post menopause

PE:

Vital Signs: BP: 127/90 P: 78 RR: 18 T: 37°C Wt: 43kg

General: Look stable

HEENT: Mass about 4x3cm on right side of thyroid gland, firm, smooth, mobile on swallowing, no tender, no bruit, no neck LN palpable; No oropharyngeal lesion, pink conjunctiva, no JVD

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

Abdomen: Soft, no distension, no tender, (+) bowel sound, 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:

Neck mass ultrasound conclusion: Nodular goiter

Assessment:



1. Nodular goiter

Plan:

1. Draw blood for CBC and TSH at SHCH

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

Examined by: Nurse Sovann Peng

Date: April 9, 2014

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, Apr 9, 2014 at 6:26 PM

Subject: Rattanakiri TM Clinic April 2014, Case#4, SS#RK00452, 32F

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>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 4, SS#RK00452, 32F and photo.

Best regards,
Polo/Sovann

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



Patient: SS#RK00452, 32F (Phnom Svay Village, Labansirk commune, Banlung district)

Chief Complaint: Fatigue, SOB, dizziness x 2 years

HPI: This patient complained about SOB, fatigue, and dizziness and tinnitus maybe 2 year ago. This symptom usually occurs when she worries or angry with someone, she sometimes got fainting after this symptom was started and also palpitation moreover after fainting she got epigastric pain and hyper-salivation. Symptom is not better so he come here to consult with TM clinic. She denied fever, cough, weight loss, seizure.

PMH/SH:

-Transient hypoglycemia

Social Hx

- She get marriage with two children

Allergies: unknown

Family Hx: Her mother with HTN

ROS: Unremarkable

PE:

Vital Signs: BP= 96/55 mmHg P= 94 R 18 T = 37 Wt = 52 kg

General: Conscious: stable

HEENT: head: normal
Eye: no conjunctivitis
Nose: normal
Throat: normal

Chest: chest symmetry, no abnormal sound
Heart: regular rhythms

Abdomen: abdominal soft, no mass, no hepatomegaly

Musculoskeletal: normal

Neuro: normal

Previous Lab/Studies: FBS = 67 mg/dl , Ca=6.7mg /dl , RBS = 125mg/dl

Assessment:

1. Panic attack ?
2. Anxiety disorder?
3. Transient hypoglycemia
4. Gastritis

Plan:

1. Ranitidine 150mg 1t po qhs for one month
2. Metoclopramide 10mg 1t po qhs for 15days
3. Use paper bag to breathe into during panic attack
4. Multivitamin 1t po qd
5. Eat small meals but frequently and exercise regularly
6. Follow up next two months
7. Draw blood for CBC, TSH, Electrolyte, creatinine and glucose at SHCH

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

Examined by: Lam Srey Aun (Medical student)

Date: April 9, 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, Apr 9, 2014 at 6:27 PM
Subject: Rattanakiri TM Clinic April 2014, Case#5, KV#RK00453, 13M
To: "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Cornelia Haener <corneliahaener@sihosp.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>, jasonreinhardt@sihosp.org

Dear all,

This is case number 5, KV#RK00453, 13M and photos.

Best regards,
Polo/Sovann

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



Patient: KV#RK00453, 13M (Okantel Village, Labansirk Commune, Banlung district, Rattanakiri province)

Chief Complaint: Scrotum swelling of left side x 1 year

HPI: 13M was brought by his mother complaining of scrotum swelling, painless, no fever, no inguinal lymph node enlargement. It progressively increased in size in one year and never sought surgical consultation. His mother got advice to consult with TM clinic.

PMH/SH:

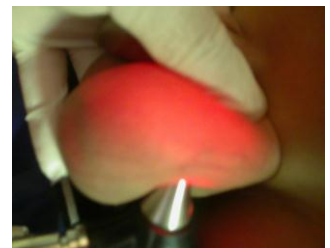
- Hepatitis B infection in the past 7 years

Social Hx

- 3 children in his family

Allergies: unknown

Family Hx: The mother said the family got hepatitis check and result with Father HBsAb positive, mother with HBsAg positive at first check and HBsAb positive in the next time check, patient sibling (two with HBsAb positive and other one with HBsAg positive)



ROS: Unremarkable

PE:

Vital Signs: BP= 90/63 mmHg P= 80 R 18 T = 37 ,Wt = 27kg

General: look stable

HEENT: head : normal

Eye : no conjunctivitis , no eyes icterus

Nose : normal

Throat : normal

Chest: chest symmetry, no abnormal sound

Heart : regular rhythms

Abdomen: abdominal soft, no mass no hepatomegaly

MS/Neuro: Unremarkable

GU: Normal Genitalia with increased size of left scrotum, soft, no redness, no tender, transillumination

Lab/Studies Requests:

WBC = 5900

RBC = 4540000

Hb = 12.6

Ht = 36.1

Plt = 152000

SGOT = 40.6

SGPT = 41.7

HBsAg = Positive

HBsAb = Negative

HCV Ab= Negative

Assessment:

1. Hydrocele
2. Hepatitis B infection

Plan:

1. Refer for further evaluation and management in Pediatric hospital in Phnom Penh

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

Examined by: Lam Srey Aun (Medical student)

Date: April 9, 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, Apr 9, 2014 at 6:29 PM

Subject: Rattanakiri TM Clinic April 2014, Case#6, PS#RK00454, 38M

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>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 6, PS#RK00454, 38M and photo.

Best regards,
Polo/Sovann

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



Patient: PS#RK00454, 38M (Okantel Village, Beung Kanseng Commune, Banlung district, Rattanakiri province)

Chief Complaint: Fatigue, Polydipsia, polyuria, Polyphagia, tingling of limbs x 1year

HPI: This patient presented with fatigue, polyphagia, polydipsia, polyphagia and tingling of extremities for approximately 1 year ago. He went to consult at private clinic and was treated with Metformin 500 mg bid and Glibenclamide 5mg 1/2 tablet once daily. The symptom is not better so he

come here for consultant.

PMH/SH:

- HTN and knee joint pain x 7 years

Social Hx

- He got marriage with 3 children
- Casual alcohol drinking

Allergies: unknown

Family Hx: His brother with HTN

ROS: Unremarkable

PE:

Vital Signs: BP= 151/107 mmHg P= 92 R 18 T = 37 Wt = 82kg

General: conscious stable

HEENT: head : normal

Eye : no conjunctivitis
Nose : normal
Throat : normal

Chest: chest symmetry, no abnormal sound
Heart: regular rhythms

Abdomen: abdominal soft, no mass no hepatomegaly

Extremities/Skin: No legs edema, no foot wound

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

Lab/Studies: done today
FBS = 238 mg/dl, UA =glucose 2+

Assessment:

1. DM type 2
2. HTN

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Captopril 25mg 1/2t po bid
4. ASA 81mg 1t po qd
5. Educate on diabetic diet, do regular exercise and foot care
6. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

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

Examined by: Lam Srey Aun (Medical student)

Date: April 9, 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, Apr 9, 2014 at 6:32 PM

Subject: Rattanakiri TM Clinic April 2014, PS#RK00455, 31F

To: Cornelia Haener <corneliahaener@sihosp.org>, 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>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 7, PS#RK00455, 31F and photos.

Best regards,
Polo/Sovann

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



Patient: PS#RK00455, 31F (Malic Village, Malic Commune, Andong Meas district)

Chief Complaint: Neck mass x 2 months

HPI: 31F, farmer, presented with symptoms of four months history of palpitation, dizziness, HA and SOB on exertion (working and walking). In the past two months, she noticed of neck mass sized about 2x2cm without tender, lesion. She went to have ultrasound done in private clinic and told she has thyroid cyst and advise to consult with Telemedicine clinic. She denied of chest pain, diaphoresis, syncope, orthopnea, edema.

PMH/SH: Unremarkable

Family Hx: No Family member with goiter, heart disease, HTN, DMII

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

Medication: None

Allergies: NKDA

ROS: Regular menstrual period, normal bowel movement, normal urination

PE:

Vital Signs: BP: 110/66 P: 56 RR: 18 T: 37°C Wt: 48kg O2sat:99%

General: Look stable

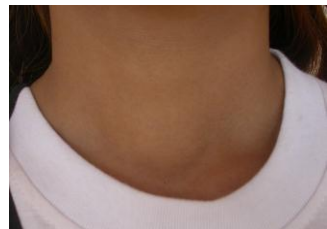
HEENT: Thyroid mass about 2x2cm, soft, smooth, mobile on swallowing, no tender, no bruit, no neck LN palpable; No oropharyngeal lesion, pink conjunctiva, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H Bradycardia, regular rhythm, no murmur

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

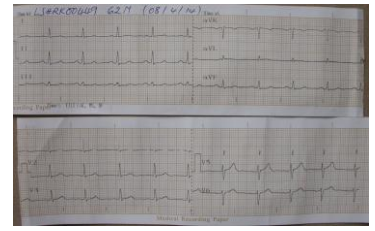
Skin/Extremities: No legs edema, no lesions/foot wound; positive dorsalis pedis and posterior tibial pulse

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



Lab/Study:

Neck mass ultrasound conclusion: Thyroid cyst
EKG and CXR attached

**Assessment:**

1. Thyroid cyst
2. Bradycardia

Plan:

1. Draw blood for CBC, Lyte, Creat, Ca²⁺, Mg²⁺, and TSH at SHCH



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

Examined by: Nurse Sovann Peng

Date: April 9, 2014

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, Apr 9, 2014 at 6:36 PM

Subject: Rattanakiri TM Clinic April 2014, Case#8, ES#RK00456, 55F

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>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is the last case for TM Clinic at Rattanakiri referral hospital April 2014, case number 8, ES#RK00456, 55F and photo. Please reply to the cases before Thursday afternoon because the patients are asked to come to receive treatment or referral on 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 Partners in Telemedicine**



Patient: ES#RK00456, 55F (Chey Chumnas Village, Labansirk commune, Banlung district)

Chief Complaint: Chest tightness x 2 months

HPI: 55F, teacher, with 10 years history of HTN with Amlodipine 5mg 1t po qd presented with symptoms of chest tightness, stabbing like, palpitation, cold extremities, and both legs edema since the past two months. She got consultation at private clinic, BP: 160/?, TG: 214mg/dl and Fenofibrate was added to the treatment and advised to elevate the legs while sleeping. She denied of cough, orthopnea, dysuria, oliguria, hematuria.

PMH/SH: HTN x 10years with Amlodipine

Family Hx: Mother with HTN

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



Medication:

1. Amlodipine 5mg 1t po qd
2. Fenofibrate 100mg 1t po qhs

Allergies: NKDA

ROS: Six months history of epigastric burning pain, burping with sour taste, no black/bloody stool

PE:

Vital Signs: BP: 166/96 P: 73 RR: 18 T: 37°C Wt: 68kg

General: Look stable

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

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

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar

Skin/Extremities: 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:

RBS: 132mg/dl
U/A: protein 2+, no blood, no glucose
CXR attached

Assessment:

1. HTN
2. GERD

Plan:

1. Amlodipine 5mg 1t qd
2. Captopril 25mg 1/2t po bid
3. Omeprazole 20mg 1t po qhs for one month
4. Metoclopramide 10mg 1t po qhs for 15days
5. Mebendazole 100mg 5t po qhs once
6. Draw blood for Electrolyte, Creat, Tot chole, TG at SHCH

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

Examined by: Nurse Sovann Peng

Date: April 9, 2014

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

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No answer replied

Thursday, April 10, 2014

Follow-up Report for Rattanakiri TM Clinic

There were 8 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 8 cases was transmitted and received replies from both Phnom Penh and Boston, and other 23 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 April 2014

1. LS#RK00457, 62M (Village I, Lamenh Commune, Bokeo district)

Diagnosis:

1. DMII

Treatment:

1. Metformin 850mg 1t po tid (buy)
2. Diamicon 30mg 1t po qd (buy)
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on April 11, 2014

Creat	=80	[44 - 80]
Gluc	=14.3	[4.1 - 6.1]
T. Chol	=5.2	[<5.7]
TG	=1.5	[<1.71]
AST	=23	[<40]
ALT	=22	[<41]
HbA1C	=6.08	[4.8 - 5.9]

2. NS#RK00450, 32M (7 Makara Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Glibenclamide 5mg 1t po bid (buy)
3. Educate on diabetic diet, foot care and regular exercise
4. Draw blood for CBC, Peripheral blood smear, Lyte, Creat, Glucose, Transaminase and HbA1C at SHCH

Lab result on April 11, 2014

WBC	=5.2	[4 - 11x10 ⁹ /L]	Na	=135	[135 - 145]
RBC	=4.9	[4.6 - 6.0x10 ¹² /L]	K	=6.0	[3.5 - 5.0]
Hb	=14.2	[14.0 - 16.0g/dL]	Cl	=100	[95 - 110]
Ht	=44	[42 - 52%]	Creat	=70	[53 - 97]
MCV	=89	[80 - 100fl]	Gluc	=12.3	[4.2 - 6.4]
MCH	=29	[25 - 35pg]	AST	=54	[<40]
MHCH	=33	[30 - 37%]	ALT	=50	[<41]
Plt	=200	[150 - 450x10 ⁹ /L]	HbA1C	=13.69	[4.8 - 5.9]
Lymph	=1.7	[1.00 - 4.00x10 ⁹ /L]			

Peripheral blood smear

Microcytic= 2+

3. DB#RK00451, 44F (Ochum Village, Ochum Commune, Ochum district)

Diagnosis:

1. Nodular goiter

Treatment:

1. Draw blood for CBC and TSH at SHCH

Lab result on April 11, 2014

WBC	=4.8	[4 - 11x10 ⁹ /L]
RBC	=4.9	[3.9 - 5.5x10 ¹² /L]
Hb	=11.6	[12.0 - 15.0g/dL]
Ht	=38	[35 - 47%]
MCV	=78	[80 - 100fl]
MCH	=24	[25 - 35pg]
MHCH	=30	[30 - 37%]
Plt	=254	[150 - 450x10 ⁹ /L]
Lymph	=1.6	[1.00 - 4.00x10 ⁹ /L]
Mono	=1.0	[0.10 - 1.00x10 ⁹ /L]
Neut	=2.2	[1.80 - 7.50x10 ⁹ /L]
TSH	=1.68	[0.27 - 4.20]

4. SS#RK00452, 32F (Phnom Svay Village, Labansirk commune, Banlung district)

Diagnosis:

1. Panic attack ?
2. Anxiety disorder?
3. Transient hypoglycemia
4. Gastritis

Treatment:

1. Ranitidine 150mg 1t po qhs for one month (#30)
2. Metoclopramide 10mg 1t po qhs for 15days (#15)
3. Use paper bag to breathe into during panic attack
4. Multivitamin 1t po qd (#60)
5. Eat small meals but frequently and exercise regularly
6. Follow up next two months
7. Draw blood for CBC, TSH, Electrolyte, creatinine and glucose at SHCH

Lab result on April 11, 2014

WBC	=10.4	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10 ¹² /L]	K	=4.1	[3.5 - 5.0]
Hb	=14.0	[12.0 - 15.0g/dL]	Cl	=100	[95 - 110]
Ht	=43	[35 - 47%]	Creat	=54	[44 - 80]
MCV	=87	[80 - 100fl]	Gluc	=4.2	[4.1 - 6.1]
MCH	=29	[25 - 35pg]	TSH	=1.44	[0.27 - 4.20]
MHCH	=33	[30 - 37%]			
Plt	=281	[150 - 450x10 ⁹ /L]			
Lymph	=2.2	[1.00 - 4.00x10 ⁹ /L]			
Mono	=0.6	[0.10 - 1.00x10 ⁹ /L]			
Neut	=7.6	[1.80 - 7.50x10 ⁹ /L]			

5. KV#RK00453, 13M (Okantel Village, Labansirk Commune, Banlung district, Rattanakiri province)

Diagnosis:

1. Hydrocele
2. Hepatitis B infection

Treatment:

1. Refer for further evaluation and management in Pediatric hospital in Phnom Penh

6. PS#RK00454, 38M (Okantel Village, Beung Kanseng Commune, Banlung district, Rattanakiri province)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Glibenclamide 5mg 1t po qd (buy)
3. Captopril 25mg 1/2t po bid (buy)

4. ASA 81mg 1t po qd (#80)
5. Educate on diabetic diet, do regular exercise and foot care
6. Draw blood for Creat, Glucose, Tot chole, TG, Transaminase and HbA1C at SHCH

Lab result on April 11, 2014

Creat	=59	[53 - 97]
Gluc	=11.6	[4.1 - 6.1]
T. Chol	=5.7	[<5.7]
TG	=3.6	[<1.71]
AST	=31	[<40]
ALT	=48	[<41]
HbA1C	=11.26	[4.8 - 5.9]

7. PS#RK00455, 31F (Malic Village, Malic Commune, Andong Meas district)

Diagnosis:

1. Thyroid cyst
2. Bradycardia

Treatment:

1. Draw blood for CBC, Lyte, Creat, Ca2+, Mg2+, and TSH at SHCH

WBC	=6.0	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10 ¹² /L]	K	=3.7	[3.5 - 5.0]
Hb	=12.8	[12.0 - 15.0g/dL]	Cl	=103	[95 - 110]
Ht	=41	[35 - 47%]	Creat	=53	[44 - 80]
MCV	=82	[80 - 100fl]	Ca2+	=1.10	[1.12 - 1.32]
MCH	=26	[25 - 35pg]	Mg2+	=0.88	[0.66 - 1.23]
MHCH	=32	[30 - 37%]	TSH	=0.786	[0.27 - 4.20]
Plt	=245	[150 - 450x10 ⁹ /L]			
Lymph	=2.6	[1.00 - 4.00x10 ⁹ /L]			
Mono	=1.5	[0.10 - 1.00x10 ⁹ /L]			
Neut	=1.9	[1.80 - 7.50x10 ⁹ /L]			

8. ES#RK00456, 55F (Chey Chumnas Village, Labansirk commune, Banlung district)

Diagnosis:

1. HTN
2. GERD

Treatment:

1. Amlodipine 5mg 1t qd (buy)
2. Captopril 25mg 1/2t po bid (buy)
3. Omeprazole 20mg 1t po qhs for one month (#30)
4. Metoclopramide 10mg 1t po qhs for 15days (#15)
5. Mebendazole 100mg 5t po qhs once (#5)
6. Draw blood for Electrolyte, Creat, Tot chole, TG at SHCH

Lab result on April 11, 2014

Na	=139	[135 - 145]
K	=3.5	[3.5 - 5.0]
Cl	=101	[95 - 110]
Creat	=42	[44 - 80]
T. Chol	=6.4	[<5.7]
TG	=5.0	[<1.71]

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 (#150)
3. Captopril 25mg 1t po bid (buy)
4. Glibenclamide 5mg 1t po bid (#150)
5. Metformin 500mg 2t po bid (#150)
6. ASA 100mg 1t po qd (buy)

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 81mg 1t po qd (#75)
5. Amitriptylin 25mg 1/4t po qhs (#20)
6. Draw blood for Glucose, and HbA1C at SHCH

Lab result on April 11, 2014

Gluc = 11.8 [4.1 - 6.1]
HbA1C = 11.3 [4.8 - 5.9]

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 (#80)
3. Spironolactone 25mg 1t po bid (#140)

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

Diagnosis:

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

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Amlodipine 5mg 2t po qd (#150)
3. Spironolactone 25mg 1t po bid (#140)
4. Propranolol 40mg 1/4t po bid (#40)

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

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Insulin NPH 30UI qAM and 15UI qPM (buy)
2. Metformin 500mg 1t po qhs (buy)
3. Enalapril 5mg 3t po qd (buy)
4. Atenolol 50mg 1t po qd (buy)

5. ASA 100mg 1t po qd (#80)
6. Amitriptylin 25mg 1/2t po qhs (#40)
7. Follow up with CMC in Phnom Penh

6. KK#RK00231, 51F (Village I)

Diagnosis:

1. DMII

Treatment:

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

Lab result on April 11, 2014

Creat	=45	[44 - 80]
Gluc	=7.5	[4.1 - 6.1]
HbA1C	=11.75	[4.8 - 5.9]

7. 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 2t po qd (buy)
4. Captopril 25mg 1t po bid (buy)

8. 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 81mg 1t po qd (#75)
4. Draw blood for Glucose, and HbA1C at SHCH

Lab result on April 11, 2014

Gluc	=5.1	[4.1 - 6.1]
HbA1C	=6.73	[4.8 - 5.9]

9. 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)

10. 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 (#75)
6. ASA 81mg 1t po qd (#75)
7. Draw blood for Glucose, and HbA1C at SHCH

Lab result on April 11, 2014

Gluc =5.2 [4.1 - 6.1]
HbA1C =7.88 [4.8 – 5.9]

11. 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 (#150)
3. Amiodarone 200mg 1t po qd (buy)
4. Lorsartan Potassium 50mg 1t po qd (buy)
5. Furosemide 40mg 2t po qd (#150)
6. ASA 81mg 1t po qd (#75)
7. Draw blood for Creat, Glucose, and HbA1C at SHCH

Lab result on April 11, 2014

Creat =80 [44 - 80]
Gluc =8.8 [4.1 - 6.1]
HbA1C =9.56 [4.8 – 5.9]

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

Diagnosis:

1. DMII

Treatment:

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

Lab result on April 11, 2014

Creat =44 [44 - 80]
Gluc =7.2 [4.1 - 6.1]
HbA1C =8.64 [4.8 – 5.9]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#100)
2. Metformin 500mg 3t po qAM and 2t po qPM (#80)
3. Captopril 25mg 1t po bid (buy)

4. Amlodipine 5mg 1t po qd (buy)
5. ASA 100mg 1t qd (#60)

14. 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 (#20)

15. 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 2t po qd
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptyline 25mg 1/4t po qhs (#20)
6. Fenofibrate 100mg 1t po qhs (buy)
7. Draw blood for Glucose, and HbA1C at SHCH

Lab result on April 11, 2014

Gluc	=14.9	[4.1 - 6.1]
HbA1C	=11.49	[4.8 – 5.9]

16. 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 (#100)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 10mg 1t po bid (buy)
5. HCTZ 25mg 1t po qd (#80)
6. Atenolol 50mg 1/2t po qd (buy)
7. Draw blood for Creat, Glucose, and HbA1C at SHCH

Lab result on April 11, 2014

Creat	=114	[44 - 80]
Gluc	=8.1	[4.1 - 6.1]
HbA1C	=6.33	[4.8 – 5.9]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po qhs (#60)
2. Glibenclamide 5mg 1t po qd (#70)
3. Captopril 25mg 1/2t po bid (#buy)
4. Fenofibrate 100mg 1t po qd (buy)
5. Atenolol 50mg 1/2t po qd (#30)
6. Draw blood for Creat, Glucose, TG and HbA1C at SHCH

Lab result on April 11, 2014

Creat	=42	[44 - 80]
Gluc	=5.3	[4.1 - 6.1]
TG	=5.8	[<1.71]
HbA1C	=6.64	[4.8 – 5.9]

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 (#70)
5. Amlodipine 5mg 1t po qd (buy)
6. ASA 81mg 1t po qd (#75)

19. 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 1t po bid (buy)
4. ASA 81mg 1t po qd (#75)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2014

Gluc	=6.6	[4.1 - 6.1]
HbA1C	=5.56	[4.8 – 5.9]

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

Diagnosis:

1. HTN

Treatment:

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

21. 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 (#75)

4. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2014

Gluc =5.5 [4.1 - 6.1]
HbA1C =6.52 [4.8 – 5.9]

22. 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 (#75)
3. Clotrimazole cream 1% apply bid (#2)
4. Desoximetasone gel 0.05% apply bid (#2)

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

Diagnosis:

1. CHF
2. A-fib
3. Bi-atrium dilate
4. Valvulo-heart disease (TR, AR, MR, AS)

Treatment:

1. Digoxin 0.25mg 1/2t po qd (#30)
2. Enalapril 5mg 1/2t po qd (#30)
3. Furosemide 40mg 1/4t po qd (#15)
4. ASA 81mg 1t po qd (#70)

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