

Telemedicine Clinic

Rattanakiri

Referral Hospital

December 2014

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

On Tuesday December 2 and Wednesday December 3, 2014, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 5 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 4, 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, Dec 9, 2014 at 4:51 PM

Subject: Schedule for Telemedicine clinic at Rattakiri Referral Hospital December 2014

To: Chau Rithy <rithychau.sihosp@gmail.com>, 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>, jasonreinhardt@sihosp.org, 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 16 - 17, 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, December 18, 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: Tue, Dec 16, 2014 at 8:30 PM

Subject: Rattanakiri Telemedicine Clinic Case#1, PS#RK00486, 13F

To: Chau Rithy <rithychau.sihosp@gmail.com>, 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 first case of Telemedicine clinic at Rattanakiri referral hospital, PS#RK00486, 13F, photo and video clip of abnormal movement is recorded. Other cases will be sent to you tomorrow.

Best regards,
Sovann

**Rattanakiri Referral Hospital
Telemedicine Project
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: PS#RK00486, 13F (Village III, Trapang Krohorm, Kon Mom, Rattanakiri)

Chief Complaint: Abnormal movement of body x 2months

HPI: 13F, grade 5 student, was brought by her mother to TM clinic complaining of abnormal movement of the body x 2months. First she was presented with fever, involuntary movement of the upper extremities and abnormal gait but her conscious was alert and able to eat and drink normally. Several days later she was brought to consult in private clinic and was treated with few kind of medicine (unknown name) for few days then all symptoms has gone and she was able to do her daily activity. In these five days, she has been complaining of hot and all the symptoms of involuntary movement of hands and abnormal gait appeared again with severe condition than the previous one. She was not able to hold spoon to eat or wearing cloth on her own. Her mother said there is no abnormal movement if she is in sleep and she has difficulty in swallowing. Her mother denied of head trauma, chemical contact.

PMH/SH: Unremarkable

Family Hx: No family members with similar symptoms

Social Hx: Complete national vaccination, 7 siblings

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 117/94 P: 70 RR: 20 T: 37.8°C Wt: 39kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctive, no thyroid enlargement, no neck lymph node palpable; normal ear canal mucosa and intact tympanic membrane

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

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

Skin/Extremities: No leg edema; no rash, no lesion

MS/Neuro: (Video of patient attached)

- LOC: She can understand what was asked and can obey command
- Shaking of the hands
- Muscle strength +5/5
- Hypo-reflexia
- Abnormal gait

Lab/Study:

FBS: 96mg/dl

Assessment:

1. Encephalitis/Meningitis post infection??
2. Brain tumor??
3. Tourette syndrome??

Plan:

1. Levodopa/Carbidopa 250/25mg 1/2t po bid
2. Multivitamin 1t po qd
3. If her parent can afford, send her to have head CT scan done in Phnom Penh
4. Draw blood for CBC, Lyte, Creat, LFT, TSH at SHCH

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

Examined by: Nurse Sovann Peng

Date: December 16, 2014

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

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No answer replied

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

Date: Wed, Dec 17, 2014 at 3:25 PM

Subject: Telemedicine Clinic December 2014 at Rattanakiri, Case#2, AB#RK00487, 31M

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>, Chau Rithy <rithychau.sihosp@gmail.com>, Radiology Boston <radiologyexchange@gmail.com>

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

Dear all,

There four other new cases for Telemedicine clinic December 2014 at Rattanakiri referral hospital. This is the case number 2, AB#RK00487, 31M and photos.

Best regards,
Polo/Sovann

**Rattanakiri Referral Hospital
Telemedicine Project
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: AB#RK00487, 31M (Village I, Trapang Chres, Kon Mom, Rattanakiri)

Chief Complaint: Cold extremities and abnormal heart beat sensation x 1year

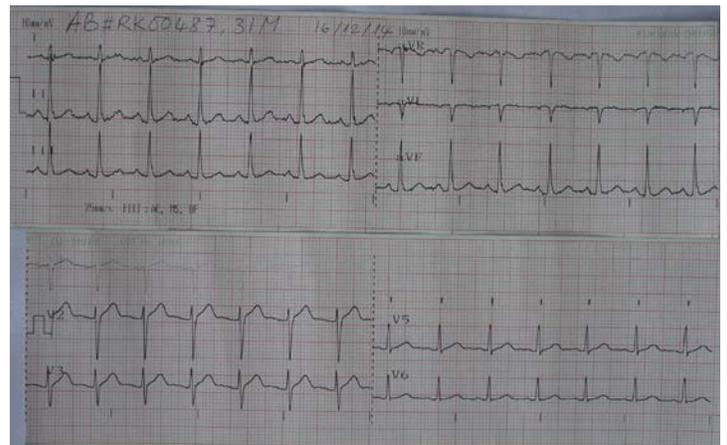
HPI: 31M, farmer, presented with symptoms of irregular heart beat (sensation of fast and slow beating), cold extremities, blurred vision, dizziness and feel scare when stay alone but denied of fever, cough, diaphoresis, syncope, nausea/vomiting, black/bloody stool, oliguria, dysuria, hematuria. He never sought medical consultation and got treatment with traditional medicine but the symptoms still not better. He reported of history of extremities weakness on every other day (unable to walk one day, and can walk next day) for period of one year for unknown cause in the past two year.

PMH/SH: Moto accident with head laceration x 3months

Family Hx: Mother with HTN, DMII

Social Hx: Smoking 1/2pack of cig per day, casual EtOH; married with four children; He denied of illegal drugs use

Medication: Traditional medicine



Allergies: NKDA

ROS: No tremor, no heat intolerance, no insomnia, no syncope

PE:

Vital Signs: BP: 124/87 P: 103 RR: 18 T: 37°C
Wt: 53kg



General: Look stable

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

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

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

Skin/Extremities: No leg edema; no rash, no lesion

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

Lab/Study:

FBS: 150mg/dl

EKG and CXR attached

Assessment:

1. Sinus tachycardia
2. Thyroid dysfunction?
3. Electrolyte disorder?
4. Anxiety disorder?

Plan:

1. Propranolol 40mg 1/4t po bid
2. Multivitamin 1t po qd
3. Draw blood for CBC, Malaria smear, Lyte, Creat, Calcium, Magnesium, LFT, TSH, RPR at SHCH

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

Examined by: Nurse Sovann Peng

Date: December 16, 2014

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

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Dec 17, 2014 at 3:30 PM
Subject: Rattanakiri Telemedicine Clinic December 2014, Case#3, NS#RK00488, 49F
To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>, 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 the case number 3, NS#RK00488, 49F and photo.

Best regards,
Polo/Sovann

**Rattanakiri Referral Hospital
Telemedicine Project
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: NS#RK00488, 49F (Thmey Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Chest tightness and dizziness x 1month

HPI: 49F, housewife, presented with symptoms of chest tightness, dizziness, numbness of distal part of extremities, HA, neck tension, and blurred vision. She went to consult with private clinic, BP checked 160mmHg systolic and was treated with unknown name medicine 1/2t po bid. She

became better but the above symptoms still persisted so she came to consult with TM clinic. She denied of syncope, diaphoresis, SOB, nausea/vomiting, epigastric pain, black/bloody stool, hematuria, dysuria, oliguria, leg edema.

PMH/SH: Unremarkable

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

Social Hx: No cig smoking, no tobacco chewing; casual EtOH; 6 children

Medication:

1. Unknown name medicine 1/2t po bid

Allergies: NKDA

ROS: Regular menstrual period, LMP on November 22, 2014

PE:

Vital Signs: **BP: 155/101** **P: 68** **RR: 18** **T: 36.5°C** **Wt: 65kg**

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 distension, (+) bowel sound, no surgical scar, no abdominal bruit

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

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

Lab/Study:

FBS: 89mg/dl

Assessment:

1. HTN

Plan:

1. HCTZ 25mg 1t po qd
2. Eat less fat diet, regular exercise
3. Draw blood for CBC, Lyte, Creat, Tot chole, TG at SHCH

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

Examined by: Nurse Sovann Peng

Date: December 17, 2014

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

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No answer replied

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

Date: Wed, Dec 17, 2014 at 3:30 PM

Subject: Rattanakiri Telemedicine Clinic December 2014, Case#4, SS#RK00489, 49M

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

<kfiamma@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 case number 4, SS#RK00489, 49M and photo.

Best regards,
Polo/Sovann

**Rattanakiri Referral Hospital
Telemedicine Project
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: SS#RK00489, 49M (Sre Pork Thom Village, Serey Monkul, Kon Mom, Rattanakiri)

Chief Complaint: Epigastric pain x 2months

HPI: 49M, District administrator officer, presented with symptoms of epigastric burning pain, bloating and fullness, radiated to the back, and got worse during hungry and got treatment with antacid bought from local health care worker. He got a bit better with the treatment and denied of burping with sour taste, nausea/vomiting, black/bloody stool.

PMH/SH: One year history of HTN with prn antihypertensive

Family Hx: Father with PTB

Social Hx: Cig smoking 1pack/d for over 20years; casual EtOH

Medication:

1. Antihypertensive 1/2t po qd prn

Allergies: NKDA

ROS: no SOB, no palpitation, no CP, no diaphoresis, no blurred vision, no HA, no neck tension

PE:

Vital Signs: BP: 147/94 P: 62 RR: 18 T: 36°C Wt: 65kg

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 distension, (+) bowel sound, no surgical scar, no abdominal bruit

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

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

Lab/Study:

FBS: 105mg/dl

Assessment:

1. Dyspepsia
2. HTN

Plan:

1. Ranitidine 150mg 1t po qhs for one month
2. Mebendazole 500mg 1t po qhs once
3. HCTZ 25mg 1t po qd
4. Cig smoking cessation, Eat less fat diet, regular exercise
5. Draw blood for CBC, Lyte, Creat, Tot chole, TG at SHCH

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

Examined by: Nurse Sovann Peng

Date: December 17, 2014

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

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No answer replied

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

Date: Wed, Dec 17, 2014 at 3:33 PM

Subject: Rattanakiri Telemedicine Clinic December 2014, Case#5, LK#RK00490, 15F

To: Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>, Kruy 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 the last case of Rattanakiri TM clinic December 2014, LK#RK00490, 15F and photos. Please reply to the cases before Thursday afternoon so that the treatment plan can be made accordingly for the patients.

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

Best regards,
Polo/Sovann

**Rattanakiri Referral Hospital
Telemedicine Project
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: LK#RK00490, 15F (Phnom Svay Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Extremities and face swelling x 1 month

HPI: 15F, Grade 8 student, with past history of nephrotic syndrome in 2013 and got treatment with steroid for six months. Last month, she presented with symptoms of extremities edema and face swelling, oliguria so she went to consult in private clinic and she was treated with some medicine (unknown name). Few days later, her symptoms became worse with increased edema, dizziness, and headaches, so she went to consult in referral hospital and was treated with Steroid. Three days later, she developed seizure when she was brought to referral hospital and admitted to medicine ward. She was treated with PIV D5% 1L/24h, Ampicillin 2mg bid IV, Prednisolone 5mg 5t po bid, Furosemide 40mg 1/2t po bid, KCl 1t po qd, MTV 1t pot id. Few days later, She presented with epigastric pain and nausea, Cimetidine 200mg 2t po bid has been added to above treatment. She said now her urine increased more than before and the edema also decreased and denied of black/bloody stool.

PMH/SH: Unremarkable

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

Social Hx: She is fourth child among five children, all her sibling are fine

Medication: Above

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 104/77 P: 105 RR: 18 T: 36.5°C Wt: 43kg

General: Look sick, face swelling

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

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



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

Skin/Extremities: 1+ pitting leg edema, no rash/lesion; positive posterior tibial and dorsalis pedis pulse

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

Lab/Study:

Lab test done on December 11, 2014

WBC : 9900/mm ³	Calcium : 7.8	[8.1 – 10.4]
RBC : 5270000/mm ³	Glucose : 100	[75 -115]
Hb : 11g/dl	Creat : 1.1	[0.5 – 0.9]
Ht : 35%	BUN : 34	[10 – 50]
Plt : 526000		

Lab test done on December 17, 2014

RBS: 110mg/dl
U/A: protein 4+, no blood, no glucose

Assessment:

1. Nephrotic syndrome
2. Hypocalcemia

Plan:

1. Prednisolone 5mg 8t po qd for two months then taper
2. Furosemide 40mg 1/2t po bid for 7 days
3. Cal/Vit D 500mg/200IU 1t po qd
4. Draw blood for CBC, Lyte, BUN, Creat, Tot chole, Albumin, Protein, HbSAg, HCV Ab, LFT, TSH at SHCH

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

Examined by: Nurse Sovann Peng

Date: December 17, 2014

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

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No answer replied

Thursday, December 18, 2014

Follow-up Report for Rattanakiri TM Clinic

There were 5 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 5 cases was transmitted and received replies from both Phnom Penh and Boston, and other 32 patients came for brief consult and refill medication only, and other 15 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 2014

1. PS#RK00486, 13F (Village III, Trapang Krohorm, Kon Mom, Rattanakiri)

Diagnosis:

1. Encephalitis/Meningitis post infection??
2. Brain tumor??
3. Tourette syndrome??

Treatment:

1. Levodopa/Carbidopa 250/25mg 1/2t po bid (#60)
2. Multivitamin 1t po qd (#60)
3. Refer patient to pediatric hospital in Phnom Penh
4. Draw blood for CBC, Lyte, Creat, BUN, Ca2+, Mg2+, LFT, TSH, RPR, HBsAg, HCV-Ab, Malaria smear at

SHCH

Lab result on December 18, 2014

WBC	=11.99	[4 - 11x10 ⁹ /L]	Na	=136	[135 - 145]
RBC	=5.9	[3.9 - 5.5x10 ¹² /L]	K	=3.7	[3.5 - 5.0]
Hb	=13.3	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=42	[35 - 47%]	Creat	=31	[44 - 80]
MCV	=73	[80 - 100fl]	BUN	=4.1	[<8.3]
MCH	=23	[25 - 35pg]	Ca2+	=1.12	[1.12 - 1.32]
MHCH	=31	[30 - 37%]	Mg2+	=0.59	[0.66 - 1.23]
Plt	=269	[150 - 450x10 ⁹ /L]	AST	=38	[<32]
Lymph	=3.70	[0.70 - 4.40x10 ⁹ /L]	ALT	=12	[<33]
Mono	=1.08	[0.10 - 0.80x10 ⁹ /L]	TSH	= 3.84	[0.27 - 4.20]
Neut	=5.89	[2.00 - 8.00x10 ⁹ /L]	RPR	= Non-reactive	
			HBsAg	= Non-reactive	
			HCV-Ab	= Non-reactive	
			Malaria smear	= Negative	

2. AB#RK00487, 31M (Village I, Trapang Chres, Kon Mom, Rattanakiri)

Diagnosis:

1. Sinus tachycardia
2. Thyroid dysfunction?
3. Electrolyte disorder?
4. Anxiety disorder?

Treatment:

1. Propranolol 40mg 1/4t po bid (#30)

- Multivitamin 1t po qd (#60)
- Draw blood for CBC, Malaria smear, Lyte, Creat, Calcium, Magnesium, LFT, TSH, RPR at SHCH

Lab result on December 18, 2014

WBC =7.49	[4 - 11x10 ⁹ /L]	Na =140	[135 - 145]
RBC =6.1	[4.6 - 6.0x10 ¹² /L]	K =3.0	[3.5 - 5.0]
Hb =16.8	[14.0 - 16.0g/dL]	Cl =105	[95 - 110]
Ht =49	[42 - 52%]	Creat =93	[53 - 97]
MCV =80	[80 - 100fl]	AST =8	[<40]
MCH =28	[25 - 35pg]	ALT =28	[<41]
MHCH =35	[30 - 37%]	TSH =2.89	[0.27 - 4.20]
Plt =181	[150 - 450x10 ⁹ /L]	RPR =Non-reactive	
Lymph =2.94	[0.70 - 4.40x10 ⁹ /L]	Malaria smear = Negative	
Mono =0.30	[0.10 - 0.80x10 ⁹ /L]	Ca2+ =1.13	[1.12 - 1.32]
Neut =3.40	[2.00 - 8.00x10 ⁹ /L]	Mg2+ =0.53	[0.66 - 1.23]
Eosino =0.84	[0.8 - 0.40]		
Baso =0.01	[0.02 - 0.10]		

3. NS#RK00488, 49F (Thmey Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

- HTN

Treatment:

- HCTZ 25mg 1t po qd (#60)
- Eat less fat diet, regular exercise
- Draw blood for CBC, Lyte, Creat, Tot chole, TG at SHCH

Lab result on December 18, 2014

WBC =5.48	[4 - 11x10 ⁹ /L]	Na =134	[135 - 145]
RBC =5.3	[3.9 - 5.5x10 ¹² /L]	K =3.4	[3.5 - 5.0]
Hb =15.0	[12.0 - 15.0g/dL]	Cl =100	[95 - 110]
Ht =46	[35 - 47%]	Creat =48	[44 - 80]
MCV =87	[80 - 100fl]	T. Chol =4.4	[<5.7]
MCH =29	[25 - 35pg]	TG =2.1	[<1.71]
MHCH =33	[30 - 37%]		
Plt =267	[150 - 450x10 ⁹ /L]		
Lymph =1.88	[0.70 - 4.40x10 ⁹ /L]		
Mono =0.35	[0.10 - 0.80x10 ⁹ /L]		
Neut =2.90	[2.00 - 8.00x10 ⁹ /L]		

4. SS#RK00489, 49M (Sre Pork Thom Village, Serey Monkul, Kon Mom, Rattanakiri)

Diagnosis:

- Dyspepsia
- HTN

Treatment:

- Ranitidine 150mg 1t po qhs for one month (#30)
- Mebendazole 500mg 1t po qhs once (#1)
- HCTZ 25mg 1t po qd (#60)
- Cig smoking cessation, Eat less fat diet, regular exercise
- Draw blood for CBC, Lyte, Creat, Tot chole, TG at SHCH

Lab result on December 18, 2014

WBC =12.32	[4 - 11x10 ⁹ /L]	Na =141	[135 - 145]
RBC =6.1	[4.6 - 6.0x10 ¹² /L]	K =3.5	[3.5 - 5.0]
Hb =16.1	[14.0 - 16.0g/dL]	Cl =110	[95 - 110]
Ht =50	[42 - 52%]	Creat =112	[53 - 97]

MCV =82	[80 - 100f]	T. Chol =5.7	[<5.2]
MCH =27	[25 - 35pg]	TG =3.31	[<2.3]
MHCH =32	[30 - 37%]		
Plt =222	[150 - 450x10 ⁹ /L]		
Lymph =3.60	[0.70 - 4.40x10 ⁹ /L]		
Mono =0.58	[0.10 - 1.00x10 ⁹ /L]		
Neut =7.77	[2.00 - 8.00x10 ⁹ /L]		
Eosino =0.33	[0.8 - 0.40]		
Baso =0.04	[0.02 - 0.10]		

5. LK#RK00490, 15F (Phnom Svay Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. Nephrotic syndrome
2. Hypocalcemia

Treatment:

1. Prednisolone 5mg 8t po qd for two months then taper (#200)
2. Furosemide 40mg 1/2t po bid for 7 days (#7)
3. Cal/Vit D 500mg/200IU 1t po qd (#60)
4. Albendazole 400mg 1t po bid for 5 days (#10)
5. ASA 100mg 1t po qd (#60)
6. Draw blood for CBC, Lyte, BUN, Creat, Tot chole, Albumin, Protein, HBsAg, HCV Ab, LFT, TSH, Ca²⁺, Mg²⁺

at SHCH

Lab result on December 18, 2014

WBC =9.88	[4 - 11x10 ⁹ /L]	Na =129	[135 - 145]
RBC =6.5	[3.9 - 5.5x10 ¹² /L]	K =2.5	[3.5 - 5.0]
Hb =13.4	[12.0 - 15.0g/dL]	Cl =92	[95 - 110]
Ht =42	[35 - 47%]	BUN =4.5	[<8.3]
MCV =65	[80 - 100f]	Creat =164	[44 - 80]
MCH =21	[25 - 35pg]	Albumin=13	[34 - 48]
MHCH =32	[30 - 37%]	T. Chol =31	[<5.2]
Plt =705	[150 - 450x10 ⁹ /L]	Protein =40	[66 - 87]
Lymph =2.72	[0.70 - 4.40x10 ⁹ /L]	AST =27	[<30]
Mono =0.52	[0.10 - 0.80x10 ⁹ /L]	ALT =8	[<33]
Neut =6.31	[2.00 - 8.00x10 ⁹ /L]	TSH = 3.51	[0.27 - 4.20]
Eosino =0.29	[0.08 - 0.40x10 ⁹ /L]	HCV-Ab= Non-reactive	
Baso =0.04	[0.02 - 0.10x10 ⁹ /L]	HBsAg = Non-reactive	
		Ca ²⁺ =0.96	[1.12 - 1.32]
		Mg ²⁺ =0.57	[0.66 - 1.23]

6. SS#RK00491, 48F (Rattanakiri)

Diagnosis:

1. Rheumatoid arthritis

Treatment:

1. Chloroquine 150mg 1t po qd (#60)
2. Ibuprofen 200mg 2t po tid prn (#60)
3. Paracetamol 500mg 1-2t po qid prn (#30)

Note: This patient has been seen at SHCH and was appointed to be seen with Rattanakiri TM

Patient 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 (#80)
2. Amlodipine 5mg 2t po qd (buy)
3. Captopril 25mg 1t po bid (buy)
4. Glibenclamide 5mg 1t po bid (#100)
5. Metformin 500mg 3t po qAM, 2t po qPM (buy)
6. ASA 100mg 1t po qd (#60)
7. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 18, 2014

Gluc =8.2 [4.2 - 6.4]
HbA1C =7.3 [4.0 - 6.0]

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

Diagnosis:

1. DMII with PNP

Treatment:

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

Lab result on December 18, 2014

Creat =76 [44 - 80]
Gluc =15.5 [4.2 - 6.4]
HbA1C =12.2 [4.0 - 6.0]

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 (#80)
3. Spironolactone 25mg 1t po bid (#120)
4. Propranolol 40mg 1/4t po bid (#30)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 18, 2014

Gluc =19.1 [4.2 - 6.4]
HbA1C =9.9 [4.0 - 6.0]

4. 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 (buy)
3. Pioglitazone 15mg 2t po qd (buy)
4. Captopril 25mg 1t po bid (buy)

5. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 18, 2014

Gluc = 11.7 [4.2 - 6.4]
HbA1C = 13.5 [4.0 – 6.0]

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#120)
2. Captopril 25mg 1/2t po bid (buy)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

Lab result on December 18, 2014

HbA1C = 11.0 [4.0 – 6.0]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 3t qAM, 2t qPM (buy)
3. Pioglitazone 15mg 1t po qd (buy)
4. Enalapril 5mg 1/2t qd (#30)
5. Amlodipine 5mg 1t po qd (#60)
6. ASA 100mg 1t po qd (#60)

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

Diagnosis:

1. DMII
2. Dilated Cardiomyopathy

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Glibenclamide 5mg 1t po bid (buy)
3. Amiodarone 200mg 1t po qd (buy)
4. Lorsartan Potassium 100mg 1/2t po qd (#40)
5. Furosemide 40mg 1t po qd (#60)
6. ASA 100mg 1t po qd (#60)

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

Diagnosis:

1. DMII

Treatment:

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

Lab result on December 18, 2014

Gluc = 11.5 [4.2 - 6.4]
HbA1C = 13.9 [4.0 - 6.0]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (buy)
2. Metformin 500mg 2t po bid (#100)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 5mg 1t po qd (#30)
5. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on December 18, 2014

Creat = 110 [62 - 106]
Gluc = 9.7 [4.2 - 6.4]
HbA1C = 10.9 [4.0 - 6.0]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformine 500mg 3t po qAM, 2t po qPM (#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 (#15)

12. 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 qd (buy)
5. Atenolol 50mg 1/2t po qd (#30)

13. 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)

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

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

Diagnosis:

- DMII
- HTN

Treatment:

- Metformin 500mg 1t po qhs (#60)
- Glibenclamide 5mg 1t po qd (buy)
- Captopril 25mg 1t po bid (#buy)
- Atenolol 50mg 1/2t po qd (#30)
- Draw blood for Glucose and HbA1C at SHCH

Lab result on December 18, 2014

Gluc =7.1 [4.2 - 6.4]
HbA1C =9.9 [4.0 – 6.0]

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

Diagnosis:

- DMII
- HTN

Treatment:

- Metformin 500mg 2t po bid (#100)
- Glibenclamide 5mg 1t po qd (buy)
- Captopril 25mg 1t po bid (buy)
- Atenolol 50mg 1t po qd (#60)
- Amlodipine 5mg 1t po qd (buy)
- ASA 100mg 1t po qd (#60)

16. RR#RK00413, 51F (Peark, Yalung, Oyadav)

Diagnosis:

- DMII
- HTN

Treatment:

- Metformin 500mg 1t po bid (buy)
- Glibenclamide 5mg 1t po qd (#60)
- Captopril 25mg 1t po bid (buy)
- Draw blood for Glucose and HbA1C at SHCH

Lab result on December 18, 2014

Gluc =20.2 [4.2 - 6.4]
HbA1C =11.0 [4.0 – 6.0]

17. MH#RK00415, 56M (Akphivath Village, Labansirk, Banlung)

Diagnosis:

- DMII
- HTN

Treatment:

- Metformin 500mg 1t po bid (buy)
- Glibenclamide 5mg 1t po bid (#100)
- Captopril 25mg 1t po bid (buy)
- Amlodipine 5mg 1t po qd (buy)
- ASA 100mg 1t po qd (#60)

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

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1t po bid (buy)
2. Amlodipine 5mg 1t po qd (buy)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

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

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1t po bid (buy)
2. HCTZ 25mg 2t po qd (#120)

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

Diagnosis:

1. DMII

Treatment:

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

Lab result on December 18, 2014

Gluc	=13.1	[4.2 - 6.4]
HbA1C	=7.0	[4.0 - 6.0]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t po bid (#80)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Amitriptylin 25mg 1/4t po qd (buy)

23. LS#RK00459, 51F (Oromeat Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. HTN

Treatment:

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

24. BS#RK00460, 69F (Akhivath Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII

2. HTN

Treatment:

1. Diamicon 30mg 1t po bid (buy)
2. Metformin 500mg 2t qAM, and 3t qPM po (#60)
3. Captopril 25mg 1/2t po bid (buy)
4. Amlodipine 5mg 1t po qd (buy)
5. ASA 100mg 1t po qd (#60)
6. Review on diabetic diet, foot care and regular exercise

25. HP#RK00464, 42F (Village I, Lamenh, Borkeo, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. Review on diabetic diet, foot care and regular exercise

26. ES#RK00465, 51M (Thmey Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Glibenclamide 5mg 1t po qd (#50)
3. Captopril 25mg 1/2t po bid (buy)
4. Amlodipine 5mg 1t po qd (buy)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on December 18, 2014

Gluc	=5.5	[4.2 - 6.4]
HbA1C	=6.6	[4.0 – 6.0]

27. ST#RK00466, 52F (Village I, Trapang Chres, Kon Mom, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#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 18, 2014

Gluc	=5.6	[4.2 - 6.4]
HbA1C	=6.8	[4.0 – 6.0]

28. NS#RK00468, 55F (Village I, Trapang Chres, Kon Mom, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Glibenclamide 5mg 1t po bid (#100)

29. SK#RK00474, 46M (Akphivath, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII

2. Infected wound on dorsum of right foot

Treatment:

1. Metformin 500mg 2t po bid (#150)
2. Glibenclamide 5mg 1t po bid (#100)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Clean wound with NSS every day, if not better in one week, seek surgical evaluation

30. HK#RK00480, 41F (Thmey Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Glibenclamide 5mg 1t po bid (#60)

31. KC#RK00481, 65F (7 Makara Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII
2. HTN
3. Left shoulder arthritis

Treatment:

1. Metformin 500mg 2t po bid (buy)
2. Lisinopril 5mg 1t po qd (#60)
3. ASA 100mg 1t po qd (#60)

32. ST#RK00485, 48M (Oromeat Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

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

**The next Rattanakiri TM Clinic will be held in
February 2015**