

Telemedicine Clinic

Rattanakiri

Referral Hospital

October 2014

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

On Tuesday October 7 and Wednesday October 8, 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 October 9, 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, Sep 30, 2014 at 3:39 PM

Subject: Schedule for Telemedicine Clinic at Rattanakiri Referral Hospital October 2014

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

Cc: Bernie Krisher <berkrish@gmail.com>, 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, October 7 - 8, 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, October 9, 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, Oct 8, 2014 at 3:06 PM

Subject: Rattanakiri TM Clinic October 2014, Case#1, LS#RK000477, 56M

To: Cornelia Haener <corneliahaener@sihosp.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>, 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 nine new cases for Rattanakiri TM clinic October 2014. This is case number 1, LS#RK00477, 56M and photos.

Best regards,
Polo/Sovann

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



Patient: LS#RK00477, 56M (Thmey Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Small mass on hard palate x 18 months

HPI: 56M, presented with a small mass on hard palate without pain, bleeding, or lesion. He never sought medical/surgical consultation. In this month, he presented with pulsatile HA which occurred sometimes on frontal, temporal or occipital area, frequently at evening and relieved with medicine he bought from local pharmacy (unknown name). He denied of fever, cough, SOB, dizziness, syncope, runny nose, sneezing.

PMH/SH: Malaria in 1998 with complete treatment

Family Hx: No family member with DMII or HTN

Social Hx: No cig smoking, no EtOH

Medication: None

Allergies: NKDA

ROS: Unremarkable



PE:

Vital Signs: BP: 123/77 P: 54 RR: 20 T: 36.4°C Wt: 60kg

General: Look stable

HEENT: Mass about 1x2cm on hard palate, smooth surface, hard, fixed, no tender; no neck lymph node palpable; ear exam with normal canal mucosa, intact tympanic membrane; nose exam with normal turbinate and mucosa, no maxillary/frontal sinus tenderness.



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; 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: 87mg/dl

Assessment:

1. Bone growth of palate
2. Tension HA

Plan:

1. Paracetamol 500mg 1t po qid prn HA
2. Keep observe the palate mass

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

Examined by: Nurse Sovann Peng

Date: October 8, 2014

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: **Cornelia Haener** <corneliahaener@sihosp.org>

Date: Wed, Oct 8, 2014 at 5:52 PM

Subject: Torus palatinus

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

Thanks for submitting this case.
The link below gives you the answer.

http://en.wikipedia.org/wiki/Torus_palatinus

I saw this problem several times in Phnom Penh. I sent one patient to Dr. Mok Theavy at the Khmer Soviet Hospital. It quickly recurred after resection.

Kind regards
Cornelia

From: Kaban, Leonard Bruce,D.M.D.,M.D.
Sent: Wednesday, October 08, 2014 4:27 PM
To: Fiamma, Kathleen M.
Cc: Troulis, Maria
Subject: RE: Rattanakiri TM Clinic October 2014, Case#1, LS#RK000477, 56M

This looks like a classic **midline palatal torus**. This is a growth of normal bone that appears most commonly on the palate or on the lingual surface of the mandible (lingual torus). They occur in 10% of the population and become more noticeable with age. They are usually asymptomatic unless they get so big that the overlying mucosa ulcerates. Usually no treatment required unless they are symptomatic or to facilitate denture construction in edentulous patients. LBK

Leonard B. Kaban, DMD, MD, FACS
Walter C. Guralnick Professor and
Chairman, Department of Oral and Maxillofacial Surgery
Massachusetts General Hospital
Warren Bldg. 1201
55 Fruit Street
Boston, MA 02114

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Oct 8, 2014 at 3:07 PM
Subject: Rattanakiri TM Clinic October 2014, Case#2, TN#RK00478, 48F
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>, Cornelia Haener <corneliahaener@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, TN#RK00478, 48F and photos.

Best regards,
Polo/Sovann

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



Patient: TN#RK00478, 48F (Oromeat Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Generalized muscle tension x 4 months

HPI: 48F, farmer, presented with right breast mass about 2x3cm with pain. She consulted at Khmer Soviet Friendship Hospital in Phnom Penh and biopsy done with malignancy result so she was advised to seek chemo-radiotherapy treatment. She received six times of chemotherapy and got right mastectomy with axillary clearance at SHCH in June 2014. One month after mastectomy and four months after last time chemotherapy, she presented with generalized muscle tension which appeared in morning when she wakes up and when she stays still for a while. It gets better when she try to make movement. She will be on follow up at SHCH in December 2014.

PMH/SH: Unremarkable

Family Hx: Mother with HTN

Social Hx: No cig smoking, no EtOH, 3 children

Medication:

1. Multivitamin 1t po qd
2. Paracetamol 500mg 1tpo qid prn

Allergies: NKDA

ROS: No menses

PE:

Vital Signs: BP: 104/81 P: 91 RR: 18 T: 36.5°C Wt: 54kg

General: Look stable

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

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

Breast: Complete healed scar of right mastectomy about 10cm, no axillary LN palpable

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



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

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

Lab/Study:

RBS: 86mg/dl

Assessment:

1. Muscle tension due to chemotherapy??

Plan:

1. MTV 1t po qd
2. Paracetamol 500mg 1t po qid prn
3. Draw blood for CBC, Lyte, Creat at SHCH

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

Examined by: Nurse Sovann Peng

Date: October 8, 2014

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: **Cornelia Haener** <corneliahaener@sihosp.org>

Date: Wed, Oct 8, 2014 at 5:49 PM

Subject: RE: Rattanakiri TM Clinic October 2014, Case#2, TN#RK00478, 48F

To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, 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 Polo and Sovann,

Thanks for submitting this case.

Is the patient going through menopause? Is she on anti-hormonal treatment?

I would suggest some Amytryptilin 25 mg ½ at night. This poor woman has gone through a lot in the last few months and might have underlying depression due to her diagnosis and treatment.

Kind regards

Cornelia

From: **Smulders-Meyer, Olga,M.D.** <OSMULDERSMEYE@mg.harvard.edu>

Date: Thu, Oct 9, 2014 at 5:43 AM

Subject: Re: Rattanakiri TM Clinic October 2014, Case#2, TN#RK00478, 48F

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

Cc: "rithychau.sihosp@gmail.com" <rithychau.sihosp@gmail.com>

Dear Sovann,

I agree with your assesment. She just underwent a traumatic mastectomy and chemotherapy. Her examination and neurological and musculoskeltal examination is unremarkable. I suspect that she is carrying all of her anxiety and stress in her body and is just feeling tense about her future and about the adjustment she needs to make about her body. You can check a CPK and ESR to rule out an inflammatory problem, but is unlikely. I would prescribe her to go for a 30 minute walk twice a day and see if this relieves the tension in her body. Screen her for depression.

Best,
Olga Smulders MeyerD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Oct 8, 2014 at 4:03 PM
Subject: Rattanakiri TM Clinic October 2014, Case#3, ON#RK00479, 43F
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>
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, ON#RK00479, 43F and photos.

Best regards,
Polo/Sovann

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



Patient: ON#RK00479, 43F (Oromeat Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Right leg pain x 2 years

HPI: 43F, farmer, presented with right leg pain in which the pain started at the buttock and radiated down to the foot. It got worse with walking and better with resting. She also noted of right knee pain, stiffness without swelling, warmth, redness. She used to consult at private clinic and was treated with injection into the joint and oral medicine in the past two years. Since then, she developed right leg and knee pain after she walked long distance. She denied of trauma history.

PMH/SH: Unremarkable

Family Hx: Sister with DMII

Social Hx: Tobacco chewing, no cig smoking, casual alcohol drinking

Medication:

1. Injective contraception

Allergies: NKDA

ROS: No fever, no cough, no SOB, normal bowel movement, normal urination

PE:

Vital Signs: BP: 115/77 P: 81 RR: 18 T: 36.0°C Wt: 58kg

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

Extremities: Knee exam without swelling, redness, stiffness, warmth; Right leg straight test positive

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

Lab/Study:

Right knee x-ray

Assessment:

1. Right sciatica
2. Arthritis??

Plan:

1. Paracetamol 500mg 1t po qid prn
2. Avoid prolong walking, standing, sitting
3. Regular exercise and warmth compression

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

Examined by: Nurse Sovann Peng

Date: October 8, 2014



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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Oct 8, 2014 at 4:05 PM
Subject: Rattanakiri TM Clinic October 2014, Case#4, HK#RK00480, 41F
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 case number 4, HK#RK00480, 41F and photo.

Best regards,
Polo/Sovann

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



Patient: HK#RK00480, 41F (Thmey Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Fatigue x 6 months

HPI: 41F, housewife, presented with symptoms of fatigue, blurred vision, and nocturia without polyuria, polyphagia, polydipsia, or weight loss. She went to consult at referral hospital, blood sugar checked 291mg/dl and treated with Metformin 500mg 1t po bid, Glibenclamide 5mg 1t po bid. She became better after treatment but she still presented with fatigue on/off. She denied of cough, SOB, numbness/tingling.

PMH/SH: Unremarkable

Family Hx: Father and sister with DMII

Social Hx: No cig smoking, no EtOH

Medication:

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

Allergies: NKDA

ROS: Regular menses, LMP on September 24, 2014

PE:

Vital Signs: BP: 110/78 P: 68 RR: 18 T: 36.5°C Wt: 48kg

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, 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: 159mg/dl (October 7, 2014)

FBS: 139mg/dl, U/A: normal (October 8, 2014)

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 Lyte, Creat, Glucose, Transaminase, HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: October 8, 2014

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: **Smulders-Meyer, Olga, M.D.** <OSMULDERSMEYE@mgh.harvard.edu>
Date: Thu, Oct 9, 2014 at 2:57 AM
Subject: Re: Rattanakiri TM Clinic October 2014, Case#4, HK#RK00480, 41F
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>
Cc: "kirihospital@gmail.com" <kirihospital@gmail.com>

Dear Sovann Peng,

I think your assessment is right on. She developed Diabetes in the past few years probably and this lead to some weightloss, blurry vision and fatigue. She was started on oral anti diabetes medications and has improved. However, her bloodsugar is not that well controlled yet. I would double the dose of Metformin if the HBA1C is over 7. Aim for a fasting bloodsugar of 100.

She will need a separate visit to educate her about the need to reduce simple carbohydrates and avoid sweets and sugar at all times. You may want to check her Cholesterol.

In view of her fatigue I would also add a CBC as she might have heavy menses during peri menopause as she is 48 years old. Also add a TSH.

Very important to also screen for depression, anxiety and marital discord/abuse when exploring the issue of fatigue.

Take good care!!

Olga Smulders-meyer MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Oct 8, 2014 at 4:07 PM
Subject: Rattankiri TM Clinic October 2014, Case#5, KC#RK00481, 65F
To: "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>, Kruly Lim <kruylim@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 case number 5, KC#RK00481, 65F and photo.

Best regards,
Polo/Sovann

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



Patient: KC#RK00481, 65F (7 Makara Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Fatigue and insomnia x 1week

HPI: 65F presented with left shoulder pain, stiffness, which made her unable to raise the arm. She went to consult with private clinic in Phnom Penh and she was diagnosed with left shoulder arthritis, HTN, DMII and hyperlipidemia; treated with Metformin 850mg 1t po bid, Lisinopril 5mg 1t po qd, ASA 100mg 1t po qd, Simvastain 20mg 1/2t po qhs, and Celecoxib 200mg 1t po qd. This one week, she presented with fatigue and insomnia, no fever, no cough, no SOB, normal appetite, normal bowel movement, normal urination.

PMH/SH: Unremarkable

Family Hx: No family member with DMII or HTN

Social Hx: No cig smoking, no EtOH

Medication:

1. Metformin 850mg 1t po bid
2. Lisinopril 5mg 1t po qd
3. ASA 100mg 1t po qd
4. Simvastain 20mg 1/2t po qhs
5. Celecoxib 200mg 1t po qd

Allergies: NKDA

ROS: 15 years post menopause

PE:

Vital Signs: BP: 111/80 P: 96 RR: 20 T: 36°C Wt: 59kg

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, 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:

On October 7, 2014
RBS: 278mg/dl

On October 8, 2014
FBS: 158mg/dl
U/A: protein 1+, no glucose, no leukocyte, no blood, no ketone

Assessment:

1. DMII
2. HTN
3. Left shoulder arthritis

Plan:

1. Metformin 500mg 2t po bid
2. Lisinopril 5mg 1t po qd
3. ASA 100mg 1t po qd
4. Celecoxib 200mg 1t po qd prn
5. Draw blood for Lyte, Creat, Glucose, Tot chole, TG, Transaminase, HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: October 8, 2014

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

No answer replied

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

Date: Wed, Oct 8, 2014 at 4:11 PM

Subject: Rattanakiri TM Clinic October 2014, Case#6, CS#RK00482, 70F

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 case number 6, CS#RK00482, 70F and photo.

Best regards,
Polo/Sovann

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



Patient: CS#RK00482, 70F (Village I, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Dizziness x 3 days

HPI: 70F with past one year history of falling down with the buttock hit to the ground, since then she had back pain with radiation down to left leg. She sought treatment from Viet Nam and Calmette hospital in Phnom Penh but the cause was not found until in the past six months, she went to consult at Medical center in Phnom Penh where she CT scan show fracture of one vertebral column. At that time, she also was diagnosed with DMII, and HTN, Hyperlipidemia and was treated with Metformin 500mg 1t po bid, Amlodipine 5mg 1t po qd, Alendronic acid 70mg 1t po qw, Amitriptylin 25mg 1t po qhs, Fenofibrate 100mg 1t po qd, Calcitriol 0.25mcg 1t po qd. She became control well with these medicines and in these three days, she presented with dizziness, which appeared in the morning and got better after she ate breakfast. She denied of fever, cough, SOB, Palpitation, vertigo, syncope, oliguria, hematuria, dysuria, leg edema.

PMH/SH: Unremarkable

Family Hx: No family member with DMII or HTN

Social Hx: No cig smoking, no EtOH

Medication:

1. Metformin 500mg 1t po bid
2. Amlodipine 5mg 1t po qd
3. Alendronic acid 70mg 1t po qw
4. Amitriptylin 25mg 1t po qhs
5. Fenofibrate 100mg 1t po qd
6. Calcitriol 0.25mcg 1t po qd

Allergies: NKDA

ROS: No fever, no cough, no SOB, normal urination, normal bowel movement

PE:

Vital Signs: BP: 112/81 P: 98 RR: 20 T: 36.3°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, 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: 163mg/dl (October 7, 2014)

RBS: 205mg/dl (October 8, 2014)

Assessment:

1. HTN
2. DMII
3. Spine fracture (history)

Plan:

1. Keep the same above treatment
2. Review on diabetic diet, hypoglycemia sign and its intervention
3. Foot care and regular exercise
4. Follow up with Medical center in Phnom Penh as schedule

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

Examined by: Nurse Sovann Peng

Date: October 8, 2014

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

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

Sent: Thursday, October 09, 2014 7:34 AM

To: Fiamma, Kathleen M.

Subject: Re: Rattanakiri TM Clinic October 2014, Case#6, CS#RK00482, 70F

Agree with assessment and plans.

Diabetes and hypertension under reasonable control.

Leslie Fang, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Oct 8, 2014 at 4:13 PM
Subject: Rattanakiri TM Clinic October 2014, Case#7, SK#RK00483, 23F
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 case number 7, SK#RK00483, 23F and photo.

Best regards,
Polo/Sovann

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



Patient: SK#RK00483, 23F (Porle Village, Kachong commune, Borkeo, Rattanakiri)

Chief Complaint: Fatigue on/off x 1 year

HPI: 23F, farmer, presented with symptoms of fatigue, polyphagia, polyuria, nocturia, and weight loss about 9kg. She went to consult at private clinic in the province, Blood sugar was 300mg/dl and diagnosed with DM. She was treated with Metformin 500mg 1t po bid and Glibenclamide 5mg 1t po bid. After the treatment, she became better but she still noticed of fatigue on/off. She denied of blurred vision, fever, SOB, hematuria, dysuria, numbness/tingling. She has run out of medicine for 3days.

PMH/SH: Unremarkable

Family Hx: No family member with DMII or HTN

Social Hx: No cig smoking, no EtOH

Medication: (she ran out of medicine for 3days)

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

Allergies: NKDA

ROS: Regular menses, LMP on October 5, 2014

PE:

Vital Signs: BP: 116/93 P: 103 RR: 18 T: 36.5°C Wt: 45kg

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, 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:

October 7, 2014

RBS: 529mg/dl

October 8, 2014 (test done after she took Metformin 500mg 1t and Glibenclamide 5mg 1t)

FBS: 223mg/dl

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

Assessment:

1. DM (type I)?

Plan:

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

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

Examined by: Nurse Sovann Peng

Date: October 8, 2014

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Oct 8, 2014 at 4:15 PM
Subject: Rattanakiri TM Clinic October 2014, Case#8, TT#RK00484, 51M
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>
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 8, TT#RK00484, 51M and photo.

Best regards,
Polo/Sovann

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



Patient: TT#RK00484, 51M (Chey Chumnas Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Left side weakness x 15 days

HPI: 51M, driver, with five years history of HTN and treated with antihypertensive (unknown name) 1t qd. In the past 15days, when he woke up, he was not able to move left extremities. He was checked by local healthcare worker, Systolic BP:150mmHg, blood test (WBC:5900/mm³, Ht:45%, Plt:228000, Ca²⁺:6.8mg/dl, Tot chole:212mg/dl, Creat:1.2, Glucose:76mg/dl, TG:230mg/dl, Uric acid:3.8mg/dl) and he was diagnosed with Stroke due to HTN and treated with Nifedipine 20mg 1t po bid, Furosemide 40mg 1t po qd, KCL 600mg 1t po qd, Fenofibrate 267mg 1t po qd. Beside weakness, he noticed of slurred speak and numbness of left extremities. Now he became better with ability to walk himself, and denied of choking, stool/urine incontinent.

PMH/SH: Unremarkable

Family Hx: No family member with DMII or HTN

Social Hx: Smoking 10cig/day for over 30years, Casual alcohol drinking

Medication:

1. Nifedipine 20mg 1t po bid
2. KCL 600mg 1t po qd
3. Furosemide 40mg 1t po qd

4. Fenofibrate 267mg 1t po qd

Allergies: NKDA

ROS: No fever, no cough, no SOB, no dysuria, no hematuria, no vomiting, no black or bloody stool

PE:

Vital Signs: BP: 148/103 P: 102 RR: 18 T: 36.0°C Wt: 78kg

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; positive dorsalis pedis and posterior tibial pulse

MS/Neuro: MS +5/5 (Right side>left side); motor and sensory intact; DTRs +2/4; gait with dragging leg

Lab/Study:

RBS: 106mg/dl

Assessment:

1. HTN
2. Right side stroke with left side weakness

Plan:

1. Amlodipine 5mg 1t po qd
2. ASA 100mg 1t po qd
3. Draw blood for Lyte, Creat, Transaminase, TG, Tot chole and TSH at SHCH

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

Examined by: Nurse Sovann Peng

Date: October 8, 2014

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Oct 8, 2014 at 4:19 PM
Subject: Rattanakiri TM Clinic October 2014, Case#9, ST#RK00485, 48M
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 last case for Rattanakiri TM Clinic October 2014, case number 9, ST#RK00485, 48M and photo. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly.

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

Best regards,
Polo/Sovann

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



Patient: ST#RK00485, 48M (Oromeat Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Numbness/tingling x 2 years

HPI: 48M, teacher, presented with symptoms of numbness/tingling of lower extremities without polyuria, polyphagi, polydipsia, fatigue, weight loss. He went to consult at private clinic, blood sugar checked 290mg/dl, diagnosed with DMII and treated with Glibenclamide 5mg 1t po qd for several months but not better so he switched it to Glimepiride 2mg 1t po qd until now. He came to consult with Telemedicine because of persistent numbness/tingling.

PMH/SH: Unremarkable

Family Hx: No family member with DMII or HTN

Social Hx: No cig smoking, Casual alcohol drinking

Medication:

1. Glimepiride 2mg 1t po qd

Allergies: NKDA

ROS: No fever, no cough, no SOB, normal urination, normal bowel movement, no foot wound

PE:

Vital Signs: **BP: 129/93** **P: 85** **RR: 20** **T: 36.0°C** **Wt: 74kg** **BMI: 24.16**

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, 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:

FBS: 260mg/dl (October 6, 2014)

FBS: 171mg/dl, U/A normal (October 8, 2014)

Assessment:

1. DMII

Plan:

1. Glimepiride 2mg 1t po qd
2. Captopril 25mg 1/4t po bid
3. Educate on diabetic diet, foot care and regular exercise
4. Draw blood for Lyte, Creat, Glucose, TG, Tot chole, HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: October 8, 2014

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

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

Sent: Thursday, October 09, 2014 7:33 AM

To: Fiamma, Kathleen M.

Subject: Re: Rattanakiri TM Clinic October 2014, Case#9, ST#RK00485, 48M

Agree that he has diabetes with no obvious end organ damage at this point
However, blood sugars are still not optimally controlled.

Leslie Fang, MD

Thursday, October 9, 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 30 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 October 2014

1. LS#RK00477, 56M (Thmey Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. Torus Palatinus
2. Tension HA

Treatment:

1. Paracetamol 500mg 1t po qid prn HA (#30)
2. Keep observe Torus palatinus

2. TN#RK00478, 48F (Oromeat Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. Muscle tension due to chemotherapy??
2. Anxiety

Treatment:

1. MTV 1t po qd (#40)
2. Paracetamol 500mg 1t po qid prn (#40)
3. Amitriptylin 25mg 1/2t po qhs (#30)

3. ON#RK00479, 43F (Oromeat Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. Right sciatica
2. Arthritis??

Treatment:

1. Ibuprofen 200mg 2t po tid prn severe pain (#40)
2. Paracetamol 500mg 1t po qid prn (#30)
3. Avoid prolong walking, standing, sitting

4. Regular exercise and warmth compression

4. 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)
3. Educate on diabetic diet, foot care and regular exercise
4. Draw blood for CBC, Lyte, Creat, Glucose, Transaminase, HbA1C at SHCH

Lab result on October 9, 2014

WBC	=4.41	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=5.3	[3.9 - 5.5x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=13.5	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=41	[35 - 47%]	Creat	=43	[44 - 80]
MCV	=77	[80 - 100fl]	Gluc	=11.2	[4.1 - 6.1]
MCH	=26	[25 - 35pg]	T. Chol	=3.8	[<5.7]
MHCH	=33	[30 - 37%]	TG	=1.6	[<1.71]
Plt	=223	[150 - 450x10 ⁹ /L]	HbA1C	=8.1	[4.8 - 5.9]
Lymph	=2.38	[0.70 - 4.40x10 ⁹ /L]			
Mono	=0.22	[0.10 - 1.00x10 ⁹ /L]			
Neut	=1.37	[2.00 - 8.00x10 ⁹ /L]			

5. 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)
4. Celecoxib 200mg 1t po qd prn (buy)
5. Draw blood for CBC, Lyte, Creat, Glucose, Tot chole, TG, Transaminase, HbA1C at SHCH

Lab result on October 9, 2014

WBC	=4.50	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	=4.1	[3.9 - 5.5x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=12.7	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=40	[35 - 47%]	Creat	=47	[44 - 80]
MCV	=96	[80 - 100fl]	Gluc	=8.4	[4.1 - 6.1]
MCH	=31	[25 - 35pg]	T. Chol	=3.0	[<5.7]
MHCH	=32	[30 - 37%]	TG	=1.0	[<1.71]
Plt	=2184	[150 - 450x10 ⁹ /L]	HbA1C	=7.4	[4.8 - 5.9]
Lymph	=1.91	[0.70 - 4.40x10 ⁹ /L]			
Mono	=0.34	[0.10 - 1.00x10 ⁹ /L]			
Neut	=2.06	[2.00 - 8.00x10 ⁹ /L]			

6. CS#RK00482, 70F (Village I, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. HTN
2. DMII
3. Spine fracture (history)

Treatment:

1. Keep the same above treatment

2. Review on diabetic diet, hypoglycemia sign and its intervention
3. Foot care and regular exercise
4. Follow up with Medical center in Phnom Penh as schedule

7. SK#RK00483, 23F (Porle Village, Kachong commune, Borkeo, Rattanakiri)

Diagnosis:

1. DM (type I)

Treatment:

1. Actrapid 5IU bid
2. Seek further evaluation and management at SHCH
3. Educate on diabetic diet, foot care and regular exercise
4. Draw blood for Lyte, Creat, Glucose, Transaminase, HbA1C at SHCH

Lab result on October 9, 2014

WBC	=8.54	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=6.2	[3.9 - 5.5x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=15.2	[12.0 - 15.0g/dL]	Cl	=102	[95 - 110]
Ht	=46	[35 - 47%]	Creat	=56	[44 - 80]
MCV	=75	[80 - 100fl]	Gluc	=15.6	[4.1 - 6.1]
MCH	=25	[25 - 35pg]	HbA1C	=14.9	[4.8 - 5.9]
MHCH	=33	[30 - 37%]			
Plt	=300	[150 - 450x10 ⁹ /L]			
Lymph	=4.20	[0.70 - 4.40x10 ⁹ /L]			
Mono	=0.32	[0.10 - 1.00x10 ⁹ /L]			
Neut	=2.51	[2.00 - 8.00x10 ⁹ /L]			

8. TT#RK00484, 51M (Chey Chumnas Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. HTN
2. Right side stroke with left side weakness

Treatment:

1. Amlodipine 5mg 1t po qd (#30)
2. ASA 100mg 1t po qd (#60)
3. Draw blood for CBC, Lyte, Creat, Transaminase, TG, Tot chole and TSH at SHCH

Lab result on October 9, 2014

WBC	=4.16	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=5.6	[4.6 - 6.0x10 ¹² /L]	K	=4.0	[3.5 - 5.0]
Hb	=14.1	[14.0 - 16.0g/dL]	Cl	=106	[95 - 110]
Ht	=42	[42 - 52%]	Creat	=74	[53 - 97]
MCV	=75	[80 - 100fl]	T. Chol	=5.5	[<5.7]
MCH	=25	[25 - 35pg]	TG	=2.9	[<1.7]
MHCH	=34	[30 - 37%]	AST	=32	[<40]
Plt	=234	[150 - 450x10 ⁹ /L]	ALT	=42	[<41]
Lymph	=1.98	[0.70 - 4.40x10 ⁹ /L]	TSH	=1.17	[0.27 - 4.20]
Mono	=0.27	[0.10 - 0.80x10 ⁹ /L]			
Neut	=1.50	[2.00 - 8.00x10 ⁹ /L]			
Eosino	=0.34	[0.8 - 0.40]			
Baso	=0.07	[0.02 - 0.10]			

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

Diagnosis:

1. DMII

Treatment:

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

3. Educate on diabetic diet, foot care and regular exercise
4. Draw blood for CBC, Lyte, Creat, Glucose, TG, Tot chole, HbA1C at SHCH

Lab result on October 9, 2014

WBC =5.48	[4 - 11x10 ⁹ /L]	Na =141	[135 - 145]
RBC =7.7	[4.6 - 6.0x10 ¹² /L]	K =4.2	[3.5 - 5.0]
Hb =14.6	[14.0 - 16.0g/dL]	Cl =106	[95 - 110]
Ht =43	[42 - 52%]	Creat =50	[53 - 97]
MCV =58	[80 - 100fl]	Gluc =11.1	[4.2 - 6.4]
MCH =20	[25 - 35pg]	T. Chol =5.7	[<5.7]
MHCH =34	[30 - 37%]	TG =2.7	[<1.7]
Plt =290	[150 - 450x10 ⁹ /L]	HbA1C =8.8	[4.8 - 5.9]
Lymph =2.55	[0.70 - 4.40x10 ⁹ /L]		
Mono =0.33	[0.10 - 0.80x10 ⁹ /L]		
Neut =2.32	[2.00 - 8.00x10 ⁹ /L]		
Eosino =0.17	[0.8 - 0.40]		
Baso =0.11	[0.02 - 0.10]		

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 (#80)
2. Amlodipine 5mg 1t 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)

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)

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

Diagnosis:

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

Treatment:

1. Metformin 500mg 1t po bid (buy)
2. Amlodipine 10mg 1t po qd (#60)
3. Spironolactone 25mg 1t po bid (#120)
4. Propranolol 40mg 1/4t po bid (#30)

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

Diagnosis:

1. DMII

Treatment:

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

Lab result on October 9, 2014

Gluc =13.4 [4.1 - 6.1]
HbA1C =11.4 [4.8 – 5.9]

5. 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)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#120)
2. Captopril 25mg 1/2t po bid (buy)
3. ASA 100mg 1t po qd (#60)
4. Draw blood Glucose, HbA1C at SHCH

Lab result on October 9, 2014

Gluc =6.1 [4.1 - 6.1]
HbA1C =6.8 [4.8 – 5.9]

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 (#40)
5. Amlodipine 10mg 1/2t po qd (#30)
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. Losartan Potassium 100mg 1/2t po qd (#40)
5. Furosemide 40mg 1t po qd (#60)
6. ASA 100mg 1t po qd (#60)
7. Draw blood Glucose, HbA1C at SHCH

Lab result on October 9, 2014

Gluc = 11.9 [4.1 - 6.1]
 HbA1C = 15.1 [4.8 - 5.9]

9. 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)

10. 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 (#20)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on October 9, 2014

Gluc = 6.3 [4.1 - 6.1]
 HbA1C = 10.3 [4.8 - 5.9]

11. 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)

12. 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)

13. 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 qd (buy)
3. Captopril 25mg 1t po bid (buy)
4. Atenolol 50mg 1t po qd (#60)
5. Amlodipine 5mg 1t po qd (buy)
6. ASA 100mg 1t po qd (#60)
7. Draw blood for Creatinine, Glucose and HbA1C at SHCH

Lab result on October 9, 2014

Creat	=111	[44 - 80]
Gluc	=5.7	[4.1 - 6.1]
HbA1C	=7.0	[4.8 - 5.9]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

15. 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. Amlodipine 5mg 1t po qd (buy)
5. ASA 100mg 1t po qd (#60)
6. Draw blood for Creatinine, Glucose and HbA1C at SHCH

Lab result on October 9, 2014

Creat	=78	[53 - 97]
Gluc	=5.6	[4.1 - 6.1]
HbA1C	=5.4	[4.8 - 5.9]

16. 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)

17. 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)
4. Draw blood for Creatinine, Glucose and HbA1C at SHCH

Lab result on October 9, 2014

Creat	=78	[53 - 97]
Gluc	=5.8	[4.1 - 6.1]
HbA1C	=7.3	[4.8 – 5.9]

18. 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)

19. 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)

20. 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
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on October 9, 2014

Gluc	=14.8	[4.1 - 6.1]
HbA1C	=10.7	[4.8 – 5.9]

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

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Diamicron 30mg 1t po bid (buy)

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

Lab result on October 9, 2014

Gluc =8.8 [4.1 - 6.1]
 HbA1C =7.9 [4.8 – 5.9]

23. 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
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on October 9, 2014

Gluc =11.1 [4.1 - 6.1]
 HbA1C =6.6 [4.8 – 5.9]

24. 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. Review on diabetic diet, foot care and regular exercise

25. 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. Review on diabetic diet, foot care and regular exercise

26. BC#RK00467, 71F (Village III, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII
2. HTN

Treatment:

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

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

Diagnosis:

1. DMII

Treatment:

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

28. US#RK00471, 55F (Phnom Svay Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd (#30)

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

Diagnosis:

1. DMII

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)

30. PN#RK00475, 53F (Okantel Village, Beung Kanseng, Banlung, Rattanakiri)

Diagnosis:

1. HTN

Treatment:

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

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