

Telemedicine Clinic

Rattanakiri

Referral Hospital

August 2014

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

On Tuesday August 5 and Wednesday August 6, 2014, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 10 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 August 7, 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, Jul 29, 2014 at 7:50 AM

Subject: Schedule for Telemedicine Clinic at Rattanakiri Referral Hospital in August 2014

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,

Please be informed that the TM clinic at Rattanakiri Referral Hospital will be held on Tuesday and Wednesday, August 5 - 6, 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, August 7, 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, Aug 6, 2014 at 5:29 PM

Subject: Rattanakiri TM Clinic August 2014, Case#1, BC#RK00467

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,

There are ten new cases for Rattanakiri TM clinic August 2014. This is case number one, BC#RK00467, 71F and photo.

Best regards,
Polo/Sovann

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



Patient: BC#RK00467, 71F (Village III, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Fatigue and Polyuria x 3 years; Difficulty in swallowing x 3months

HPI: 71F presented with symptoms of fatigue, polyuria without polyphagia, polydypsia. One day, she became unconscious and was brought to private clinic and diagnosed with DMII then she was treated with Glimepiride 2mg 1t po qd. In the following follow up day, Amlodipine 5mg 1t po qd, Alprazolam 0.5mg 1/2t qhs have been added to the treatment. In the past three months, she noticed of difficult in swallowing solid food without pain, nausea, vomiting. It associated with epigastric burning pain, and constipation. She got consult at private clinic and was treated with Omeprazole 20mg 1t po qhs, Glubosamine + Chonroitin 1t po bid. She denied of fever, SOB, chest pain, black or bloody stool, dysuria, hematuria, numbness/tingling.

PMH/SH: In February 2014, she noticed of difficulty in walking with pressure right hip pain, and got consultation at Calmette hospital in Phnom Penh, and diagnosed with right femoral head fracture. She got surgical treatment there.

Family Hx: No DMII, no HTN, no PTB

Social Hx: Tobacco chewing, No cig smoking, No EtOH

Medication:

1. Glimepiride 2mg 1t po qd
2. Amlodipine 5mg 1t po qd
3. Alprazolam 0.5mg 1/2t po qhs

4. Omeprazole 20mg 1t po qhs
5. Glubosamine + Chonroitin 1t po bid

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 115/76 P: 87 RR: 18 T: 36.0°C Wt: 47kg

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

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar, no mass palpable, no abnormality detected with examination

Right hip: complete healed surgical scar about 12cm length

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

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

Lab/Study:

August 5, 2014

FBS: 271mg/dl

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

August 6, 2014

FBS: 321mg/dl

Assessment:

1. DMII
2. GI dysmotility?

Plan:

1. Metformin 500mg 1t po bid
2. Omeprazole 20mg 1t po qhs
3. Metoclopramide 10mg 1t po qd x 10d
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for Lyte, Creat, Glucose, TG, Tot chole, and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: August 6, 2014

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

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From: [Fiamma, Kathleen M.](#)

To: [Robib Telemedicine](#)

Cc: [MPH MHS PA-C Rithy Chau](#)

Sent: Thursday, August 07, 2014 9:28 AM

Subject: Fwd: Rattanakiri TM Clinic August 2014, Case#1, BC#RK00467

Agree with assessment and plan

Obviously have to be concerned about anatomical issues at the base of the esophagus as well: Barrett's and Zencker's and esophageal malignancy

Leslie Fang, MD

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

Date: Wed, Aug 6, 2014 at 5:34 PM

Subject: Rattanakiri TM clinic August 2014, Case#2, NS#RK00468

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 2, NS#RK00468, 55F and photos.

Best regards,
Polo/Sovann

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



Patient: NS#RK00468, 55F (Village I, Trapang Chres, Kon Mom, Rattanakiri)

Chief Complaint: Dizziness and diaphoresis x 5months

HPI: 55F, farmer, with past history of right knee pain, swelling, stiffness. She got consult and treatment from private clinic with several kinds of unknown name medicine bid. A few months later, she presented with symptoms of dizziness and blurred vision, diaphoresis, cool extremity. She went to consult at private clinic, blood sugar 246mg/dl and treated with Antidiabetic drug 1t po qd. About two weeks after, blood sugar check was 127mg/dl.

PMH/SH: Right knee pain in 2013 with unknown name medicine for pain relief

Family Hx: No DMII, no HTN

Social Hx: No cig smoking, No EtOH

Medication:

Antidiabetic drug 1t qd

Allergies: NKDA

ROS: 5y post menopause; Epigastric burning pain, radiated to the back, worse when hungry and full eating, no blood/black stool

PE:

Vital Signs: BP: 119/85 P: 98 RR: 18 T: 36.5°C Wt: kg

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, no mass palpable, no abdominal bruit

Skin/Extremities: No leg 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:

August 5, 2014

FBS: 159mg/dl

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

August 6, 2014

RBS: 230mg/dl

Assessment:

1. DMII
2. UTI
3. Dyspepsia

Plan:

1. Metformin 500mg 1t po bid
2. Ciprofloxacin 200mg 2t po bid x 5d
3. Ranitidine 150mg 1t po qhs for one month
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for Lyte, Creat, Glucose, TG, Tot chole, and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: August 6, 2014

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

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From: [Fiamma, Kathleen M.](#)

To: [Robib Telemedicine](#)

Cc: [MPH MHS PA-C Rithy Chau](#)

Sent: Thursday, August 07, 2014 9:30 AM

Subject: Fwd: Rattanakiri TM clinic August 2014, Case#2, NS#RK00468

Agree completely with assessment and plan

Pay particular attention to renal function since she appears to be on an anti-inflammatory for her knee

Leslie Fang, MD

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

Date: Wed, Aug 6, 2014 at 5:37 PM

Subject: Rattanakiri TM Clinic August 2014, Case#3, MT#RK00469, 21F

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>, Chau Rithy <rithychau.sihosp@gmail.com>, Krui Lim <kruiylim@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, MT#RK00469, 21F and photos.

Best regards,
Polo/Sovann

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



Patient: MT#RK00469, 21F (Village I, Trapang Chres, Kon Mom, Rattanakiri)

Chief Complaint: Lower back pain x 1y

HPI: 21F, 11 grade student, was hit by car and brought to referral hospital. She has been awake from unconscious in six hours after accident and noticed of HA, vomiting and lower back pain. Her family brought her to hospital in Viet Nam and admitted her there for one month for investigation then discharged without surgical intervention. She denied lower extremities numbness/tingling, urine or stool incontinence but still complained of lower back pain.

PMH/SH: Unremarkable

Family Hx: No DMII, no HTN, no PTB

Social Hx: No cig smoking, No EtOH

Medication: Pain killer prn

Allergies: NKDA

ROS: LMP on August 3, 2014, regular period



PE:

Vital Signs: BP: 101/68 P: 65 RR: 18 T: 36.2°C Wt: 52kg

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, no mass palpable, no abnormality detected with examination

Back exam: Patient can flex and extend the back, No deformity, no tender noted

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

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

Lab/Study:

Spine x-ray attached

Assessment:

1. Lower back strain/sprain post trauma

Plan:

1. Paracetamol 500mg 1-2t po qid prn
2. Physiotherapy

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

Examined by: Nurse Sovann Peng

Date: August 6, 2014

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

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From: **Patel, Dinesh, M.D.** <DGPADEL@mgh.harvard.edu>

Date: Thu, Aug 7, 2014 at 6:41 PM

Subject: Rattanakiri TM Clinic August 2014, Case#3, MT#RK00469, 21F

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

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

Sovann Peng

Thank you



You have done well treating her

I did not see any thing special on X rays except that she keeps her back muscles in spasms as Xrays shows straight spine

Since her neurological exam is normal and has been for long time you should start exercises

As a general reference I am sending you exercises but you can get from Google or any web search

Of course if things do not get better do let us know

Best wishes

Dinesh

Dr. Dinesh Patel, M.D.
Chief of Arthroscopic Surgery
Associate Clinical Professor
Harvard Medical School
Massachusetts General Hospital
Yawkey 3G-3053
Boston, MA 02114
[617-726-3555](tel:617-726-3555) (Office)
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dgpatel@partners.org

dgpatel@mgh.harvard.edu

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Aug 6, 2014 at 5:38 PM
Subject: Rattanakiri TM clinic August 2014, Case#4, KY#RK00470, 29M
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, KY#RK00470, 29M and photos.

Best regards,
Polo/Sovann

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



Patient: KY#RK00470, 29M (Kalai II Village, Kalai, Ochum, Rattanakiri)

Chief Complaint: Fatigue and weight loss x 5 months

HPI: 29M, farmer, presented with fatigue, polyuria, polydypsia, polyphagia, and weight loss 10kg in five months. He went to consult at private clinic and treated with few kinds of medicine bid (unknown name) for about two weeks but the symptoms still persist until now. He denied of fever, SOB, chest pain, diaphorsis, syncope, nausea, vomiting, extremity numbness/tinging, dysuria, hematuria, edema.

PMH/SH: Unremarkable

Family Hx: No DMII, no HTN, no PTB

Social Hx: Smoking 5cig/day x 3y; Casual alcohol drinking

Medication:

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 93/63 P: 69 RR: 18 T: 36.2°C Wt: 35kg

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

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar, no mass palpable, no abnormality detected with examination

Skin/Extremities: No leg 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:

August 5, 2014

FBS: 406mg/dl
U/A: glucose 4+, no leukocyte, no protein, no blood

August 6, 2014
FBS: 447mg/dl

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, TG, Tot chole, and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: August 6, 2014

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

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From: **Paul Heinzelmann** <paul.heinzelmann@gmail.com>

Date: Thu, Aug 7, 2014 at 9:47 AM

Subject: Re: FW: Rattanakiri TM clinic August 2014, Case#4, KY#RK00470, 29M

To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, Hospital Rattanakiri Referral <kirihospital@gmail.com>, "rithychau.sihosp" <rithychau.sihosp@gmail.com>

Sovann,

I agree with your assessment (I assume no ketones were present in the urine)

Be careful with using 2 hypoglycemic meds together, as the risk for significant hypoglycemia is there, and if it happens, he may no longer trust those medications and decide to stop them altogether. So I would educate about possible hypoglycemia as well the other things you mention. Ideally you might start with just the metformin alone, and adjust that as needed. I agree with the blood work.

Nice job! Your intervention will really help this young man. He should be seen in follow up at the next visit to Rattanakiri.

Paul Heinzelmann, MD

From: **Paul Heinzelmann** <paul.heinzelmann@gmail.com>
Date: Thu, Aug 7, 2014 at 9:51 PM
Subject: Re: FW: Rattanakiri TM clinic August 2014, Case#4, KY#RK00470, 29M
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, Hospital Rattanakiri Referral <kirihospital@gmail.com>, "rithychau.sihosp" <rithychau.sihosp@gmail.com>

As I wonder this again, make sure he's not in diabetic ketoacidosis! ex DM type I

Can you test for ketones?

This will likely require hospitalization, fluid rehydration, electrolyte monitoring, insulin.

Paul Heinzelmann, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Fri, Aug 8, 2014 at 5:41 AM
Subject: Re: FW: Rattanakiri TM clinic August 2014, Case#4, KY#RK00470, 29M
To: Paul Heinzelmann <paul.heinzelmann@gmail.com>

Dear Paul,

He has no Ketone in his urine analysis. In next follow up, if he is not well response or control with oral antidiabetic drug, he will be referred to Phnom Penh for further management, maybe Insulin.

Best regards,
Sovann

From: **Paul Heinzelmann** <paul.heinzelmann@gmail.com>
Date: Sat, Aug 9, 2014 at 12:58 AM
Subject: Re: FW: Rattanakiri TM clinic August 2014, Case#4, KY#RK00470, 29M
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Thank you.

You and Rithy are doing great work Sovann.

Paul Heinzelmann, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Aug 6, 2014 at 5:40 PM
Subject: Rattanakiri TM Clinic August 2014, Case#5, US#RK00471, 55F
To: "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>, "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, US#RK00471, 55F and photo.

Best regards,
Polo/Sovann

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



Patient: US#RK00471, 55F (Phnom Svay Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Epigastric pain x 2 weeks

HPI: 55F with 10y history of HTN with Amlodipine 5mg po qd. In these two weeks, she presented with epigastric burning pain, burping with sour taste, radiated to the back, got worse after eating and better with antacid which was prescribed by referral hospital doctor. She denied of fever, SOB, cough, vomiting, bloody/black stool, diaphoresis, syncope, legs edema.

PMH/SH: Gastroscopy in 1997, She does not know what was found during the procedure

Family Hx: No DMII, no HTN

Social Hx: No cig smoking, No EtOH

Medication:

1. Amlodipine 5mg 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: 158/100 P: 70 RR: 18 T: 36.0°C Wt: 41kg

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: Mild tender epigastric area, 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:

Abdominal ultrasound conclusion: normal finding

Assessment:

1. HTN
2. GERD

Plan:

1. Amlodipine 5mg 1t po qd
2. Omeprazole 20mg 1t po qhs x 1month
3. Metoclopramide 10mg 1t po qd x 10d
4. Mebendazole 100mg 5t po qhs once
5. Encourage to do regular exercise
6. GERD prevention education
7. Draw blood for Lyte, Creat, Glucose, TG, Tot chole at SHCH

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

Examined by: Nurse Sovann Peng

Date: August 6, 2014

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

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From: **Paul Heinzelmann** <paul.heinzelmann@gmail.com>

Date: Thu, Aug 7, 2014 at 9:38 AM

Subject: Re: FW: Rattanakiri TM Clinic August 2014, Case#5, US#RK00471, 55F

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

Cc: "Heinzelmann, Paul J.,M.D." <PHEINZELMANN@mg.harvard.edu>, rithychau.sihosp@gmail.com

I generally concur with the plan....Though I sense she doesn't need Metoclopramide or Mebendazole if simple antacids alone have already helped.

Also, she will likely need to go up on the amlodipine as her BP is quite high - please verify that she is taking the amlodipine daily, and if so I would go to 10mg po qd.

Labs could be put on hold for now in my opinion and would consider them in a month if trial of omeprazole doesn't help with her symptoms.

Hope that helps

Paul

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Aug 6, 2014 at 5:41 PM
Subject: Rattanakiri TM clinic August 2014, Case#6, KK#RK00472, 56F
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, KK#RK00472, 56F and photo.

Best regards,
Polo/Sovann

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



Patient: KK#RK00472, 56F (Village I, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Fatigue x 1y

HPI: 56F presented with symptoms of fatigue, polyuria, polyphagia, polydipsia so she went to consult at private clinic and diagnosed with DMII. She has been treated with Metformin 500mg + Glibenclamide 5mg 1t po qd then she became better but fatigue still persists. She denied of fever, cough, SOB, chest pain, syncope, dysuria, hematuria, numbness/tingling, blurred vision.

PMH/SH: Unremarkable

Family Hx: No DMII, no HTN, no PTB

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

Medication:

1. Metformin 500mg + Glibenclamide 5mg 1t po qd

Allergies: NKDA

ROS: 1y post menopause

PE:

Vital Signs: BP: 158/93 P: 92 RR: 18 T: 36.0°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 tender, no distension, (+) bowel sound, no surgical scar, no mass palpable, no abnormality detected with examination

Skin/Extremities: No leg 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:

August 5, 2014

RBS: 234mg/dl

U/A: no glucose, no leukocyte, no protein, no blood

August 6, 2014

FBS: 175mg/dl

Assessment:

1. DMII
2. HTN

Plan:

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

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

Examined by: Nurse Sovann Peng

Date: August 6, 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, Aug 6, 2014 at 5:45 PM

Subject: Rattanakiri TM clinic August 2014, Case#7, PC#RK00473, 34F

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, PC#RK00473, 34F and photo.

Best regards,
Polo/Sovann

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



Patient: PC#RK00473, 34F (Village I, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Weight loss x 4 months

HPI: 34F presented with symptoms of progressive weight loss 12kg in 4 months, blurred vision, polyuria, no polydypsia, no polyphagia. She got treatment with traditional medicine for 2months and the symptoms still persists so she went to consult at private clinic, blood sugar was 296mg/dl and treated with Glibenclamide 5mg 1t po bid. She denied of fever, cough, SOB, chest pain, GI complaint, dysuria, hematuria, numbness/tingling.

PMH/SH: Unremarkable

Family Hx: No DMII, no HTN, no PTB

Social Hx: No cig smoking, No EtOH

Medication:

1. Glibenclamide 5mg 1t po bid

Allergies: NKDA

ROS: Regular menstruation

PE:

Vital Signs: BP: 115/92 P: 96 RR: 16 T: 36.0°C Wt: 34kg

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, no mass palpable, no abdominal bruit

Skin/Extremities: No leg 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:

August 5, 2014

RBS: 478mg/dl

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

August 6, 2014

FBS: 318mg/dl

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Tell patient to have eyes check with ophthalmologist
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for Lyte, Creat, Glucose, TG, Tot chole, and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: August 6, 2014

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

No answer replied

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

Date: Wed, Aug 6, 2014 at 5:47 PM

Subject: Rattanakiri TM Clinic August 2014, Case#8, SK#RK00474, 46M

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, SK#RK00474, 46M and photo.

Best regards,
Polo/Sovann

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



Patient: SK#RK00474, 46M (Akphivath, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Fatigue and weakness x 1month

HPI: 46M with past 7y history of MDII diagnosed by private clinic and treated with Metformin 500mg 1t po bid and Glibenclamide 5mg 1t po bid. In this one month, he presented with symptoms of fatigue, weakness, polyuria but denied of fever, SOB, GI problem, dysuria, hematuria, extremity numbness/tingling. He is also taking traditional medicine for diabetis.

PMH/SH: Unremarkable

Family Hx: No DMII, no HTN, no PTB

Social Hx: Casual alcohol drinking, no cig smoking

Medication:

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

3. Traditional medicine

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 123/84 P: 89 RR: 18 T: 36.2°C Wt: 57kg

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, no mass palpable, no abdominal bruit

Skin/Extremities: No leg 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:

FBS: 287mg/dl

U/A: glucose 4+, protein 3+, blood trace, no ketone, no leukocyte

Assessment:

1. DMII

Plan:

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

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

Examined by: Nurse Sovann Peng

Date: August 6, 2014

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

No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Aug 6, 2014 at 5:47 PM
Subject: Rattanakiri TM clinic August 2014, Case#9, PN#RK00475, 53F
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 9, PN#RK00475, 53F and photo.

Best regards,
Polo/Sovann

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



Patient: PN#RK00475, 53F (Okantel Village, Beung Kanseng, Banlung, Rattanakiri)

Chief Complaint: HA and neck tension x 2months

HPI: 53F, farmer, presented with symptoms of tension HA, neck tension, dizziness without fever, SOB, diaphoresis, syncope, GI problem, dysuria, hematuria. She never sought medical consult or treatment but did coining when above symptoms presented. It usually attacked her few time per year in the past two year and this year, she developed once or twice per week so she comes to consult with Telemedicine.

PMH/SH: Unremarkable

Family Hx: No DMII, no HTN

Social Hx: Tobacco chewing, No cig smoking, No EtOH, 4 children

Medication: None

Allergies: NKDA

ROS: Regular menstrual period

PE:

Vital Signs: BP: 162/99 (both arms) P: 64 RR: 18 T: 36.2°C Wt: 54kg

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, no mass palpable, no abdominal bruit

Skin/Extremities: No leg edema; no lesion; 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: 93mg/dl

Assessment:

1. HTN

Plan:

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

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

Examined by: Nurse Sovann Peng

Date: August 6, 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, Aug 6, 2014 at 5:50 PM

Subject: Rattanakiri TM Clinic August 2014, Case#10, MS#RK00476, 45F

To: "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>, "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 last case for Rattanakiri TM Clinic August 2014, Case#10, MS#RK00476, 45F and photo. Please reply to the cases before Thursday afternoon so that the patient can come to receive treatment or referral.

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: MS#RK00476, 45F (Akphivath Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Epigastric pain x 1 month

HPI: 45F presented with symptoms of epigastric pain with burning sensation retrosternal, burping with sour taste. The pain radiated to the back, got worse with hungry, got better with antacid. It also associated with weight loss, hair loss, pale, palpitation, insomnia, facial hyperpigmentation and no menstruation for two months. She got consultation and treatment from local health center but the symptoms still persist. She denied of fever, SOB, diaphoresis, syncope, orthopnea, leg edema, hematemesis, black/bloody stool.

PMH/SH: Remote malairia infection with complete treatment

Family Hx: No DMII, no HTN, no PTB

Social Hx: Casual EtOH, No cig smoking, 2 children

Medication:

1. Antacid 1t prn

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 106/64 P: 92 RR: 18 T: 36.4°C Wt: 44kg

General: Look stable

HEENT: No oropharyngeal lesion, mild pale 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, no mass palpable, no abdominal bruit

Skin/Extremities: Skin hyperpigmentation on the face, No leg edema; positive dorsalis pedis and posterior tibial pulse

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

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

Lab/Study:

Blood Sugar: 122mg/dl

U/A: no glucose, no leukocyte, no protein, no blood

Pregnancy test: Negative

Hemoglobin: 4.6g/dl

Hematocrit: 16

Assessment:

1. GERD
2. Severe Anemia
3. Thyroid dysfunction?

Plan:

1. Omeprazole 20mg 1t po qhs x 2months
2. Metoclopramide 10mg 1t po qhs x 15d
3. Mebendazole 100mg 5t po qd once
4. FeSO4/Folate 200/0.4mg 1t po bid
5. GER prevention education
6. Draw blood for CBC, Peripheral blood smear, Lyte, Creat, LFT, TSH at SHCH

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

Examined by: Nurse Sovann Peng

Date: August 6, 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: Sat, Aug 9, 2014 at 11:29 AM
Subject: Cases reply for Rattanakiri TM clinic August 2014
To: "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Chau Rithy <rithychau.sihosp@gmail.com>

Dear Kathy,

I would like to inform you that I have just received the answer to three cases for Rattanakiri TM clinic August 2014. Below are cases which I don't receive the reply yet:

Case#1, BC#RK00467, 71F
Case#2, NS#RK00468, 55F
Case#6, KK#RK00472, 56F
Case#7, PC#RK00473, 34F
Case#8, SK#RK00474, 46M
Case#9, PN#RK00475, 53F
Case#10, MS#RK00476, 45F

Please send me the answer of the remaining cases.

Thank you for the reply to Rattanakiri TM clinic August 2014.

Best regards,
Sovann

Thursday, August 7, 2014

Follow-up Report for Rattanakiri TM Clinic

There were 10 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 10 cases was transmitted and received replies from both Phnom Penh and Boston, and other 33 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 August 2014

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

Diagnosis:

1. DMII
2. GERD

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Omeprazole 20mg 1t po qhs (#30)
3. Metoclopramide 10mg 1t po qd x 10d (#10)
4. Mebendazole 500mg 1t po qhs once (#1)
5. Educate on diabetic diet, foot care and regular exercise
6. Draw blood for Lyte, Creat, Glucose, TG, Tot chole, and HbA1C at SHCH

Lab result on August 7, 2014

Na	=136	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=98	[95 - 110]
Creat	=79	[44 - 80]
Gluc	=18.5	[4.1 - 6.1]
T. Chol	=5.7	[<5.7]
TG	=2.5	[<1.71]
HbA1C	=13.9	[4.8 - 5.9]

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

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

Diagnosis:

1. DMII
2. UTI
3. Dyspepsia

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Ciprofloxacin 200mg 2t po bid x 3d (#12)
3. Ranitidine 150mg 1t po qhs for one month (#30)
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for Lyte, Creat, Glucose, TG, Tot chole, and HbA1C at SHCH

Lab result on August 7, 2014

Na	=139	[135 - 145]
K	=3.8	[3.5 - 5.0]
Cl	=99	[95 - 110]
Creat	=44	[44 - 80]
Gluc	=6.7	[4.1 - 6.1]
T. Chol	=5.2	[<5.7]
TG	=1.2	[<1.71]
HbA1C	=9.9	[4.8 - 5.9]

3. MT#RK00469, 21F (Village I, Trapang Chres, Kon Mom, Rattanakiri)

Diagnosis:

1. Lower back strain/sprain post trauma

Treatment:

1. Paracetamol 500mg 1-2t po qid prn (#50)
2. Ibuprofen 200mg 3t po tid pnr severe pain (#30)
3. Physiotherapy

4. KY#RK00470, 29M (Kalai II Village, Kalai, Ochum, Rattanakiri)

Diagnosis:

1. DMI

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Glibenclamide 5mg 1t po bid (#60)
3. ASA 100mg 11/2t po qd (#60)
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for CBC, Lyte, Creat, Glucose, TG, Tot chole, and HbA1C at SHCH

Lab result on August 7, 2014

WBC	=5.8	[4 - 11x10 ⁹ /L]	Na	=129	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10 ¹² /L]	K	=3.8	[3.5 - 5.0]
Hb	=11.3	[14.0 - 16.0g/dL]	Cl	=89	[95 - 110]
Ht	=38	[42 - 52%]	Creat	=55	[53 - 97]
MCV	=74	[80 - 100fl]	Gluc	=32.0	[4.2 - 6.4]
MCH	=22	[25 - 35pg]	T. Chol	=2.2	[<5.7]
MHCH	=30	[30 - 37%]	TG	=1.8	[<1.7]
Plt	=264	[150 - 450x10 ⁹ /L]	HbA1C	=18.5	[4.8 - 5.9]
Lymph	=1.6	[1.00 - 4.00x10 ⁹ /L]	AST	=47	[<40]
Mono	=1.1	[0.10 - 1.00x10 ⁹ /L]	ALT	=90	[<41]
Neut	=3.1	[1.80 - 7.50x10 ⁹ /L]			

Note after lab test resulted: Phone call to patient that he needs further evaluation and management

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

Diagnosis:

1. HTN
2. GERD

Treatment:

1. Amlodipine 5mg 1t po qd (buy)
2. Omeprazole 20mg 1t po qhs x 1month (#30)
3. Metoclopramide 10mg 1t po qd x 10d (#10)
4. Mebendazole 100mg 5t po qhs once (#5)
5. Encourage to do regular exercise
6. GERD prevention education
7. Draw blood for Lyte, Creat, Glucose, TG, Tot chole at SHCH

Lab result on August 7, 2014

Na	=140	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=104	[95 - 110]
Creat	=68	[44 - 80]
Gluc	=4.9	[4.1 - 6.1]
T. Chol	=5.5	[<5.7]
TG	=0.9	[<1.71]

6. KK#RK00472, 56F (Village I, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII
2. HTN

Treatment:

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

Note: patient didn't come to receive treatment and blood drawing

7. PC#RK00473, 34F (Village I, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMI

Treatment:

1. Glibenclamide 5mg 1t po bid (#100)
2. Metformin 500mg 1t po bid (#100)
3. Tell patient to have eyes check with ophthalmologist
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for Lyte, Creat, Glucose, TG, Tot chole, and HbA1C at SHCH

Lab result on August 7, 2014

WBC	=2.78	[4 - 11x10 ⁹ /L]	Na	=130	[135 - 145]
RBC	=5.1	[3.9 - 5.5x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=14.8	[12.0 - 15.0g/dL]	Cl	=91	[95 - 110]
Ht	=44	[35 - 47%]	Creat	=54	[44 - 80]
MCV	=87	[80 - 100fl]	Gluc	=24.7	[4.1 - 6.1]
MCH	=29	[25 - 35pg]	T. Chol	=5.8	[<5.7]
MHCH	=34	[30 - 37%]	TG	=1.1	[<1.71]
Plt	=232	[150 - 450x10 ⁹ /L]	HbA1C	=15.7	[4.8 - 5.9]
Neut	=0.55	[2.00 - 8.00]	AST	=153	[<32]
Lymph	=1.90	[1.00 - 4.00x10 ⁹ /L]	ALT	=242	[<33]
Mono	=0.14	[0.10 - 1.00x10 ⁹ /L]			
Eosino	=0.13	[0.08 - 0.40x10 ⁹ /L]			
Baso	=0.06	[0.02 - 0.10]			

Note after lab test resulted: Phone call to patient that she needs further evaluation and management at SHCH; and Patient came to SHCH.

8. 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)
5. Stop traditional medicine
6. Educate on diabetic diet, foot care and regular exercise
7. Draw blood for Lyte, Creat, Glucose, TG, Tot chole, and HbA1C at SHCH

Lab result on August 7, 2014

Na	=137	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=101	[95 - 110]
Creat	=98	[53 - 97]
Gluc	=14.3	[4.1 - 6.1]
T. Chol	=6.8	[<5.7]

TG	=2.7	[<1.71]
HbA1C	=12.9	[4.8 – 5.9]

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

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd (#70)
2. Eat low fat diet, do regular exercise
3. Draw blood for Lyte, Creat, Tot chole, TG at SHCH

Lab result on August 7, 2014

Na	=139	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=104	[95 - 110]
Creat	=43	[53 - 97]
T. Chol	=6.2	[<5.7]
TG	=1.6	[<1.71]

10. MS#RK00476, 45F (Akphivath Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. GERD
2. Severe Anemia

Treatment:

1. Omeprazole 20mg 1t po qhs x 2months (#30)
2. Metoclopramide 10mg 1t po qhs x 15d (#15)
3. Mebendazole 500mg 1t po qd once (#1)
4. FeSO4/Folate 200/0.4mg 1t po bid (#100)
5. GER prevention education
6. Draw blood for CBC, Peripheral blood smear, Reticulocyte count, ESR, Lyte, Creat, LFT, TSH at SHCH

Lab result on August 7, 2014

WBC	=5.56	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=3.4	[3.9 - 5.5x10 ¹² /L]	K	=4.0	[3.5 - 5.0]
Hb	=5.8	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=21	[35 - 47%]	Creat	=47	[44 - 80]
MCV	=61	[80 - 100fl]	AST	=44	[<32]
MCH	=17	[25 - 35pg]	ALT	=35	[<33]
MHCH	=28	[30 - 37%]	TSH	=3.03	[0.27 - 4.20]
Plt	=355	[150 - 450x10 ⁹ /L]			
Lymph	=2.59	[0.70 - 4.40x10 ⁹ /L]			
Mono	=0.22	[0.10 - 0.80x10 ⁹ /L]			
Neut	=2.58	[2.00 - 8.00x10 ⁹ /L]			
Eosino	=0.13	[0.08 - 0.40]			
Baso	=0.04	[0.02 - 0.10]			

Peripheral blood smear

Microcytic	2+
Hypochromic	2+
Macrocytic	2+
Schistocytes	2+
Target cells	1+
Poikilocytosis	2+
Spherocytes	15%

Reticulocyte count	=7.8	[0.5 - 1.5]
ESR	= 10	[0 -25]

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 (#100)
2. Amlodipine 5mg 1t po qd (buy)
3. Captopril 25mg 1t po bid (buy)
4. Glibenclamide 5mg 1t po bid (buy)
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. Captopril 25mg 1t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Amitriptylin 25mg 1/4t po qhs (#15)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 7, 2014

Gluc	=12.9	[4.1 - 6.1]
HbA1C	=11.3	[4.8 - 5.9]

Note after lab test resulted: Add Pioglitazone 15mg 1t po qd

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 (#70)
3. Spironolactone 25mg 1t po bid (#130)

4. 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 (#65)
3. Spironolactone 25mg 1t po bid (#120)
4. Propranolol 40mg 1/4t po bid (#35)

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

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Insulin NPH 30UI qAM and 17UI qPM (buy)
2. Metformin 500mg 1t po qhs (buy)
3. Losartan 50mg 1t po qd (buy)
4. Atenolol 50mg 1t po qd (buy)
5. ASA 100mg 1t po qd (buy)
6. Amitriptylin 25mg 1/2t po qhs (buy)
7. Follow up with CMC in Phnom Penh

6. 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)

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 (buy)
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 (#120)
2. Captopril 25mg 1/2t po bid (buy)
3. ASA 100mg 1t po qd (#60)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 2t po bid (buy)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t bid (buy)
5. Amlodipine 10mg 1/2t po qd (#32)
6. ASA 100mg 1t po qd (#60)
7. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 7, 2014

Gluc = 7.3 [4.1 - 6.1]
HbA1C = 10.7 [4.8 - 5.9]

Note after lab test resulted: Increase Metformin 500mg 3t qAM, 2t qPM

10. 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 (buy)
3. Pioglitazone 15mg 1t po qd (buy)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 7, 2014

Gluc =9.9 [4.1 - 6.1]
HbA1C =9.3 [4.8 - 5.9]

Note after lab test resulted: Increase Glibenclamide 5mg 2t po bid

11. 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 (buy)

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

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

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)

13. 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. HCTZ 25mg 1t po qd (#60)
6. Atenolol 50mg 1/2t po qd (buy)
7. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on August 7, 2014

Creat =117 [44 - 80]
Gluc =8.7 [4.1 - 6.1]

HbA1C =6.1 [4.8 – 5.9]

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

Diagnosis:

1. DMII with PNP

Treatment:

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

Lab result on August 7, 2014

Gluc =9.4 [4.1 - 6.1]
HbA1C =5.6 [4.8 – 5.9]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po qhs (#65)
2. Glibenclamide 5mg 1t po qd (buy)
3. Captopril 25mg 1t po bid (#buy)
4. Atenolol 50mg 1/2t po qd (#35)

16. 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 100mg 1/2t po qd (#35)
5. Amlodipine 5mg 1t po qd (buy)
6. ASA 100mg 1t po qd (#60)

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

Diagnosis:

1. DMII
2. HTN
3. Dyspepsia

Treatment:

1. Metformin 500mg 1t po bid (buy)
2. Glibenclamide 5mg 1t po qd (#60)
3. Captopril 25mg 1t po bid (buy)
4. Ranitidine 150mg 1t po qhs (#30)
5. Metoclopramide 10mg 1t po qhs x 15d (#15)

18. 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)

19. 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)

20. 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)

21. 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)

22. 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 (#35)
2. Enalapril 10mg 1/4t po qd (#20)
3. Furosemide 40mg 1/4t po qd (#20)
4. ASA 100mg 1t po qd (#60)

23. 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 August 7, 2014

Gluc	=6.7	[4.1 - 6.1]
HbA1C	=6.4	[4.8 – 5.9]

24. 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 qd (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Review on diabetic diet, do regular exercise and foot care

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

Diagnosis:

1. HTN

Treatment:

1. Amlodipine 10mg 1/2t qd (#30)
2. Captopril 25mg 1t po bid (buy)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 850mg 1t po tid (buy)
2. Diamicron 30mg 1t po qd (buy)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 7, 2014

Gluc	=8.3	[4.1 - 6.1]
HbA1C	=6.2	[4.8 - 5.9]

27. KM#RK00458, 55M (Village IV, Kachagn, Banlung, Rattanakiri)

Diagnosis:

1. DMII
2. Osteoarthritis

Treatment:

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

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

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd (#65)
2. Draw blood for Lyte, Creat, Tot chole, and TG at SHCH

Lab result on August 7, 2014

Na	=138	[135 - 145]
K	=4.5	[3.5 - 5.0]
Cl	=98	[95 - 110]
Creat	=52	[44 - 80]
Tot choel	=4.3	[<5.7]
TG	=1.5	[<1.7]
AST	=42	[<32]
ALT	=42	[<33]

29. BS#RK00460, 69F (Akphivath Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Diamicon 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

30. VK#RK00462, 38F (Tes Anlung Village, Beung Kanseng, Banlung, Rattanakiri)

Diagnosis:

1. Multiple Lipoma
2. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid (#130)

31. 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

32. 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

33. 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

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