Robib and Telemedicine

Robib Telemedicine Clinic April 2005

Report and photos compiled by Rithy Chau and Somontha Koy, SHCH Telemedicine

On Monday, April 04, 2005, SHCH staff, Nurse Somontha Koy traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), April 5 & 6, 2005, the Robib TM Clinic opened to receive the patients for evaluations. There were 3 new cases and 8 follow-up patients. The patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, April 6-7, 2005.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston and SHCH, Nurse Montha managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

The followings detail e-mails and replies to the medical inquiries communicated between Robib TM Clinic and their TM partners in Phnom Penh and Boston :

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Monday, March 28, 2005 2:13 PM
To: Rithy Chau; Rithy Chau; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Gary Jacques; Joseph Kvedar; Jack Middlebrook; Peou Ouk; Seda Seng
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kathy Fiamma; Bernie Krisher; Nancy Lugn; Vansoeurn Tith; Peou Ouk
Subject: Robib TM for April, 2005

Dear all,

I am writing to inform you about Robib Telemedicine for April, 2005.

Here is agenda for the trip

- On Monday 04/04/05, we will leave Phnom penh to the village

- On Tuesday 04/05/05, clinic will start around 8 o'clock, new cases will be seen in the morning and at the afternoon, all patients' data will be sent to Telepartner in Boston and SHCH.

- On Wednesday 04/06/05, In the morning we will see the follow up patients and at the afternoon we will do the same process like on 04/05/05.

- On Thursday 04/06/05, all answers will be collected from both sides in order to do treatment plan for patients and then come back to PP.

Thank you very much for your strong cooperation.

Best regards,

Montha

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, April 05, 2005 8:11 PM
To: Rithy Chau; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org; Kathy Fiamma
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kathy Fiamma; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient# 01, Srey Hoeu, 44F (Sre Thom)

Dear all,

This is patient number one with case and pictures.

Best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

Patient: Srey Hoeu, 44F (Sre Thom)

CC: Productive cough, chest pain, SOB on and off for 2 months

HPI: 44F, farmer, 2 months presents with cough with slightly yellow sputum, SOB on exertion especially during walking even with short distance, stabbing chest pain during cough. She gets these above and also accompany by another symptoms like mild fever At evening, lose weight 2 kgs during 2 months, palpitation, and poor appetite. Last month she was sent to Pravihear Provincal hospital for admission for 2 weeks by her family, Dr. gave her some unknown medications like IM, IV, and also PO, but her symptoms seem not to be better. After discharging from hospital all the symptoms still appear on and off until she comes to see us.

PMH: Unremarkable

SH: unremarkable

FH: no smoking, no alcohol drinking

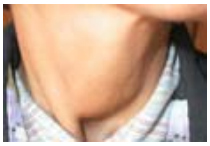
Allergies: NKA

ROS: (+) lose weight, (+) mild fever, (+)SOBOE, (+) palpitation, (+) chest pain, (+) cough, (+) poor appetite, but (-) GI complain, (-) sweating at night, (-) peripheral edema.

Current Med: none

PE:

VS: BP 110/40 P 120 R 22 T 37.2C
Wt 30kgs



Gen: look thin

HEENT: no oropharyngeal lesion, n pale on conjunctiva

Neck: no JVD, no lympnode palpable, Goiter gland mild enlarge

lungs : crackle all over lobes, but no wheezing

Heart: tachycardia without murmur

Abd: soft, flat, not tender, (-) HSM, (+) BS for all 4 quadrants

MS/Neuro: not done

Other: limbs: no deformity, no peripheral edema

Previous Labs/Studies: none

Lab/Study Requests: BS= 140mg/dl, Hgb= 11g/dl, and also will refer her for CXR at Kg Thom hospital, AFB's check in local health center, and also draw blood for TSH, T4 will be done at SHCH

Assessment:

1. PTB?
2. Pneumonia?
3. Goiter disease?

Plan: I would like to cover with some medications as the following

1. Gatifloxacine 400mg 1t po qd for 10 days
2. Paracetamol 500mg 1t po q6h for PRN
3. MTV 1t po qd for one month
4. Encourage her to eat and drink more and follow up next month for reevaluation also see CXR and AFB result.

Comments: do you agree with me? Please give me a good idea.

Examined by: Koy Somontha (RN) **Date: 05/04/05**

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

-----Original Message-----
From: Smulders-Meyer, Olga,M.D.
Sent: Tuesday, April 05, 2005 5:25 PM
To: Fiamma, Kathleen M.
Cc: 'tmed_rithy@online.com.kh'
Subject: RE: Patient# 01, Srey Hoeu, 44F (Sre Thom)

patient Srey Hoeu, 44F

The pt presents with with

1. persistent , cough and shortness of breath and chestpain .

Differential diagnossis include: Tuberculosis

Atypical Pneumonia, or another parechynal lung disease.

Malignancy

Sarcoidosis

We agree with the chest xray and would recommend Sputum cultures , for both bacterial organisms as well as Mycobacteria to r/o TB.

Given the fact she is doing poorly right now, we agree with giving her antibiotics for 10 days. If she does not clear up her chest xray , she may need a Bronchoscopy to evalute this further.

The patient has a anterior neck mass. She is tachycaridic ans has a goiter on physical 3 should determine whether or not she is euthyroid.

Still her neck mass could me caused by TB, Lymphoma or another ENT malignancy. She should have an ultrasound of the neck to evaluate this further.

We agree with vitamins and increased po intake to counterbalance weightloss .

THis is how we would start the evalution, and take it from there.

Olga Smulders-Meyer, MD

Linn Woelber, Medical student

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, April 06, 2005 9:42 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kathy Fiamma'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; 'Kathy Fiamma'; tmed_rithy@online.com.kh
Subject: RE: Patient# 01, Srey Hoeu, 44F (Sre Thom)

Dear Montha,

Jack is busy this AM and asked me to answer instead.

For Srey Hoeu, 44F, I agree with your plan to tx her for pneumonia, but possibly use clarythromycin or erythromycin 500mg 1 po bid x 10d instead since this will cover the atypical infection better than Gatiflox. Good idea to do AFB to see if problem is from TB infection. Since Hb 11, did you do colocheck? Please do and also do neuro exam also in relationship to neurological deficit from vit def, thyroid prob (e.g. +delay DTR with hypothyroidism patient), anemia, etc. Can you do the next exam more thorough with your suspicion on thyroid enlargement—how big is the mass, unilat or bilat, mobile or not with swallowing, smooth or nodular, hard or fluctuant, tenderness or not, any bruit over the mass? From the pictures you sent, (the close-up shot was blurred and do a lateral shot next time, unbutton her shirt collar also to reveal the neck view better), I could not tell if there is any enlargement of neck mass and physical sx not specific toward thyroid dysfunction; thus do not need to draw blood for TFT yet.

You can add FeSO4/folate for her as well as a small dose of propranolol 40mg ¼ tab po bid for her sx. Agree to f/u next month to rule out TB and reassess her neck mass?? If possible have her get a neck US (with interpretation on thyroid glands), CBC and fasting glucose also while in KThom doing CXR.

Thank you for the case.

Rithy

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, April 05, 2005 8:16 PM
To: Rithy Chau; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org; Kathy Fiamma
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kathy Fiamma; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient# 02, Sath Rim, 48F (Taing Treuk)

Dear all,

This is patient number two with case and picture.

Best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

Patient: Sath Rim, 48F (Taing Treuk)

CC: Cough with slightly blood, chest pain on and off and frequency of urination for2 months

HPI: 48F, farmer with has known HTN for 2 years. Now she presents with cough with slightly blood on and off, chest pain on the substernal area with heavy pressure it lasts about 3 mn per one time and happen 2 to 3 times per weeks, this chest pain is not radiating to somewhere and will be subsided by putting ice pack on chest or resting. When all those above happen she also has another symptoms come to associate with as well like headache, blurred vision, palpitation, neck tension, SOBOE, wseating for sometimes.

Furthermore, in tis two months she also has polyuria especially at night, polydypsia, polyphalsia , progressive lose weight about 3 kgs, and extremities numbness on soles.

PMH: 3 years ago had PTB with completely TB treatment

SH: no smoking, no alcohol drinking

FH: unremarkable

Allergies: NKA

ROS: (+) lose weigh, (+) headache, (+) SOBOE, (+) palpitation, (+) blurred vision, (+) chest pain, (+) cough, (+) polyurie, (+) poludypsia, (+) polyphalsia, but no GI complaint, no peripheral edema.

Current Med: Nifedipine 10mg on and off during symptoms get worse and BP high.

PE:

VS: BP (R) 180/100, (L) 180/90 P 120 R 24 T 36.5C Wt 42 kgs

Gen: look stable

HEENT: no orapharyngeal lesion, (+) mild pale on conjunctiva

Neck: (-) JVD, (-) lymphnode palpable, no goiter gland enlarge

Chest: Lung: clear both sides, Heart tachycardia without murmur

Abd: soft, flat, no tender, (-) HSM, (+) BS

Limbs: no peripheral edema

MS/Neuro:

- Cranial nerf I to XII intact
- Cerebalar function intact
- Motor 5/5 intact
- Reflex 2/2 intact
- Sensory intact but decrease at both soles

Other:

Previous Labs/Studies: none

Lab/Study Requests:

- UA(glucose +4, Nitrite + strong, Protein +3)
- BS 343mg/dl
- Hgb 10g/dl
- Microalbumine test +

Assessment:

1. HTN
2. DMII with PNP
3. IHD?

4. PTB relapse? Lung access?
5. Anemia?
6. CRH?

Plan: I would like to cover her with some medications as the following

1. Propranolol 40mg 1t po q12 for one month
2. Captopril 25mg 1/2t po qd for one month
3. Diamecron 80mg 1t po qd for one month
4. Amitriptilline 25mg 1t po qhs for one month
5. MTV 1t po qd for one month
6. Refer her for CXR and EKG at Kg Thom, AFB's check in local health center, and draw blood for Lytes, Creat, Bun, CBC, Glycemia will be done at SHCH and follow up next trip

c**omments:** do you agree with me? Please give me a good idea.

Examined by: Koy Somontha (RN) **Date: 05/04/05**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, April 06, 2005 12:50 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Patient# 02, Sath Rim, 48F (Taing Treuk)

Kathy Fiamma
617-726-1051

-----Original Message-----
From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Tuesday, April 05, 2005 1:41 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient# 02, Sath Rim, 48F (Taing Treuk)

This is a very ill woman with several serious problems:

1. Poorly controlled diabetes, probably type II. Polyuria, polydipsia, and elevated blood glucose. This is complicated by *diabetic nephropathy* (based on her macroalbuminuria), and *peripheral neuropathy* (based on her numb feet). She has likely had this for at least 10 years. If we examined her eyes, she would likely have diabetic retinopathy as well. She also almost certainly has coronary artery disease, which may or may not be causing some of her

symptoms.

2. Hemoptysis. This can be caused by a reactivation of her tuberculosis, bronchiectasis, chronic obstructive lung disease, lung cancer (was she a smoker? If not then less likely), bronchitis, fungal infection, bacterial pneumonia (not likely), aortic valve stenosis (but you said no murmur).

3. Exertional dyspnea. This may be due to ischemic heart disease, pulmonary disease (as in #2), or anemia.

4. Anemia. Pale conjunctiva and a hematocrit of 10 support this diagnosis. It may be due to blood loss (gastrointestinal, vaginal other—does she have melena, hematochezia, hematemesis, vaginal bleeding?), hemolysis, B12 or folate deficiency, malignancy, or other problems.

5. Poorly controlled hypertension.

I agree with most of your plan. Let me expand upon it.

Plan:

Diagnostic:

1. CXR to look for pneumonia, tumor, bronchiectasis, cardiac enlargement, etc.

2. EKG to look for evidence of myocardial infarction.

3. Stress test, if at all possible.

4. Blood for glucose, electrolytes, BUN, creatinine, CBC, hemoglobin A1c (glycosylated hemoglobin), TSH, ALT.

5. Depending on results of CBC, will need B12 and folate (if normal or elevated MCV) and/or iron and TIBC (if normal or low MCV).

6. Guaiac stool.

7. Sputum for AFB.

8. Track contacts if AFB positive.

9. Pulse oximetry.

Therapeutic:

1. Aspirin 81mg per day if stool guaiac negative.

2. Captopril 25mg tid (needs to be given three times a day for 24-hour BP control and for diabetic nephropathy.

3. Would not start propranolol right now. If she has positive stress test will need to start.

4. Diamecron for diabetes control but I'm not familiar with that drug—doesn't it need to be given three times a day?

5. Amitriptyline 25mg qHS

6. You can give a multivitamin if you want, but we need to figure out what's causing her anemia first.

7. Follow up in one month.

Thank you.

- Danny Daniel Z. Sands, MD, MPH V: (617) 667-1510
___/ Center for Clinical Computing
(__ Beth Israel Deaconess Medical Center
___) Harvard Medical School http://cybermedicine.caregroup.harvard.edu/dsands

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, April 06, 2005 10:43 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kathy Fiamma'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; 'Kathy Fiamma'; tmed_rithy@online.com.kh
Subject: RE: Patient# 02, Sath Rim, 48F (Taing Treuk)

Dear Montha,

Sath Rim, 48F

I agree with your dx of HTN and DM II with PNP. Again, because her Hb 10, please do colocheck also. Like the first patient if positive, please give them H. pylori eradication tx x 10-14d.

After consulting with Dr. Bunse at SHCH, HTN patient with DM II should avoid propranolol and HCTZ if possible. Tx her with Amilodipine 5mg qd or Diltiazem 60mg 1 po tid and hold off with the Captopril until we know her renal fn status. Diamecron is a good choice for her DM control. As for her PNP, start Amitriptyline 25mg ¼ tab po qhs x 1st week, ½ tab po qhs x 2nd week, then maintain 1 tab po until PNP resolves and wean her off the same with 1 tabà ½ tabà ¼ tab.

Also tx her for pneumonia as well with Gatiflox 400mg 1 tab po qd x 10d; f/u with AFB test and CXR. I agree with your plan to send her for EKG and bring blood sample as requested to SHCH. Please provide education on GERD and DM foot care, proper diet and exercise. Can give her some Fe/folate also.

Since she has strong positive nitrite in her urine, she may have UTI also, very common with DM patient. Gatiflox will help to cover this problem also. Tell her to drink a lot of water.

Regards,

Rithy

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, April 06, 2005 10:43 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kathy Fiamma'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; 'Kathy Fiamma'; tmed_rithy@online.com.kh
Subject: RE: Patient# 02, Sath Rim, 48F (Taing Treuk)

Dear Montha,

Sath Rim, 48F

I agree with your dx of HTN and DM II with PNP. Again, because her Hb 10, please do colocheck also. Like the first patient if positive, please give them H. pylori eradication tx x

10-14d

After consulting with Dr. Bunse at SHCH, HTN patient with DM II should avoid propranolol and HCTZ if possible. Tx her with Amilodipine 5mg qd or Diltiazem 60mg 1 po tid and hold off with the Captopril until we know her renal fn status. Diamecron is a good choice for her DM control. As for her PNP, start Amitriptyline 25mg ¼ tab po qhs x 1st week, ½ tab po qhs x 2nd week, then maintain 1 tab po until PNP resolves and wean her off the same with 1 tabà ½ tabà ¼ tab.

Also tx her for pneumonia as well with Gatiflox 400mg 1 tab po qd x 10d; f/u with AFB test and CXR. I agree with your plan to send her for EKG and bring blood sample as requested to SHCH. Please provide education on GERD and DM foot care, proper diet and exercise. Can give her some Fe/folate also.

Since she has strong positive nitrite in her urine, she may have UTI also, very common with DM patient. Gatiflox will help to cover this problem also. Tell her to drink a lot of water.

Regards,

Rithy

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, April 05, 2005 8:21 PM
To: Rithy Chau; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org; Kathy Fiamma
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kathy Fiamma; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient# 03, Pin Yen, 63F (Roveing Tbong)

Dear all,

This is patient number three with case and picture.

Best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

Patient: Pin Yen, 63F (Reveing Tbong)

Subject: 63F, returns for her follow up of DMII, and HTN with Stroke. She feels much improving with her previous symptoms like decreasing headache, no chest pain, no fever, no cough, no peripheral edema, no frequency urination, but she still SOB for sometimes especially when lying down, (+) poor appetite. Recently, she has epigastric pain like dullness radiating to chest and sometimes has burp, nausea as well, but no stool with blood.

Object:

VS: BP 110/60 P 68 R 20 T 36.5C Wt 40kgs

HEENT: not significant, but conjunctiva has mild pale

Neck: OK

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: soft, flat, no tender, no HSM, (+) BS

Limbs: no peripheral edema, (L) arm is able to move strongly

Previous Labs/Studies: done on 03/03/05

Na= 144mmol/L , K+ = 5.2 mmol?L , Cl- = 118 mmol/L, BUN = 4.8 mmol/L , Creat= 153 micromol/L , Glycemia = 6.8 mmol/L

Previous Medicines:

- Captopril 25mg 1/2t po qd for one month
- Propranolol 40mg 1t po q12 for one month
- Furosemide 40mg 1/2t po qd for one month
- Diamecron 80mg 1t po q12h for one month
- ASA 300mg 1/4t po qd for one month
- MTV 1t po qd for one month
- Fenofibrate 100mg 2t po qhs for one month

Lab/Study Requests: Glycemia 163mg/dl, Hgb 8g/dl done today

Assessment:

1. DMII
2. HTN with right stroke and left side weakness
3. Hypercholesterolemia
4. Dyspepsia?
5. Anemia due to etio?
6. CRF?

Plan: I would like t keep the same medications but stop Furosemide, and increase dose of Captopril

1. Captopril 25mg 1/2t po q12h for one month
2. Propranolol 40mg 1t po q1h for one month
3. Diamecron 80mg 1t po q12h for one month
4. ASA 300mg 1/4t po qd for one month
5. MTV 1t po qd for one month
6. Fenofibrate 100mg 2t po qhs for one month
7. Cimetidine 400mg 2t po q12h for one month

8. Metoclopramide 10mg 1t po q12 for PRN
9. Paracetamol 500mg 1t po q6h for PRN
10. Fer 200mg 1t po qd for one month
11. Ensure 3scopes with ½ glass of water q12h

Comments: do you agree with me? Please give me a good idea

Examined by: Koy Somontha, RN **Date: 05/04/05**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, April 06, 2005 2:07 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Patient# 03, Pin Yen, 63F (Roveing Tbong)

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Tuesday, April 05, 2005 2:23 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient# 03, Pin Yen, 63F (Roveing Tbong)

The blood pressure is 110/60, much lower than all previous readings. It's worthwhile to double check to make sure an error has not occurred at measurement or transcription. If indeed it is correct, she may be overtreated and may be the cause for the rise of creatinine from 117 in January to 153 in March. If she is still hypertensive above 150-160/80, the rise in creatinine may reflect inadequate treatment. So the blood pressure reading is critical in deciding whether to increase or decrease therapy.

Captopril was recommended to be given at least twice a day since January 2005 but this has not been carried out. Is the patient reluctant to take meds twice a day, or is there not enough medical supply to go around? As pointed out before, captopril has a short 8h half life, so it should be given optimally 3/d or one could squeak by with bid if blood pressure is controlled. Ideally, one should monitor the serum potassium, sodium and creatinine closely like every 3 months while being treated with captopril and lasix until numbers are stable.

If she has dyspepsia and new anemia, we should be concerned about GI bleeding. Initial Hb was 11.8 in January, now it is 8 g/dl. Blood smear to determine whether she has hypochromic microcytic vs macrocytic anemia will guide further workup. She is menopausal and no longer menstruating. I would not assume it's nutritional deficiency. If she is able to eat and swallow, she does not need Ensure supplements. Certainly stool guaiac for blood and worms, serum iron will help exclude GI bleeding. If she is having GI bleeding, UGI endoscopy could exclude bleeding peptic ulcer or gastritis. I don't think the low dose aspirin could cause a lot of bleeding unless she is taking some other NSAIDs. H. pylori serology could disclose H. pylori gastritis. None of her current meds are particularly irritating to the stomach. One should consider hemolysis from meds or malaria, but seems unlikely based on absence of symptoms. If iron levels are normal and smear shows macrocytic changes, consider B12 deficiency. It is possible that renal insufficiency with creatiinine 153 will eventually lead to anemia of chronic illness, but the change seems quite fast, so you need to exclude above possible causes.

Blood sugar of 163 is high if fasting, acceptable if 1 hour postprandial. If helps to clarify when blood sugar was taken. Can HbA1c be tested? It may be easier to monitor diabetes with

A1c since it is not dependent on meal times.

Fenofibrate is best used for elevated triglycerides. If she had primary elevated cholesterol, why did you switch her from simvastatin in January to fenofibrate in February? Recheck blood lipids and use simvastatin if available, and if she has no side effects like nausea, anorexia or myalgia.

For treatment:

I would use captopril and propranolol twice a day but the dose should be adjusted to the repeat blood pressure findings.

Switch from fenofibrate to simvastatin.

Continue Diamecron.

Cimetidine and Reglan are fine for dyspepsia for now.

Iron will do no harm until anemia is sorted out [unless she has thalassemia].

Ensure supplements and Tylenol are not necessary.

Heng Soon,M.D.

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, April 06, 2005 12:25 PM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kathy Fiamma'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; 'Kathy Fiamma'; tmed_rithy@online.com.kh
Subject: RE: Patient# 03, Pin Yen, 63F (Roveing Tbong)

Dear Montha,

Pin Yen, 63F

It seems that she is stable with her conditions with improvement of her body weakness due to stroke. I agree that you will stop her Furosemide. You do not need to increase her captopril dosing. But you may want to decrease the dosing of propranolol 40mg 1 po bid to ½ tab po bid instead so as to reduce her risk of complication if she has artherosclerosis (with high cholesterol) and the masking of hypoglycemic sx in DM pt like her. The goal BP of this kind of patient is targeted SBP<130 and DBP<80 and her BP was 110/60 during this clinic.

Tell her to take her ASA after meal; maybe this will help with her dyspepsia. Hold off the cimetidine and draw blood for anemia work-up—CBC, peripheral smear, reticulocyte. Did or have you done a colocheck on her yet—if positive, do H. pylori eradication x 10-14d.

Thanks for your hard work, Montha. Jack will answer the rest tomorrow.

Regards,

Rithy

P.S. Don’t forget to use the modified forms Paul sent for both H&P and SOAP.

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, April 06, 2005 12:25 PM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kathy Fiamma'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Paul Heinzelmann';

'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; 'Kathy Fiamma'; tmed_rithy@online.com.kh
Subject: RE: Patient# 03, Pin Yen, 63F (Roveing Tbong)

Dear Montha,

Pin Yen, 63F

It seems that she is stable with her conditions with improvement of her body weakness due to stroke. I agree that you will stop her Furosemide. You do not need to increase her captopril dosing. But you may want to decrease the dosing of propranolol 40mg 1 po bid to ½ tab po bid instead so as to reduce her risk of complication if she has artherosclerosis (with high cholesterol) and the masking of hypoglycemic sx in DM pt like her. The goal BP of this kind of patient is targeted SBP<130 and DBP<80 and her BP was 110/60 during this clinic.

Tell her to take her ASA after meal; maybe this will help with her dyspepsia. Hold off the cimetidine and draw blood for anemia work-up—CBC, peripheral smear, reticulocyte. Did or have you done a colocheck on her yet—if positive, do H. pylori eradication x 10-14d.

Thanks for your hard work, Montha. Jack will answer the rest tomorrow.

Regards,

Rithy

P.S. Don't forget to use the modified forms Paul sent for both H&P and SOAP.

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, April 05, 2005 8:28 PM
To: Rithy Chau; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org; Kathy Fiamma
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kathy Fiamma; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient# 04, Keth Ley, 4F (Sre Thom)

Dear all,

This is patient number four with case and pictures.

Best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

Patient: Keth Ley, 4F (Sre Thom)

CC: wound all n the body for 10 days

HPI: 4F, in last 10 days she had small impetigo on the left forearm with mild fever, and itchiness, but 3 days later impetigo spread out to all on the body (both arms, both thighs, both ankles, abdomen and…). Wounds have oozing and pus comes out for some places. Her fever also develops

from day t day with poor appetite, muscle pain, and less active.

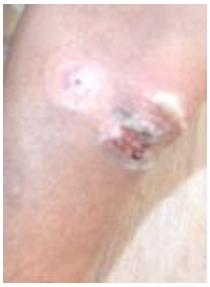
PMH: unremarkable

SH: unremarkable

FH: unremarkable

Allergies: NKA

ROS: no sore throat, (+) fever, no cough, no SOB, no GI complain, no join pain, no peripheral edema



Current Med: none

PE:

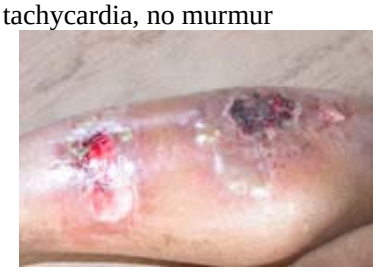
VS: BP P 130 R 26 T 39.85 Wt 13kgs

Gen: look sick

HEENT: no oropharyngeal lesion, no pale on conjunctiva, but has wound on lips

Neck: no lymphnode palpable

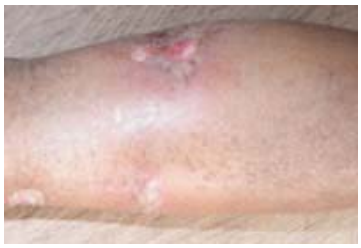
Chest: Lungs: clear both sides. **Heart:** tachycardia, no murmur



Abd: soft, flat, no tender, no HSM, (+) BS

Limbs: have wounds on legs, thighs, ankles, arms

MS/Neuro:



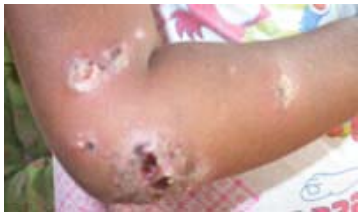
Other:

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Infected skin by staphylococ?
2. Checken Pock?



Plan: I would like to cover her with some medications as the following

1. Penicilline V 250mg 2t po q12h for 14 days
2. Paracetamol 500mg 1/2t po q6h for PRN
3. Promethazine 25mg 1/2t po q12 for PRN

Comments: do you agree with me? Please give me a good idea.

Examined by: Koy Somontha (RN) **Date: 05/04/05**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, April 06, 2005 5:54 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Patient# 04, Keth Ley, 4F (Sre Thom)

Patient: Keth Ley, 4F (Sre Thom)

The symptoms of this patient are most consistent with bullous impetigo. This is most often caused by gram-positive, coagulase-positive, group II *Staph aureus*.

Our Recommendations:

Evaluate other reasons for the staph infection- Did she have an ear infection previous to her skin infection? Did she have tonsillitis?

1) **Bactroban**- which is made of Bacitracin, polymyxin B, and neomycin (Septa Topical Ointment, Triple antibiotic) apply to the lesions twice a day**:**

2) Depending on what antibiotic you have available please select **ONE** of the following medications- (Penicillin will not work) Keflex will also treat an ear infection if she has one as well.

- Ø **Cephalexin** (Biocef, Keflex, Keftab) –75 mg/kg-divided in four doses: wt 13kgX75=975/4= 244mg 125 MG/5 ML PDR,=**10ml every 6 hours for 10 days**

- Ø **Dicloxacillin (**Dycill, Dynapen)50/mg/kg/day divided in four doses: wt 13kgX50=650/4=162.5 Mg 62.5 MG/5 ML PDR**= 13ml every 6 hours for 10 days**

- Ø **Cloxacillin (**Tegopen,Cloxapen)50/mg/kg/day divided in four doses: wt 13 KgX 50=650/4=162.5 Mg 125 MG/5 ML PDR=**7 ml every 6 hours for 10 days**

3) Promethazine 25mg 1/2t po q12 PRN for itching

4) Paracetamol 500mg 1/2t po q6h PRN for pain/fever

Some information about Bullous Impetigo:

- Hot humid weather, participation in contact sports, crowded living conditions, poor personal hygiene, or an unhygienic work environment encourage contamination of the skin by pathogenic bacteria that can cause impetigo.
- Strains usually are penicillin resistant and also may be resistant to erythromycin.
- Bullous impetigo begins as a rapid onset of blisters that enlarge and rupture.
- Lesions are asymptomatic. Occasionally, patients complain of pain or itching.
- A compromised immune system resulting from disease or disease treatment (eg, HIV, AIDS, posttransplantation, insulin-dependent diabetes, hemodialysis, chemotherapy,

radiation therapy, systemic corticosteroids), intravenous drug abuse, cutaneous conditions (eg, atopic dermatitis, dermatophytosis, varicella, herpes simplex), recent surgical wounds, insect bites, thermal burns, or abrasions creates an environment conducive to bacterial infection.

Joseph C. Kvedar,MD

Janine Miller, MD

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, April 06, 2005 12:10 PM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kathy Fiamma'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; 'Kathy Fiamma'; tmed_rithy@online.com.kh
Subject: RE: Patient# 04, Keth Ley, 4F (Sre Thom)

Dear Montha,

Keth Ley, 4F

There were a lot of information in both history and physical that you were omitting which could be helpful to us. However, with the limited H&P and photos provided, the ddx includes pyodermas, bullous impetigo, or ecthyma due to strep infection plus secondary infection of staph. Still the tx will be the same—Cephalexin 250mg 1 po q6h x 10-14d. You can also give her some ibuprofen syrup 100mg/5cc 1.5 tsp or 7.5cc tid to help with pain and inflammation. Clean the wounds well with proper dressing and teach the family to do this also after you leave. She can use A&D ointment for the lips. The family can also give her bath in warm tamarin (“slek ampiel”) leaf solution because it has an antiseptic property for wound cleaning.

Regards,

Rithy

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 06, 2005 6:13 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 05, Prom Norn, 52F (Thnout Malou)

Dear all,

Thi is patient number five (continuous from yesterday cases) with case and picture.

best regards,

Montha

Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Prom Norm, 52F (Thnout Malou)

Note: This patient is diagnosed with Liver Cirrhosis + PHNT, Anemia, and Malnutrition by Dr. at SHCH. She is also sent back to Robib TM because we want to save TM fund.

Subjective: 52F, comes to see us with diagnosis Liver Cirrhosis + PHTN, Anemia (Find out by SHCH Dr.). She feels much better with her previous symptoms like no fever, no SOB, no cough, no abdominal pain or distension, normal urine, normal stool, no peripheral edema, but she (+) dizziness during long walking distance, (+) asthenia, poor appetite.

Objective: she looks stable

VS: BP 120/70 P 80 R 20 T 36.5C Wt 40kgs

PE (focused):

HEENT: unremarkable, conjunctiva is mild pink color

Neck: no JVD, no lymphnode palpable, no goiter gland enlargement

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (+)BS, (-) HSM

Limbs: no peripheral edema

Previous Labs/Studies: none

Current Medications:

- Spironolactone 25mg 1t po qd
- Propranolol 40mg 1/4t po q12
- Furosemide 40mg 1/2t po qd
- MTV 1t po qd
- Fer/folic acide 200/0.25mg 1t po q12

Allergies: NKA

Assessment:

1. Liver Cirrhosis + PHTN
2. Anemia / Malnutrition

Plan: I would like to keep with the same medications

1- Spironolactone 25mg 1t po qd

- 2- Propranolol 40mg 1/4t po q12
- 3- Furosemide 40mg 1/2t po qd
- 3- MTV 1t po qd
- 4- Fer/folic acide 200/0.25mg 1t po q12

Lab/Study Requests: Hgb 9g/dl

Specific Comments/Questions for Consultants: do you agree with me? Please give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 06/04/05**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, April 07, 2005 1:21 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Patient # 05, Prom Norn, 52F (Thnout Malou)

-----Original Message-----
From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Wednesday, April 06, 2005 11:40 AM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 05, Prom Norn, 52F (Thnout Malou)

This 52 yo woman with cirrhosis, portal hypertension, and anemia is complaining of lightheadedness on exertion, asthenia, and anorexia. Her physical examination is unrevealing. Your tests there showed anemia, with hemoglobin of 9.

She is on medical management of her cirrhosis, including a beta blocker to prevent variceal bleeding, and some iron for her anemia.

She has several reasons for her symptoms, including her cirrhosis, possible hepatic encephalopathy, and anemia.

I would recommend a stool check for occult blood (guaiac) and she should have bilirubin checked periodically. You should check her for asterixis. I don't know what stage cirrhosis she's in. You should try to check an ammonia level to look for hepatic encephalopathy.

Thanks.

- Daniel Z. Sands, MD, MPH dsands@caregroup.harvard.edu
HealthCare Associates, South Suite East CC-6 phone: (617) 667-2330
fax: (617) 667-9680

Beth Israel Deaconess Medical Center
330 Brookline Ave.
Boston, MA 02215

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, April 07, 2005 8:24 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; tmed_rithy@online.com.kh
Subject: RE: Patient # 05, Prom Norn, 52F (Thnout Malou)

Good Morning Montha,

Jack has an important meeting this AM and asked me to fill in again.

For Prom Norm, 52F, you can keep all meds as suggested except the furosemide since she no longer has peripheral edema or ascite. Concerning her low Hb, have done a colocheck on her before. Sometimes, colocheck can be positive for most cirrhosis patient; yet you need to deal with possible GI bleed since Hb=9; if you have not tx her with H. pylori eradication yet, go ahead and start her on this if colocheck positive. In the near future, if she stays stable, consider stopping all meds.

Also, let's do an anemia work-up (if not done in the past yet) for her by drawing blood to do CBC, peripheral smear, and retic at SHCH.

Regards,

Rithy

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, April 07, 2005 9:50 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; 'Rithy Chau'
Subject: RE: Patient # 05, Prom Norn, 52F (Thnout Malou)

Dear Montha,

Additional note on this patient Prom Norn:

I want to correct myself by informing you to "stop all meds" in the near future. Instead of stopping all meds, you should always keep her on propranolol since it helps to control her PHTN to prevent further ascite. Spironolactone can be stopped once no more ascite (and edema) for several months. Furosemide can be given in short span of time when pheripheral edema and/or acite present.

Sorry about this.

Regards,

Rithy

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Thursday, April 06, 2005 9:13 AM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: patient #06, Tann Kim Horn, 56F (Thnout Malou)

Dear all,

I am so sorry for patient number six which I had sent your without history because I had the problem with computer. Please look at it again.

Best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Tann Kim Horn, 56F (Thnout Malou)

Subjective: 56F, returns for her follow up of DMII. Now she feels much improving with her previous symptoms like on fever, no dizziness, no blurred vision, no palpitation, no chest pain, no cough, normal urine, normal stool, no peripheral edema or numbness, but she has headache and SOBOE during walking for sometimes.

Objective: look stable

VS: BP 120/70 P 100 R 20 T 36.5C Wt 64kgs

PE (focused):

HEENT: no oropharyngeal lesion, no pale on conjunctiva

Neck: no JVD, no lymphnde palpable

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: unremarkable

Limbs: no wound, no peripheral edema

Neuro exam: unremarkable

Previous Labs/Studies: BS=130mg/dl done on 01/03/05

Current Medications:

- Diamecron 80mg 1/2t po qd
- Captopril 25mg 1/4t po qd

Allergies: NKA

Assessment:

1. DMII

Plan: I would like to increase dose of Diamecron

1. Diamecron 80mg 1/2t po q12h
2. Captopril 25mg 1/4t po qd
3. Paracetamol 500mg 1t po q6h for headache
4. Keep doing exercise every morning, low salt, fat, sweet diet.

Lab/Study Requests: BS= 276mg/dl, UA (glucose large)

Specific Comments/Questions for Consultants: do you want to increase dose of Diamecron or not? Please give mea god idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 06/04/05**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, April 07, 2005 10:23 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; 'Rithy Chau'
Subject: RE: patient #06, Tann Kim Horn, 56F (Thnout Malou)

Dear Montha,

I agree with your plan. Was the BS a fasting one or not? If she just ate the BS may appear this way, but if fasting, then you need to emphasize the strict diet and exercise for her besides increasing her med.

Thanks for all the cases.

Have a safe trip back!

Regards,

Rithy

From: Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]
Sent: Thursday, April 07, 2005 11:33 PM
To: Telemedicine Cambodia; tmed_rithy@online.com.kh; Kathleen M. Fiamma
Subject: Patient #06, Tann Kim Horn, 56F (Thnout Malou)

Montha,

I think your plan is good. She seems stable. If it hasn't been done, I would do a urine microalbumin to check her urine since we have that capability.

Keep up the good work.

Paul

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 06, 2005 6:19 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 07 Lang Da, 45F (Thnout Malou)

Dear all,

This is patient number seven with case and picture.

best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Lang Da, 45F (Thnout Malou)

Subjective: 45F, returns for her follow up of HTN, VHD? CHF? She has not sent for heart ultrasound yet because of financial support but will do after Khmer New Year. Now she still has SOBOE with long distance walking, (+) palpitation, (+) pain on the both shoulders while perform choir, but she has no dizziness, no headache, no cough, no chest pain, no peripheral edema, normal urine, no GI complain.

Objective: look stable

VS: BP 120/70 P 80 R 24 T 36.5C Wt 60kgs

PE (focused):

- **HEENT:** unremarkable, no pale on conjunctiva

- **Neck:** no JVD, no lymphnode palpable
- **Lungs:** clear both sides
- **Heart:** RRR, diastolic murmur at apex
- **Abdomen:** soft, flat, no tender, (-) HSM, (+) BS
- **Limbs:** no peripheral edema

Previous Labs/Studies: done on 06/01/05

- Na+ 139 mmol/L
- K+ 5.5 mmol/L
- CL- 111 mmol/L
- Creat 60 micro mol/ L
- TSH 1.37 micro IU/ ml
- T4 12.11pml/L

Current Medications:

- Propranlol 40mg 1/2t po q12h
- Furosemide 40mg 1/4t po q12h
- MTV 1t po qd

Allergies: NKA

Assessment:

1. HTN
2. VHD? MS? MR?
3. Anxiety?

Plan: I would like to cover her with some medications but ask for increasing dose of Furosemide

1. Propranolol 40mg 1/2t po q12h for one month
2. Furosemide 40mg 1/2t po q12h for one month
3. MTV 1t po qd for one month

Lab/Study Requests: none

Specific Comments/Questions for Consultants: Do you agree to increase dose of Furosemide, please give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 06/04/05**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, April 07, 2005 8:40 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; tmed_rithy@online.com.kh
Subject: RE: Patient # 07 Lang Da, 45F (Thnout Malou)

Dear Montha,

For Lang Da, 45F, I would stop her furosemide since no ascite or edema. Her condition seems stable. I would wait for the 2D echo results to see if any other changes with treatment plan.

Regards,

Rithy

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, April 07, 2005 12:47 PM
To: 'Rithy Chau'; 'Telemedicine Cambodia'
Subject: RE: Patient # 07 Lang Da, 45F (Thnout Malou)

Dear Rithy and Montha:

She does seems stable, and this may be due to her stable furosemide dose. If you haven't yet seen her, I would suggest continuing it at the current dose.

Best regards,

Jack

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 06, 2005 6:23 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 08 Vong Chheng Chan, 52F (Rovieng Chheung)

Dear all,

This is patient number eight with case and picture.

best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Vong Chheng Chan, 52F (Rovieng Chheung)

Subjective: 52F, returns for her follow p of HTN. She feels much better with her previous symptoms like no headache, no SOB, no palpitation, decease blurred vision, no cough, no chest pain, no tender, no GI complain, no peripheral edema. But she still have slightly dizziness during quick turn back or stand up.

Objective: look well

VS: BP 120/70 P 80 R 20 T 36.5C Wt 60 kgs

PE (focused):

- **HEENT:** no oropharyngeal lesion, no pale on conjunctiva
- **Neck:** unremarkable
- **Lungs:** clear both sides
- **Heart:** RRR, no murmur
- **Abdomen:** Soft, flat, (+) BS, (-) HSM
- **Limbs:** no peripheral edema

Previous Labs/Studies: UA protein +1

Current Medications:

- Propranolol 40mg 1/2t po q12h

Allergies: NKA

Assessment:

1. HTN

Plan: I would like to keep in the same medication and the same dose

1. Propranolol 40mg 1/2t po q12h for 2 months
2. Keep doing exercise every morning

Lab/Study Requests: none

Specific Comments/Questions for Consultants: do you agree with my plan? Please give me a good idea

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 06/04/05**

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

-----Original Message-----
From: Crocker, J.Benjamin,M.D.
Sent: Wednesday, April 06, 2005 11:27 AM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 08 Vong Chheng Chan, 52F (Rovieng Chheung)

This sounds like a good f/u plan.

All the best,

Benjamin Crocker, M.D.

J. Benjamin Crocker, M.D.
Internal Medicine Associates 3
WACC 605
15 Parkman Street
Boston, MA 02114
Phone 617 724-8400
Fax 617 724-0331
Email jbcrocker@partners.org

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, April 07, 2005 8:44 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; tmed_rithy@online.com.kh
Subject: RE: Patient # 08 Vong Chheng Chan, 52F (Rovieng Chheung)

Dear Montha,

I agree with your plan. Ask her to drink at least 2L water each day and to be careful when getting up and turning around and reevaluate her again in 2 mo.

Regards,

Rithy

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 06, 2005 6:27 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 09 Svay Tevy, 41F (Thnout Malou)

Dear all,

This is patient number nine with case and picture.

best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Svay Tevy, 41F (Thnout Malou)

Subjective: 41F, returns for follow up of DMII. She has no fever, no palpitation, no SOB, no blurred vision, no chest pain, no cough, no GI complain, no peripheral edema, no urine trouble, no vaginal discharge. But still has headache for sometimes, lower back pain while working, she also feels burning on the both soles very often, but without numbness.

Objective: look well

VS: BP 120/70 P 76 R 20 T 36.5C Wt 58kgs

PE (focused):

- HEENT: unremarkable
- Lungs: clear both sides
- Heart: RRR, no murmur
- Abdomen: Soft, flat, no tender, (+)BS, (-) HSM
- Limbs: no peripheral edema, no wound, have good sensation
- Neuro Exam:
  - Cerebarlar function I to XII intact
  - Motor 5/5 intact
  - Reflex 2/2 intact
  - Sensation intact

Previous Labs/Studies: BS 125mg /dl done one month ago

Current Medications:

- Diamecron 80mg 1t po qd

Allergies: NKA

Assessment:

1. DMII
2. PNP?
3. Muscle pain at lower back?

Plan: I would like to cover her with some medications but need to ncrease dose of Diamecron

1. Diamecron 80mg 1t po q12h
2. Amitriptilline 25mg 1t po qhs
3. Paracetamol 500mg 1to q6h for PRN
4. Keep doing exercise and low salty, fatty, sweet diet.

Lab/Study Requests: SB= 225mg/dl, UA (glucose +4)

Specific Comments/Questions for Consultants: could you explain me how to release sole burning. Do you

Agree with my plan?

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 06/04/05**

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

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, April 06, 2005 8:49 AM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 09 Svay Tevy, 41F (Thnout Malou)

Please review all my previous responses because they remain pertinent and will address the same questions you ask each time.

Regarding back pain, review with her proper techniques for kneeling down on one knee instead of bending or stooping when she is working in the fields, picking up heavy loads in the half kneeling position then standing instead of bending and straightening up.

As for diabetes, irrespective of whether blood sugar is random or fasting [please specify the next time] it is still high. Doubling diamecron dose is fine. You may still want to add metformin 500 mg bid if that is available. Let me know the status of metformin supply or explain why you have not prescribed metformin despite repeated advice to do so. If amitriptyline is not helping neuropathy, try neurontin 300-400 mg bid. Let me know if that is available.

Heng Soon Tan, M.D.

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, April 07, 2005 8:57 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; tmed_rithy@online.com.kh
Subject: RE: Patient # 09 Svay Tevy, 41F (Thnout Malou)

Dear Montha,

For Svay Tevy, 41F, her DM is not greatly controlled which led to burning sensation of her feet. Please emphasize to her how important it is for her to keep a strict diet with low fat, low sweet diet. Please explain to her that she should eat smaller meal 4-5x/day rather than large meals 3x/day; eat more vegetable because it has a "better sugar" for the need of her body and does not make her tired easily. Tell her to exercise regularly 3x/wk at least 15-30mins each time.

I agree with increasing her Diamecron as suggested, but hold off the amitriptyline for now and observe with strict diet and exercise. If you have not check her renal function more than 3 mo, we should do this again. Draw blood for Chem, creat, fasting gluc, CBC, and tot chol.

Regards,

Rithy

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 06, 2005 6:31 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 10 Sok Piseth, 12F (Kam Pot)

Dear all,

This is patient number ten with case and pictures.

best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Sok Piseth, 12F (Kam Pot)

Subjective: 12F, returns for her follow p of chronic Asthma, VHD. She feels much improving with her previous symptoms like no sore throat, no SOB, no palpitation, no H/A, no dizziness, no chest pain, no cough, no

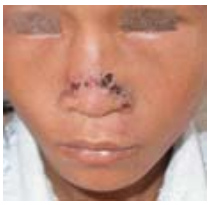
GI complain, no peripheral edema. But in this two days she has high fever with having impetigo on nose, she feels much pain on it but not itchiness.

Objective: look stable

VS: BP 100/50 P 120 R 24 T 38.5C Wt 21kgs

PE (focused):

- HEENT: unremarkable, but have some impetigo on nose, feel warm t touch
- Neck: no JVD, no lymphnode palpable
- Lungs: clear both sides
- Heart: Tachycardia with systolic 2/3 murmur at apex erea
- Abdomen: soft, flat, (-) HSM, (+) BS
- Limbs: no peripheral edema



Previous Labs/Studies: none

Current Medications:

- Asthmacort 1puff q12
- Digoxine 0.25mg 1/2t po qd
- MTV 1t po qd

Allergies: NKA

Assessment:

1. Chronic Asthma
2. VHD (MS? MR? ASD?
3. Skin infection on nose

Plan: I would like to cover with some medications

1. Asthmacort 1 puff q12
2. Digoxine 0.25mg 1/2t po qd
3. MTV 1t po qd
4. Paracetamol 500mg 1t po q8h for PRN of fever
5. Ibuprofen 250mg 1t po q8h for 5 days
6. Cephalexcine 250mg 1t po q6h for 7 days

Lab/Study Requests: none

Specific Comments/Questions for Consultants: do you agree with my

plan? Please give mea god idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 06/04/05**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, April 07, 2005 7:51 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Patient # 10 Sok Piseth, 12F (Kam Pot)

Go ahead with proposed plan. Impetigo is not related to patient's asthma.

Ken Haver, M.D.

-----Original Message-----
From: Miller, Janine, M.D.
Sent: Wednesday, April 06, 2005 6:10 PM
To: Fiamma, Kathleen M.; Kvedar, Joseph Charles,M.D.
Subject: RE: Patient # 10 Sok Piseth, 12F (Kam Pot)

Here are our management suggestions for her skin problem.

Diagnosis: We agree with your diagnosis and believe as well that it is impetigo.

Treatment: 1) Topical antibiotic-possibly **Bacitracin, or Bactroban-** which is a combination of three topical antibiotics (Bacitracin, polymyxin B, and neomycin) applied twice a day to the areas on her nose that are affected to help keep it moist.

2) **Cephalexin**-250mg 1tablet orally every 6 hours for 7 days.

Please make sure that this oral medication does not interact with any of the medications that the other doctors are prescribing for her lung and heart problems

Thank You

Joseph C. Kvedar, MD

Janine D. Miller, MD

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, April 07, 2005 10:16 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; 'Rithy Chau'
Subject: RE: Patient # 10 Sok Piseth, 12F (Kam Pot)

Dear Montha,

I am glad that this patient asthma is controlled. Sok Piseth, 12F, the new rashes on her nose and upper lip and left forehead may possibly be acne vulgaris (nodulocystic?) with superinfection which led to impetigo. From the photos provided, the lesions appeared less likely to be herpetic zoster which is usually unilateral and too young for developing rosasea. The treatment for this is with Cephlexin 250mg two cap tid x 7-10d; ibuprofen 200mg tid can be given for 2-3d for pain and inflammation. Wound cleaning and dressing will helpful in healing process; again they can use warm tamarin solution to soak and clean wound 2x daily. (FYI: impetigo is a dx, not a complaint or sx)

As for her asthma, continue with the inhalers provided—Azthmacort 1-2 puffs bid and Albuterol 1-2 puffs bid prn. You can continue the digoxin and please ask the family to somehow save some money for the travel to PP for 2D heart echo at Calmette. You may need to direct and help to communicate to Calmette for free service in this part. No need for MTV.

Regards,

Rithy

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, April 06, 2005 6:35 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; bhammond@partners.org
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 11 Yim Sok Kin, 24M (Thnout Malou)

Dear all,

This is last patien with case and picture.Thank you very much for your strong cooperation with this project.

best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Yim Sok Kin, 24M (Thnout Malou)

Subjective: 24M, returns for his follow up of Liver Cirrhosis + PHNT, Anemia, and Dyspesia. Now he has (+) asthenia, pass rine with small amount about 600ml/day, (+) mild abdominal distension after meal, (+) constipation. But he has no fever, no SOB, no palpitation, no icteric, no chest pain, no cough, o stool with blood, no peripheral edema.

Objective: look stable

VS: BP 100/50 P 68 R 20 T 37 Wt 55kgs

PE (focused):

- HEENT: unremarkable, no pale on conjunctiva
- Neck: no JVD, no lymphnode palpable
- Lungs: clear both sides
- Heart: RRR,no murmur
- Abdomen: soft, no tender, no HSM, (+) SB
- Limbs: no peripheral edema

Previous Labs/Studies: none

Current Medications:

- Furosemide 40mg 1/2t po qd
- Propranolol 40mg 1/4t po q12h
- MTV 1t po qd
- Cimetidine 400mg 1t po q12

Allergies: NKA

Assessment:

1. Liver Cirrhosis
2. Anemia (Better)
3. Dyspepsia (continuous medicine)

Plan: I would like to cover him with the same medications but ask to increase dose of Furosemide

1. Furosemide 40mg 1/2t po q12h for one month
2. Propranolol 40mg 1/4t po q12h for one month
3. MTV 1t po qd for one month
4. Cimetidine 400mg 1t po q12h for another month
5. Encourage to eat more banana and papaya
6. Draw blood for recheck Lytes, Creeat, BUN will be done at SHCH

Lab/Study Requests: UA (protein +1), Hgb= 11g/dl, Colo check negative

Specific Comments/Questions for Consultants: do you agree with my plan? Lease give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 06/04/05**

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

From: Paul [mailto:ph2065@yahoo.com]
Sent: Thursday, April 07, 2005 3:26 AM
To: tmed_rithy@online.com.kh; Telemedicine Cambodia; Kathleen M. Fiamma
Subject: Patient: Yim Sok Kin, 24M (Thnout Malou)

Dear Montha,

I do agree with your assessment. I would stop the furosemide for 48 hours and check the labs you suggested. BUN, CR, Lytes. As you suggested, bananas & papaya are high in potassium and may be the cause of his fatigue.

I also noted Dr Crocker's previous response which recommended replacing Cimetidine with a different H2 blocker as it interfere's with propanolol. If possible, switch to Ranitidine 150 PO BID PRN.

PLEASE CLARIFY TODAY: WHEN PATIENTS HAVE BLOOD TESTING AT SHCH - DO PATIENT THEMSELVES GO TO SHCH OR DOES JUST THE TUBE OF BLOOD GO TO SHCH?

Thanks,

Best

Paul

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, April 07, 2005 9:43 AM
To: 'Telemedicine Cambodia'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; bhammond@partners.org; tmed_rithy@online.com.kh
Subject: RE: Patient # 11 Yim Sok Kin, 24M (Thnout Malou)

Dear Montha,

For Yim Sok Kin, 24M, mild abdominal distention after meal maybe due to GI gas build-up rather than ascite especially if he has dyspepsia. You need to do more specific interview with this patient about this abd prob. Any fluid wave on your PE? His physical and photo gave an impression that he is doing well with stable VS. Montha I would not continue his furosemide. Keep him on Propranolol to control his PHTN and thus prevent ascite forming.

Since Cimetidine has a risk for patient with hepatic impairment to produce confusional states and also reduce the metabolism of propranolol, I would stop this and instead give him Omeprazole 20mg 1 po qhs for one month only. For lab, you can draw for chem., creat, LFT. You can stop his MTV.

Regards,

Rithy

Thursday, April 7, 2005

Follow-up Report for Robib TM Clinic

There were 11 patients seen during this month Robib TM Clinic (and other patients came for medication refills only). The data of all cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE (as well as advices from PA Rithy), the following patients were managed and treated as follows:

NOTE: [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying own their own. Robib TM clinic **STILL** pays for transportation, accommodation, and other expenses for the patients visiting the clinic **IF** they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients, especially if they are from Thnout Malou Village. Some patients may be listed below if they came by for refills of medications.]

Treatment Report for Robib Telemedicine April 2005

1-**Srey Hoeu, 41F (Sre Thom)**

A)- Diagnosis

a)- PTB?

b)- Thyroid dysfunction

c)- Anemia

B)- Treatment

a)- Clarythromycine 500mg 1t po q12h for 10 days

b)- Paracetamol 500mg 1t po 6h for prn

c)- FeSO4/ folic acid 200/0.25mg 1t po qd for one month

d)- Propranolol 40mg ¼t po qd for one month

e)- MTV 1t po qd for one month

f)- Send to Kg Thom for CXR, CBC, Gluc, Neck Ultrasound, AFB , expenses on her own.

2- **Sath Rim, 48F (Taing Treuk)**

A)- Diagnosis

a)- HTN

b)- DMII with PNP

c)- PTB? Lung Cancer?

d)- IHD?

e)- Anemia? CRF?

B)- Treatment

a)- Propranolol 40mg ½ t po q8h for one month

b)- Gatifloxacin 400mg 1t po qd for 7 days

c)- Diamecron 80mg 1t po qd for one month

d)- Amitriptyline 25mg ¼ t po qhs x 1 week, ½ t po qhs x 2 weeks, then 1t po qhs for one month.

e)- MTV 1t po qd for one month

f)- FeSO4/ folic acid 200/0.25mg 1t po q12h for one month

g)- Refer her to Kg Thom for CXR, EKG, AFB on her own expenses and also draw blood for Lytes, BUN, Creat, Gluc, CBC, Peripheral blood smear, and Reticulocyte, to be done at SHCH.

h)- DM education

3- **Keth Ley, 4F (Sre Thom)**

A)- Diagnosis

a)- Bullous impetigo

B)- Treatment

a)- Cephalexin 250mg 1t po q6h for 14 days

b)- Ibuprofen 400mg ½ t po q12h for 10 days

c)- Paracetamol 500mg ½ t po q6h for prn

d)- Promethazine 25mg ½ t po q12h for prn

e) – Tamarind leaf bath q12h

f) – Wound clean bid

4- **Prom Norn, 52F (Thnout Malou)**

A)- Diagnosis

a)- Liver Cirrhosis + PHTN

b)- Anemia/ Malnutrition

c)- GI bleeding

B)- Treatment

a)- Propranolol 40mg ¼ t po q12 for one month

b)- Furosemide 40mg ½ t po qd for one month

c)- H. Pylori treatment for 10 days

d)- MTV 1t po qd for one month

e)- FeSO4/ folic acid 200/0.25mg 1t po q12h for one month

f)- Draw blood CBC, peripheral blood smear, reticulocyte to be done at SHCH

5- **Tann Kim Horn, 56F (Tnout Malou)**

A)- Diagnosis

a)- DMII

B)- Treatment

a)- Diamecron 80mg ½ t po q12h for two months

b)- Captopril 25mg ¼ t po qd for two months

c)- Paracetamol 500mg 1t po q6h for prn

6- **Lang Da, 45F (Thnout Malou)**

A)- Diagnosis

a)- HTN

b)- VHD? MS? MR?

B)- Treatment

a)- Propranolol 40mg ½ t po q12 for two months

b)- Send patient to Calmette Heart Center for 2D echo (TM expenses)

7- **Svay Tevy, 41F (Thnout Malou)**

A)- Diagnosis

a)- DMII

b)- PNP?

c)- Lower back pain

B)- Treatment

a)- Diamecron 80mg 1t po q12h for one month

b)- Paracetamol 500mg 1t po q6h for prn

c)- DM education

8- **Sok Piseth, 14F (Kam pot)**

A)- Diagnosis

a)- Chronic Asthma

b)- VHD

c)- Acne Vulgaris

d)- Impetigo

B)- Treatment

a)- Digoxine 0.25mg ½ t po qd for two months

b)- Promethazine 25mg ½ t po q12h for 10 days

c)- Cephalexin 250mg 1t po q6h for 7 days

d)- Paracetamol 500mg ½ t po q6h for prn

e)- Azthmacort 1 puff q12h for two months

f)- Ibuprofen 400mg ½ t po q8h for 7 days

9- **Yim Sok Kin, 24M (Thnout Malou)**

A)- Diagnosis

a)-Liver Cirrhosis + PHTN

b)- Anemia

c)- Dyspepsia

B)- Treatment

a)- Propranolol 40mg ¼ t po q12h for one month

b)- Omeprazole 20mg 1t po qhs for one month

c)- Furosemide 40mg 1/2t po q12h for one month

d)- Draw blood for Lytes, Creat, BUN, SGPT/SGOT which will be done at SHCH

10- **Pin Yen, 63F (Rovieng Tbong)**

A)- Diagnosis

a)- HTN

b)- Stroke

c)- DMII

d)- Anemia

e)- Dyspepsia

f)- Hypercholesterolemia

B)- Treatment

a)- Captopril 25mg ½ t po qd for one month

b)- Propranolol 40mg ½ t po q12h for one month

c)- Diamecron 80mg 1t po q12h for one month

d)- MTV 1t po qd for one month

e)- ASA 500mg ¼ t po qd for one month

f)- H. Pylori treatment for 10 days

g)- FeSO4/ folic acid 200/0.25mg 1t po q12h for one month

h)- Fenofibrate 10mg 1t po qhs for one month

i)- Paracetamol 500mg 1t po q6h for prn

j)- Ensure 3 scopes q12h

k)- Draw blood for CBC, peripheral blood smear, and reticulocyte which will be done at SHCH.

11- **Vong Chheng Chan, 52F (Rovieng Chheung)**

A)- Diagnosis

a)- HTN

B)- Treatment

a)- Propranolol 40mg ½ t po q12h for two months

b)- Keep doing exercise every morning

Patients who came for refill medications

1- **Som Thol, 57M (Taing Treuk)**

A)- Diagnosis

a)- DMII

b)- PNP

B)- Treatment

a)- Diamecron 80mg 1t po q8h for onr month

b)- Amitriptyline 25mg 1t po qhs for one month

2- **Tith Hun, 53F (Ta Tong)**

A)- Diagnosis

a)- HTN

b)- Treatment

a)- Propranolol 40mg ½ t po q12h for 2 months

The next Robib TM Clinic will be held on
May 2-5, 2005