

Robib and Telemedicine



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HARVARD
MEDICAL SCHOOL

August 2001 Telemedicine Clinic in Robib

Report submitted by David Robertson

On August 15, Sihanouk Hospital Center of Hope nurse Koy Somontha gave Telemedicine examinations at the Robib Health Clinic. David Robertson transcribed the examination data and took digital photos, then transmitted and received replies from Dr. Graham Gumley at Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh via the Hironaka School Internet link.

On August 16, follow up consultations were given to the previous day's patients to discuss the e-mail recommendations from Dr. Gumley. Based on these e-mail recommendations, the majority of the patients wanted to receive follow up care. Transportation was organized to assist seven patients with travel to Kampong Thom Provincial Hospital and four patients to Phnom Penh's Sihanouk Hospital Center of Hope. The people were taken by four-wheel drive pickup truck, accompanied by nurse Koy Somontha and David Robertson, with seven villagers admitted to Kampong Thom Provincial Hospital late that afternoon.

We continued south with the Phnom Penh patients, arriving that evening, and got them settled in a guesthouse. On the morning of August 17, Sihanouk Hospital Center of Hope examined the four villagers on an outpatient basis, and all patients were able to return home on August 18 with free medicine and follow up appointments to SHCH scheduled.

Admitted to Kampong Thom Hospital:

Patient # 2: LAM SEILA, male, 3 months old (mother is Hem Thona, 22 years old)
Patient # 3: HEM THONA, female, 22 years old
Patient # 5: CHEA KIM SOK, female, 39 years old
Patient # 7: CHAN HIM, female, 53 years old
Patient # 13: H0EM DARO, male, 8 months old
Patient CHEA KIM SOK, male, 40 years old (examined at the July Telemedicine clinic)
Patient PRING MEY, female, 45 years old (examined at the July Telemedicine clinic)

Outpatient at Sihanouk Hospital Center of Hope:

Patient # 1: PHENG ROEUNG, female, 56 years old
Patient # 4: CHHIM NEANG, female, 44 years old
Patient LACH PHAT, male, 52 years old (examined at the July Telemedicine clinic)
Patient NOUNG KIM CHHANG, male, 48 years old (previous Telemedicine patient, still receiving monthly out-patient follow up care as a result of a February Telemedicine clinic exam)

Following are the e-mail and photos exchanged with the Telemedicine team in Robib and Dr. Graham Gumley at Sihanouk Hospital Center of Hope in Phnom Penh:

Date: Wed, 15 Aug 2001 06:55:32 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>
Subject: Robib Telemedicine Clinic - 15 August - message 1
To: ggumley@bigpond.com.kh, sihosp@bigpond.com.kh

Please reply to <dmr@media.mit.edu>

Dear Dr. Graham Gumley,

Attached this message:

15 August 2001 Telemedicine Clinic in Robib - text

#1.doc

PHENG_Roeung_1510.jpg

PHENG_Roeung_1511.jpg

Telemedicine Clinic in Robib, Cambodia

Wednesday, 15 August 2001

Please reply to David Robertson <dmr@media.mit.edu>

We are looking for advice on the following patients. Most helpful if e-mail advice could be received by 7:00AM, 16 August (8:00pm, August 15, in Boston.) I will download and print e-mail at that time and Nurse Montha will discuss your recommendations with the patients in a follow-up clinic during the morning of 16 August.

We plan to depart Robib at 12:00pm on 16 August and could transport patients to Kampong Thom Hospital or hospitals in Phnom Penh if a physician recommends by e-mail that we do so.

Advice that arrives after we depart Robib village is still welcome. The less urgent cases will return to the next Robib Telemedicine Clinic for follow up (dates are September 12 & 13.)



Patient # 1: PHENG ROEUNG, female, 56 years old

Chief complaint: Still palpitations. Shortness of breath on exertion, abdominal pain.

Diarrhea three times per day for one month.

BP: 150/60

Pulse: 100

Resp.: 24

Temp. : 36.5

Past history: One year ago diagnosed with hypertension, BP 185/?, otherwise not significant.

Lungs: clear both sides

Heart: regular rhythm, no murmur, and positive trill.

Abdomen: soft, flat, positive mild epigastric area.

Bowel sound: positive

Skin: mild pale, warm to touch, negative dehydration, no rash, and no edema

Neck: has small mass, size 2 x 2 cm on anterior neck, and mobile.

Other systems: okay

Assessment: Toxic goiter? Mild hypertension. Mild Anemia. Dyspepsia. Valvular heart disease?

Recommend: Blood tests (like CBC, BUN lyte, creatinine, TSH, T4,) EKG, urine and stool microscopic, chest x-ray



NOTE to Dr. Graham Gumley: Last month, Dr. Jennifer Hines suggested putting this patient on Propranolol 20 mg q 12 for one month, which we did. Her HR before was 140, now 100, which means her HR went down. But we can't do the blood tests here – how do we do? Should we refer her to our hospital? Please let me know clearly as we have seen her at the Telemedicine clinic three times already.

At 10:38 PM 8/15/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 1: PHENG ROEUNG, female, 56 years old

SHCH Advice: At this point referral to SHCH the best choice.

Date: Wed, 15 Aug 2001 07:03:37 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>
To: ggumley@bigpond.com.kh, sihosp@bigpond.com.kh

Please find attached this message:

LAM_SEILA_2507.jpg
LAM_SEILA_2508.jpg
HEM_THONA_2515.jpg



Patient # 2: LAM SEILA, male, 3 months old (mother is Hem Thona, 22 years old)

Chief complaint: Shortness of breath, dry cough, on and off for two months.

BP: -
Pulse: 140
Resp.: 32
Temp. : 36.5



Past history: Unremarkable.

Lungs: Rhonchi on left lower quadrant.

Heart: regular rhythm, no murmur

Abdomen: soft, flat, no pain, not tender

Bowel sound: positive

Skin: warm to touch, no rash, no edema, not pale

Ear, Nose, Throat: okay.

Assessment: Chronic bronchitis?

Recommend: Should we treat in the village with antibiotics? Or refer to hospital for chest x-ray?

At 10:38 PM 8/15/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 2: LAM SEILA, male, 3 months old (mother is Hem Thona, 22 years old)

SHCH Advice: Recommend referral for Chest x-ray and treatment. Kampong Thom.

Or if severe to KB

Patient # 3: HEM THONA, female, 22 years old

Chief complaint: Dizziness, weakness, ear ringing, numbness all over the body for one month.

BP: 120/80



Pulse: 88
Resp.: 20
Temp. : 36.5

Past history: Unremarkable. (She gave birth three months ago at home, has not had any medical attention until now.)

Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, no pain
Bowel sound: positive
Skin: warm to touch, no rash, no edema, not pale, no cyanose
Limb: Numbness at extremities.
Ear, Nose, Throat: Normal

Assessment: Anxiety? Vitamin deficiency?

Recommend: Should we give her vitamins here? Or refer her to the hospital?

At 10:38 PM 8/15/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 3: HEM THONA, female, 22 years old

SHCH Advice: perhaps has anemia. Recommend CBC and see doctor at Kampong Thom.

The rest of your assessment may well be accurate.

Date: Wed, 15 Aug 2001 07:08:36 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

To: ggumley@bigpond.com.kh, sihosp@bigpond.com.kh

Please find attached this message:

CHHIM_NEANG_2526.jpg



Patient # 4: CHHIM NEANG, female, 44 years old

Chief complaint: Still mild edema all over the body.

BP: 120/60
Pulse: 64
Resp.: 20
Temp. : 36.5

Past history: She was a Telemedicine patient referred to Sihanouk Hospital Center of Hope in April of 2001. She was diagnosed with severe anemia, iron deficiency, antero septal IHD, and ovarian cyst.

Lungs: clear both sides
Heart: regular rhythm, murmur (mild)
Abdomen: soft, flat, not tender
Bowel sound: positive
Skin: mild pale, warm to touch, no rash

Limb: mild edema on both arms and both legs

Assessment: Severe Anemia, Septal IHD.

Recommend: Should we refer her to our hospital for reassessment and do some tests? (like blood tests and EKG)

Note: This was a Telemedicine patient referred to Sihanouk Hospital Center of Hope in April 2001 and she visited SHCH twice. She also had tests done at Calmette. She was given medication for three months and given an appointment to return to SHCH on July 25. Patient missed her return appointment because she lacks funds for transport to Phnom Penh. She took all her medication during the three months, but started to feel not well again after going off the medication and missing her July 25 appointment.

NOTE from David: Another previous Telemedicine patient, a 48 year old school director, Noug Kim Chhang, is visiting SHCH this Friday for a follow up visit. He could show this patient the travel routine as her last trip to Phnom Penh was via helicopter and she doesn't seem capable of making the trip by herself. Could CHHIM NEANG travel together with the school director tomorrow, she would stay at the same guesthouse in Phnom Penh, and then be seen in the AM of Friday, 17 August? Then she could return home to Robib with Noug Kim Chhang as well.

If Patient #1 of today, PHENG ROEUNG, is being referred to SHCH, could she travel to PP on Thursday with us and go to SHCH on Friday as well?

At 10:38 PM 8/15/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 4: CHHIM NEANG, female, 44 years old

SHCH Advice: Agree with above. To SHCH as you suggest on Friday, (although this is usually a difficult day to fit people in)

There are more photos to edit and cases to send, hope to have another batch to you in an hour or so.

SHCH Advice: Having some computer probs here in PP. May reply to further e-mails in am.

Good work.

Dr. Graham Gumley

Director, SHCH

Date: Wed, 15 Aug 2001 08:26:33 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

To: ggumley@bigpond.com.kh, sihosp@bigpond.com.kh

Please find attached this message:

15 August 2001 Telemedicine Clinic in Robib – text #2.doc

CHEA_KIM_SOK_2539.jpg

KONG_ROEUT_2058.jpg

Patient # 5: CHEA KIM SOK, female, 39 years old



Chief complaint: Chest tightness and chest pain on and off for 13 years. Sometimes cough up with sputum on and off for three months. Upper abdominal pain for one year.

BP: 9/50
Pulse: 80
Resp.: 20
Temp. : 36.5

Past history: In 1984 she had malaria and was treated well with modern medication, got resolved.

Lungs: clear
Heart: regular rhythm, no murmur
Abdomen: positive epigastric pain, soft, flat, not tender
Bowel sound: positive
Skin: not pale, warm to touch, no rash
Ear, Nose, Throat: Normal

Assessment: Anxiety? Dyspepsia.

Recommend: EKG to rule out Ischaemic heart disease. Should we treat her with some medications for dyspepsia? If yes, please let me know the name of the drug.

At 10:43 PM 8/15/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 5: CHEA KIM SOK, female, 39 years old

SHCH Advice: Agree with ECG. Will advise re meds in am.



Patient # 6: KONG ROEUT, female, 45 years old

Chief complaint: Upper abdominal pain radiating to chest and to left upper quadrant on and off for two years.

BP: 100/60
Pulse: 88
Resp.: 20
Temp. : 36.5

Past history: Last month she came to the Telemedicine clinic and we thought it was an anxiety disorder.

Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: positive epigastric pain radiating to left upper quadrant, soft, flat
Bowel sound: positive
Skin: mild cold to touch at extremity, no rash, no edema

Assessment: Anxiety? Dyspepsia.

Recommend: Should we test her in location for dyspepsia? If you agree, please, let me know about the name of the drug. For anxiety, I want to educate her on how to release it.

At 10:43 PM 8/15/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 6: KONG ROEUT, female, 45 years old

SHCH Advice: Will advise re meds in am.

Date: Wed, 15 Aug 2001 08:35:20 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

To: ggumley@bigpond.com.kh, sihosp@bigpond.com.kh

Please find attached this message:

CHEM_HIM_2542.jpg



Patient # 7: CHAN HIM, female, 53 years old

Chief complaint: Headache, neck tender, chest tightness, dizziness, on and off for three years.

BP: 190/100

Pulse: 80

Resp.: 20

Temp. : 36.5

Past history: Three years ago she had mild hypertension, NP 160/90. During that time she was treated with HTN drug but did not get better.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender

Bowel sound: positive

Skin: warm to touch, no rash, no edema

Urinalysis: negative

Assessment: Severe hypertension, Ischaemic heart disease?

Recommend: EKG, some blood tests, chest x-ray. Should we refer her to the hospital?

At 10:43 PM 8/15/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 7: CHAN HIM, female, 53 years old

SHCH Advice: Should be referred to K. Thom for ECG, Chest x-ray and eval.

Date: Wed, 15 Aug 2001 19:16:44 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

To: ggumley@bigpond.com.kh, Jennifer Guest Hines <sihosp@bigpond.com.kh>

Please find attached this message:

15 August 2001 Telemedicine Clinic in Robib - text

#3.doc

PHIM_Sichhin_1515.jpg

PHIM_Sichhin_1516.jpg

Any advice on meds for the earlier patients before we leave the village this morning is appreciated. One of the pharmacies up here has been helpful and can get medicine in a day if not in stock (not the assistant clinic director's pharmacy, another place in the middle of the village.)At 10:10 AM 8/16/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Dear David and Montha,

For the two patients who needed antacids, Dr. Hines recommends the use of TUMS or Roloids to treat/assess.

Thanks.

Graham



Patient # 8: PHIM Sichhin, female, 35 years old

Previous Telemedicine patient

Chief complaint: Weakness, palpitation, muscle pain, left upper quadrant pain.

BP: 120/60

Pulse: 100

Resp.: 28

Temp. : 36.5



Past history: We have seen this previous Telemedicine patient at two other clinics. The assessment then was valvular heart disease, anemia, hepatitis. Two months ago she was admitted to Kampong Thom Hospital for 10 days. They gave her a blood transfusion of two units for her anemia and gave her some medication like ASA and vitamin. Last month I saw her again and reported to Dr. Hines. She suggested to add Furosemie 10mg q D and Albendazole 200mg q 12 for 3 days. We gave the meds but she is still not better.

Weight: 45kg

Urinalysis: negative

Lungs: clear both sides

Heart: regular rhythm, positive mild systolic murmur

Abdomen: splenomegalie about 4 cm and pain when palpable, soft, not tender

Bowel sound: positive

Skin: pale, warm to touch, no rash

Limb: both pitting edema ++, mid numbness

Assessment: Severe Anemia, Valvular Heart Disease? Vitamin deficiency.

Recommend: Recheck some blood tests like lyte, creat., BUN, CBC, peripheral blood smear. Chest x-ray, EKG, heart and abdominal ultrasound. Should we refer her to the hospital?

At 04:52 PM 8/16/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 8: PHIM Sichhin, female, 35 years old

Previous Telemedicine patient

SHCH: This is a good case for us to review the discharge notes from Kampong Thom Hospital. Based on their examination and test results (eg. ECG) we can make a more informed decision. Can we get these documents

Date: Wed, 15 Aug 2001 19:20:55 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

To: ggumley@bigpond.com.kh, Jennifer Guest Hines <sihosp@bigpond.com.kh>

Please find attached this message:

THORNG_KHIT_2566.jpg



Patient # 9: THORNG KHIT, female, 38 years old

Chief complaint: Diarrhea with mucous two times per day on and off for three months, chest tightness radiating to upper back on and off for one year. Small mass, size 4 x 6 cm, on the left breast and painful.

BP: 120/80
Pulse: 120
Resp.: 20
Temp. : 37.59

Past history: Unremarkable. She says she's lost about 5 kg of weight during the last three months. Her husband is currently sick, coughing up sputum. But he's "still strong, working in the rice field today." Montha asked her about husband's and her sex history and she says they are both monogamous.

Weight: 36 kg
Urinalysis: negative
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, but mild pain around umbilical.
Bowel sound: positive
Skin: skinny, ++ mild dehydration, warm to touch
Mouth: Thirsty
Breast: on the left breast, mass, size 4 x 6 cm, positive pain, mass is mobile.

Assessment: Retrovirus? Dehydration, malnutrition. Left breast tumor? R/O PTB.

Recommend: Do some blood tests, especially HIV test. Chest x-ray, abdominal ultrasound, stool microscopic. Should we refer her to Kampong Thom Hospital?

At 04:52 PM 8/16/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 9: THORNG KHIT, female, 38 years old

SHCH: Should refer to Kampon Thom for investigations you suggest. Will need review of her discharge notes from them when investigations complete.

Date: Wed, 15 Aug 2001 20:15:18 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

To: gumley@bigpond.com.kh, Jennifer Guest Hines <sihosp@bigpond.com.kh>

Please find attached this message:

15 August 2001 Telemedicine Clinic in Robib – text #4.doc

Moury_Kea_2569.jpg

YOU_KHIM_2574.jpg



Patient # 10: Moury Kea, female, 53 years old

Chief complaint: Headache, weakness, vaginal discharge, on and off for ten years. One mass, size 2 x 2 cm, in vagina for 20 years.

BP: 120/80

Pulse: 80

Resp.: 20

Temp. : 36.5

Past history: Unremarkable.

Urinalysis: Glucose +

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, no mass

Bowel sound: positive

Skin: not pale, warm to touch, no rash, negative dehydration

Other systems: okay

Note: We can't do gyneco exam here. So I don't know how to do. I know the mass in her vagina through her description.

Assessment: Diabetes? Vaginal mass?

Recommend: Should we refer her to Kampong Thom Hospital to do the gyneco exam and do an abdominal ultrasound or not?

At 04:52 PM 8/16/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 10: Moury Kea, female, 53 years old

SHCH: Refer to Kampong Thom Hospital for above tests and investigations.

Patient # 11: YOU KHIM, female, 30 years old

Chief complaint: Upper abdominal pain radiating to upper back. Weakness on and off for four months. For four months she has had burping, nausea, dizziness, headache, but no fever or cough.

BP: 100/60

Pulse: 84

Resp.: 20

Temp. : 36.5

Past history: Unremarkable.

Lungs: clear both sides

Heart: regular rhythm, no murmur



Abdomen: soft, flat, not tender but mild pain on epigastric pain.

Bowel sound: positive

Skin: warm to touch, no rash, no dehydration signs, not pale

Assessment: Dyspepsia.

Recommend: Should we treat her here in location? Please, let me know the name of the drug if you agree.

At 04:52 PM 8/16/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 11: YOU KHIM, female, 30 years old

SHCH: May have gastric ulcer. Trial of antacid (TUMS or equivalent).

May need endoscopy if this is not effective.

Date: Wed, 15 Aug 2001 21:43:53 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

To: ggumley@bigpond.com.kh, Jennifer Guest Hines <sihosp@bigpond.com.kh>

Please find attached this message:

15 August 2001 Telemedicine Clinic in Robib - text

#5.doc

HO_SAO_SOVANATHA_2575.jpg

HO_SAO_SOVANATHA_2578.jpg



Patient # 12: H0 SAO SOVANATHA, male, 14 years old

Chief complaint: Sore throat, has sticky mucous in it, on and off for one year.

BP: 100/60

Pulse: 100

Resp.: 20

Temp. : 37.5



Past history: One year ago had malaria, was admitted to Kampong Thom Hospital and treated well.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, no pain

Bowel sound: positive

Skin: not pale, warm to touch, no rash

Throat: mild redness. Tonsils mild enlarge on the right side and has some mucous.

Assessment: Chronic Tonsillitis.

Recommend: Throat culture. Or should we treat him here with antibiotic? Please let me know.

At 04:52 PM 8/16/2001 +0700, Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 12: H0 SAO SOVANTHA, male, 14 years old

SHCH: Could be treated with antibiotics locally and review next clinic.

Date: Wed, 15 Aug 2001 21:07:59 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

To: ggumley@bigpond.com.kh, Jennifer Guest Hines <sihosp@bigpond.com.kh>

Please find attached this message:

16 August 2001 Telemedicine Clinic in Robib – text #6.doc

HOEM_DARO_2590.jpg



Patient # 13: H0EM DARO, male, 8 months old

Chief complaint: Shortness of breath, fever, and cough with sputum for four days.

BP: -

Pulse: 180 (not a typo)

Resp.: 48

Temp. : 37

Past history: Unremarkable.

Lungs: crackle on both lungs

Heart: regular rhythm, no murmur

Abdomen: Soft, flat, not tender. Positive hepatohegaly, about 3 cm.

Bowel sound: positive

Skin: not pale, warm to touch, no cyanosis, no edema

Ear, Nose, and Throat: Throat redness, has a few white points on the tonsils.

Assessment: Pneumonia, tonsillitis.

Recommend: Chest x-ray, throat culture, some blood tests.

At 04:52 PM 8/16/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 13: H0EM DARO, male, 8 months old

SHCH: Recommend referral to Kantha Bopha for evaluation

Date: Wed, 15 Aug 2001 22:32:58 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

To: ggumley@bigpond.com.kh, Jennifer Guest Hines <sihosp@bigpond.com.kh>

Dear Dr. Graham Gumley and Dr. Jennifer Hines,

Please find attached this message:

16 August 2001 Telemedicine Clinic in Robib - text

#7.doc

MEAS_REM_2591.jpg

PROM_ROURN_2592.jpg

These are the final cases being sent today. We are departing the village shortly. Any quick advice on whether to transport these patients or to see them again next month is appreciated. In lieu of a hospital visit, would providing any medication help them this month?

Best regards,

David

Note to Dr. Gumley: We plan to depart Robib at **12:45pm today** and could transport patients to Kampong Thom Hospital or hospitals in Phnom Penh if a physician recommends by e-mail that we do so.

Advice that arrives after we depart Robib village is still welcome. The schoolteachers at the village school will help us to relay e-mail advice that arrives after Montha and I depart to the patients and the Robib village medical clinic director (i.e. buying medication in the village or helping arrange public taxi transport to Kampong Thom Hospital.)

The less urgent cases will return to the next Robib Telemedicine Clinic for follow up (dates are September 12 & 13.)



Patient # 14: MEAS REM, female, 79 years old

Chief complaint: Chest pain radiating to upper back on and off for three months, left upper quadrant pain for five days.

BP: 140/50

Pulse: 70

Resp.: 20

Temp. : 37

Past history: Unremarkable.

Lungs: clear both sides

Heart: regular rhythm, positive diastolic murmur, negative trill.

Abdomen: Soft, flat, not tender, mild pain on left upper quadrant.

Bowel sound: positive

Skin: not pale, warm to touch, no rash, no dehydration signs

Assessment: Valvular heart disease? Parasitosis. Rule out Ischaemic heart disease.

Recommend: EKG, blood test, stool microscopic, heart ultrasound. Should we refer her to Kampong Thom Hospital?

At 04:52 PM 8/16/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 14: MEAS REM, female, 79 years old

SHCH: Should have evaluation ?by surgeon. Refer to Kampong Thom



Patient # 15: PROM ROURN, female, 57 years old

Chief complaint: Upper abdominal pain. Weakness for 15 days.
Cough up with sputum for 10 days.

BP: 110/60
Pulse: 88
Resp.: 20
Temp. : 37.5

Past history: Unremarkable.

Lungs: both lower base crackle

Heart: regular rhythm, no murmur

Abdomen: Soft, flat, not tender. Negative hepatomegalie, positive mild pain on the epigastric area.

Skin: not pale, warm to touch, no rash, no edema

Ear, Nose, and Throat: Throat redness, has a few white points on the tonsils.

Assessment: Dyspepsia, LB Pneumonia on the base. Parasitosis.
Rule out PTB.

Recommend: Chest x-ray, stool microscopic, some blood tests.

At 04:52 PM 8/16/2001 +0700, "Graham Gumley" <ggumley@bigpond.com.kh> wrote:

Patient # 15: PROM ROURN, female, 57 years old

SHCH: Agree with recommended tests. ? Kampong Thom

August 22, 2001

UPDATE:

Results of 17 August outpatient exams at Sihanouk Hospital Center of Hope:

Patient # 1: PHENG ROEUNG, female, 56 years old

Given an exam and medication at SHCH. Will be reassessed by the nurse at the September Telemedicine clinic in Robib.

Patient # 4: CHHIM NEANG, female, 44 years old

Given an exam and medication at SHCH. Will be reassessed by the nurse at the September Telemedicine clinic in Robib. She received four months of free medicine by SHCH and has been scheduled for a follow up exam on December 14 at SHCH in Phnom Penh.

Patient LACH PHAT, male, 52 years old (examined at the July Telemedicine clinic)

Given an exam and blood tests at SHCH. Results will be discussed at a follow up exam on August 27 at SHCH. Could be reassessed by the nurse at the September Telemedicine clinic in Robib.

Patient NOUNG KIM CHHANG, male, 48 years old (previous Telemedicine patient)

Given an exam and medication at SHCH. Could be reassessed by the nurse at the September Telemedicine clinic in Robib. He will continue monthly visits to SHCH to monitor his heart condition and to receive medication.

Next Robib Telemedicine Clinics:

September 12 & 13

October 11 & 12

November 14 & 15
