August 2004 Telemedicine Clinic in Robib

Report and photos compiled by Rithy Chau, Telemedicine Physician Assistant at SHCH

On Monday, August 2, 2004, SHCH staff, Nurse Koy Somontha traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following day, Tuesday, August 3, 2004, the Robib TM clinic opened to receive the patients for evaluations. There were 1 new cases and 11 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 the next day.

On Thursday, August 4, 2004, replies from both the Sihanouk Hospital Center of HOPE in Phnom Penh and the Partners Telemedicine in Boston were downloaded. Per advice from these two locations, Nurse Koy Somontha 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 :

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Tuesday, July 27, 2004 2:26 PM
To: Thero Noun; TM Project; Ruth Tootill; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Gary Jacques; Joseph Kvedar; Bunse Leang; Jack Middlebrook
Cc: Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Somontha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: August Robib TM

Dear all,

I am writing to inform you about Robib August Telemedicine. It will be started from 02/08/04 to 05/08/04.

Here is a agenda for trip

- On 02/08/04 travel from PP to Robib.

- On 03/08/04 do the clinic for whole day that will be started from 8 am.

- On 04/08/04 do data entry for all patients to Hope Center and Boston.

- On 05/08/04 will collect all answers from both side then manage something to follow instruction and come back to PP.

Thank you very much for your best cooperation.

Best regards,

Montha

-----Original Message-----
From: Montha Koy [mailto:monthakoy@yahoo.com]
Sent: Tuesday, August 03, 2004 5:05 PM
To: tmed_rithy@online.com.kh; jmiddleb@camnet.com.kh
Cc: Gary Jacques
Subject: Inform about Internet Access

Dear Rithy and Dr. Jack

I am writing to inform both of you about internet access here. According to the weather here is not good because of rain. I would like to inform you that I am not quite sure about tomorrow wheather I am able to send you all the cases or not. This time I have 12 patients (11 follow up, and 01new case). Anyway I try my best to finish our task by cooperating with Mr. Vansoeurn.

Best Regards,

Montha

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

Patient: Chhum mao, 56M (Thnout Malou)

Subject: 56M, come for his follow up of arthritis. He feels much better with his previous symptoms like decrease pain and swelling on the right ankle, no more fever, can be able to walk and move both ankles well. But he starts having mild pain on both elbows, and knees join. Pain like burning but not radiating to anywhere.

For another, he just tells us about frequency for more than one years. He has passed urine many times a day with 200ml every time even day or night. Sometimes he feels very hungry, body weakness, and blurred vision during morning wake up, but no chest pain, no cough, no SOB, no GI complain, no peripheral edema, no burning during passing urine. For this problem, he has never used any drugs to cure it at all.

Object:

VS: BP 140/80 P 80 R 20 T 36.5 Wt 55kgs

Look stable

HEENT: Unremarkable

Neck: No goiter seen, no JVD, no lymphnode

Heart: RRR, no murmur

Lungs: clear both sides

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

Limbs: no joint swelling, no redness, but mild pain on both elbows, and knees joint

Neuro exam: unremarkable

Previous Labs/Studies: Result of some blood works done on 08/07/04 done SHCH

Na= 147mmol/L, K = 5.3mmol/L, Cl = 109mmol/L, BUN= 3.0mmol/L, Creatinine= 114 micro mol/L, Rheumatoide factor is Negative, ESR = 123mm/hr, WBC = 10, RBC = 3.0, Hgb= 8.0, HCT= 24, MCV= 80, MCH=27, HCHC= 24, Platelet= 441.

Lab/Study Requests: Fasting blood sugar (104mg/dL)

Assessment:

1. Poly Arthritis
2. Mild HTN?

Plan: I would like to cover him with the following drugs

1. Nabumetone 75omg 1t po q12 (PRN) for one month
2. Observe BP and Glycemie for next visit

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

Examined by: Koy Somontha, RN **Date: 03/08/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 05, 2004 1:26 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh'
Subject: FW: Patient #01, Chhum Mao, 56M (Thnout Malou)

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, August 04, 2004 1:29 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient #01, Chhum Mao, 56M (Thnout Malou)

I'm glad to hear he is better. The previous description of ankle pain suggested an inflammatory arthritis. However the present knee and elbow pain suggest only arthralgia without any inflammation. The high ESR and multiple joint pains now favor some form of reactive arthralgia rather than gout. I would consider rheumatic fever as a possibility. A throat culture and anti-streptolysin O antibody titer could confirm recent streptococcal

pharyngitis. He does not have a new changing murmur to suggest rheumatic carditis, but an ekg looking for changing PR intervals will exclude carditis. Postviral reactive arthralgia is another likely possibility, example parvovirus [fifth disease, without rash in adults], is another common cause. Urinary frequency without dysuria or urethral discharge makes chronic chlamydial urethritis with reactive arthritis [Reiter's syndrome] less likely. Serology for parvovirus and urethral swab for chlamydial DNA testing will exclude these possibilities. Continuing Nabumetone is fine.

Chronic weakness, hunger, urinary frequency and blurred vision could go with diabetes, but fasting blood sugar is only 104 mg/dl, making this unlikely. Insulinoma may cause similar symptoms of hypoglycemia in the morning but several fasting blood sugars could exclude that. Chronic anxiety disorder could explain this symptom complex. I would explore social stresses in his life.

His previous blood pressure was normal. It makes sense to repeat on followup. It is unlikely for Nabumetone to cause renal damage and hypertension so quickly.

Heng Soon, M.D

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, August 05, 2004 7:45 AM
To: TM Team; TM Project; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Laurie & Ed Bachrach; Gary Jacques; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #01, Chhum Mao, 56M (Thnout Malou)

Dear Montha:

It sounds as though the patient's arthralgia in his ankles is improved-- I agree with your plan to keep nabumetone.

I also agree with your idea to follow his blood sugars given his complaints of polyuria. I also wonder if he might have prostatic enlargement, especially since he is complaining of urination at night. Is it possible for you to do a prostate exam?

I think a rectal exam would also be helpful if you have the ability to test his stool for occult blood since he has anemia. Does he have complaints about his bowel habits? Could he have a parasitic infection? Colon cancer? I also wonder about these things because of his elevated ESR. If he has any concerning bowel symtoms I would collect stool for microscopy and also occult blood testing if you are not able to do it there. I think it would be reasonable to start him on iron while we investigate the anemia.

Finally, I agree with your plan to follow-up his blood pressure at his next visit.

Jack

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

Patient: Eam Neut, 54F farmer (Taing Treuk)

Subject: 54F, comes for follow up of her HTN and Left knee pain. She feel much improving with her previous symptoms like decreasing headache, decreasing neck tender, decrease blurred vision, decrease less pain on left knee. She has no chest pain, no fever, no SOB, no GI complaint, no peripheral edema.

Object:

VS: BP=130/80 P=80 R=20 T=36.5 Wt= 57kgs

Look: Stable

HEENT: Unremarkable

Neck: No JVD, no goiter seen, no lymphnode

Lungs: Clear both sides

Heart: RRR, no murmur

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

Limbs: No swelling, no redness, no stiffness, no numbness

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Stable HTN
2. Left knee pain

Plan: I would like to keep the same drugs for one month

1. HCTZ 50mg 1/2t po q12
2. Captopril 25mg 1/4t po qd
3. Nabumetone750mg 1t po q12 (PRN)

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

Examined by: Koy Somontha, RN **Date: 03/08/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----

From: Fiamma, Kathleen M.
Sent: Wednesday, August 04, 2004 10:11 AM
To: Cusick, Paul S.,M.D.
Subject: FW: Patient #02, Eam Neut, 54F (Thnout Malou)

Good Morning Dr. Cusick:

Here is a follow up patient from last month.

I will send your previous response also.

Kathy

-----Original Message-----
From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, August 05, 2004 4:27 AM
To: Fiamma, Kathleen M.
Cc: 'tmrural@yahoo.com'; 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh'
Subject: RE: Patient #02, Eam Neut, 54F (Thnout Malou)

His blood pressure is much better.

continue present medications and monitor blood pressure.

thanks

paul cusick

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, August 05, 2004 7:56 AM
To: TM Team; TM Project; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Laurie & Ed Bachrach; Gary Jacques; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #02, Eam Neut, 54F (Thnout Malou)

Montha:

When was the last time we checked a serum potassium and creatinine? If it's been more than a few months, it would be worthwhile to check again. If the tests are fine and her systolic BP remains above 120, I would increase her captopril at the next follow-up.

Jack

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

Patient: **Nget Soeun, 59M farmer (Thnout Malou)**

Subject: 59m follow up of his liver cirrhosis. Now he has epigastric pain about one week, pain has characteristic like burning and slight dullness, but not radiating to anywhere, and also get better after

meal or taking Antacide. In this recently also he has constipation 4 or 5 days (2days pass stool 1 time), but pass urine with normal amount, no vomit, no nausea, no jaundice, no bigger size of abdomen, no peripheral edema.

He also has another problem. In this ten days he has dry cough without running nose and accompany by mild fever, mild headache, but no chest pain, no chest tightness, no SOB.

Object:

VS: BP= 90/40 P=72 R=20 T=37 Wt=41kgs

Look: Stable

HEENT: No oropharyngeal lesion, no pale

Neck: No JVD, no lymphnode

Lungs: Rhonchite at lower bilateral lobes

Heart: RRR, no murmur

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

Limbs: No stiffness, no peripheral edema

Previous Labs/Studies: none

Lab/Study Requests: Colo check is NEGATIVE

Assessment:

1. Liver cirrhosis
2. Dyspepsia?
3. Bronchitis?

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

1. Spironolactone 50mg 1/2t po qd for one month
2. Propranolol 40mg 1/4t po qd for one month
3. Multivitmine 1t po qd for one month
4. Tums 1g 1t po q 12 for one onth
5. Amoxicilline 500mg 1t po q8 for 10 days

Comments: Do you agree with my plan? Please, give me a good idea.

Examined by: Koy Somontha, RN **Date: 03/08/04**

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-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 05, 2004 3:01 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh.'
Subject: FW: Patient #03, Nget Soeun 59M (Thnout Malou)

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, August 04, 2004 1:48 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient #03, Nget Soeun 59M (Thnout Malou)

I guess we've never determined the cause of his cirrhosis? Is it hepatitis infection, alcoholic cirrhosis or hepatic schistosomiasis? He appears very stable. I wonder whether he could remain well without the very low dose propranolol and spironolactone?

I would use amoxiciilin if he had sinusitis with postnasal drip or flare of chronic bronchitis. Of course viral upper respiratory tract infection would not get better any faster with amoxicillin but may risk Clostridium difficile colitis.

Yes he may have gastritis or gastroesophageal reflux. Without diaphoresis or nausea, it's unlikely to be masquerading as unstable angina. Could you check serology for H. pylori if he has recurrent gastritis? I presume he is not drinking alcohol or taking aspirin on the side. If TUMS is not effective, advance to ranitidine or omeprazole.

Heng Soon Tan, M.D.

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, August 05, 2004 8:06 AM
To: TM Team; TM Project; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Laurie & Ed Bachrach; Gary Jacques; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #03, Nget Soeun 59M (Thnout Malou)

Dear Montha:

I agree with your plan to continue spironolactone, propranolol and the multivitamin.

I would start therapy with an acid-suppression medication like famotidine or omeprazole for his dyspepsia. If there is no improvement in one month, I would treat for H. pylori infection.

I disagree with your plan to begin amoxicillin-- there is no reason to give antibiotics for bronchitis (unless the patient has COPD, which this patient does not.) The patient has a normal pulse, normal respiratory rate and a normal temperature, so I think it is unlikely he has pneumonia-- the only reason to give antibiotics for a cough. Of course, if his symptoms get worse or his cough continues for another two weeks, I would instruct him to get a chest x-ray to evaluate for either TB or an atypical pneumonia.

Jack

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

Patient: Pen Vanna, 38F teacher (Thnout Malou)

Subject: 38F, comes back for her follow up of stable HTN. She feels much improving with her previous symptoms like decreasing headache, no neck tender, no cough, n fever, no chest tightness, no GI complaint, no peripheral edema, but has numbness on both calves.

Object:

VS: BP 120/80 P 80 R 20 T36.5 Wt 64kgs

Look: stable

HEENT: Unremarkable

Neck: No JVD, no goiter, no lymphnode

Lungs: Clear both sides

Heart: RRR, no murmur

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

Limbs: Has numbness on both calves, but not calve muscle cramping, no joint stiffness

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Controlled HTN
2. Hypokalemia?

Plan: I would like to cover her with some medications

1. HCTZ 50mg 1/2t po q12 for one month
2. KCL 600mg 1t po q8 for 10 days

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

Examined by: Koy Somontha, RN **Date: 03/08/04**

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-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Wednesday, August 04, 2004 10:38 AM
To: Cusick, Paul S.,M.D.
Subject: FW: Patient #04, Pen Vanna 38F (Thnout Malou)

Here's another follow-up consultation.

I will forward the previous response.

-----Original Message-----
From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, August 05, 2004 4:31 AM
To: Fiamma, Kathleen M.
Cc: 'tmrural@yahoo.com'; 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh'
Subject: RE: Patient #04, Pen Vanna 38F (Thnout Malou)

Her blood pressure is excellent.

The calf numbness is not likely to be from potassium deficiency (usually causes muscle pain and cramping).

The cause of this numbness is not clear from the description and exam.

I would only use 1 potassium pill daily to see if this makes a difference in the numbness in the next month.

Thank you,

Paul cusick

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, August 05, 2004 8:06 AM
To: TM Team; TM Project; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Laurie & Ed Bachrach; Gary Jacques; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #04, Pen Vanna 38F (Thnout Malou)

Dear Montha:

What does the patient mean by numbness? Did you perform a neurologic exam to evaluate the sensation and strength in her lower extremities? Does she complain of this symptom anywhere else in her body?

I would check the patient's serum potassium level today in addition to starting potassium supplementation.

I agree with you plan to continue the hydrochlorthiazide.

Jack

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

Patient: Pheng Roueng, 58F farmer (Thnout Malou)

Subject: 58F, comes back for her follow up of Euthyroide, and Dyspepsia. Her previous symptoms have much better like decreasing palpitation, decrease epigastric pain, no fever, no cough, no stool with blood, no nausea, no vomiting, no peripheral edema, but still has mild SOB on exertion, mild chest tightness during inspiration, body weakness.

Object:

VS: BP 110/60 P 64 R 20 T 36.5 Wt 56kgs

Look: Stable

HEENT: Unremarkable

Neck: NO JVD, Goiter gland is the same size

Lungs: Clear both sides

Heart: RRR, no murmur

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

Limbs: No peripheral edema, no tremor

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Euthyroide
2. Dyspepsia

Plan: I would like to cover her with the same drugs and add multivitamamine

1. Carbimazole 5mg 1t po q12 for one month
2. Propranolol 40mg 1/4t po qd for one month
3. Tums 1g 1t po q12 for one month
4. Multivitamine 1t po qd for one month

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

Examined by: Koy Somontha, RN **Date: 03/08/04**

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-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 05, 2004 3:08 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh'
Subject: FW: Patient #5, Pheng Roeun 58F (Thnout Malou)

Response from Heng Soon Tan, M.D.

Since she is euthyroid, propranolol can be stopped. Carbimazole can be given in a single dose to improve compliance. How long has she been treated? Usual duration is 12-18 months. I enclose some drug information on carbimazole from a Scottish hospital in the British National Health Service.

CARBIMAZOLE in THYROTOXICOSIS

How does it work?
How do I take it?
What side effects can be expected?
Carbimazole during pregnancy and lactation
Storing your medicine

This medicine is also supplied under the trade name *Neo Mercazoleâ* and is available as: Tablets containing carbimazole 5 mg and 20 mg.

How does it work?

Carbimazole is converted in the body to the active agent, methimazole which acts on the thyroid to reduce overactivity.

How do I take it?

Treatment is started at high dosage often 20-60mg per day taken as 2-3 divided dosages and is maintained until the patient's thyroid returns to normal activity. Subsequent therapy may then be given in one of two ways.

1. *Maintenance Regimen* The dosage is gradually decreased so as to maintain normal thyroid activity. This maintenance dosage can vary from patient to patient in the range 5-15mg per day which may be taken as a single daily dosage. Therapy is usually continued for 12-18 months.

2. *Block-replacement regimen* In some the dosage is maintained at the initial high level (i.e. 20-60mg per day) and supplemental thyroxine (50-150mcg per day) is also given in order to

prevent an underactive thyroid induced by the high dosage of carbimazole. Therapy is continued for 12-18 months.

What side effects can be expected?

Adverse reactions if they occur usually are seen in the first 8 weeks of treatment.

- Headaches, nausea, joint pains, stomach upset.
- Skin rashes are common in possibly 1 in 50 patients. If it occurs cease the drug and contact your doctor.
- A rare side effect is bone marrow depression which can present in 1 in 1000 patients. This presents as a severe sore throat, mouth ulcers, fever. If it occurs cease the drug and contact your doctor immediately. The suppression of the bone marrow is often temporary with the bone marrow recovering after 1-2 week.

Carbimazole during pregnancy and lactation

Carbimazole is used **in pregnancy** but the specialist will aim to use the lowest dosage possible and will not use the drug combined with thyroxine. The reason for this is that carbimazole does cross the placenta into the baby so the lowest dosage is preferred. There have been rare instances of babies born with nail/finger abnormalities (aplasia cutis) while on carbimazole but whether the drug is the cause has lately been thought by some not to be the case.

Carbimazole does enter mother's milk and although this does not preclude breast feeding it is essential that baby is closely monitored and the lowest effective dose is used. Some for safety reasons advise no breast feeding.

Storing your medicine

Carbimazole tablets should be stored at room temperature. Keep in the original container in which they have been dispensed and protect from direct sunlight.

Top

Heng Soon Tan, M.D.

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, August 05, 2004 8:06 AM
To: TM Team; TM Project; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Laurie & Ed Bachrach; Gary Jacques; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #5, Pheng Roeun 58F (Thnout Malou)

Dear Montha:

This patient seems to be well-controlled. I agree with your plan.

Jack

Patient: Tho Chanthy, 37F farmer (Thnout Malou)

Subject: 37F, comes back for her follow up of her hyperthyroidism and dyspepsia. She gets better with some symptoms in previous time like decreasing palpitation, decrease SOB, decrease chest tightness, decrease tremor, no eye fatigue, decrease epigastric pain, no vomit, no nausea, but has slight neck tender, mild upper back pain, and sometimes accompany by headache.

Object:

VS: BP120/50 P 64 R 20 T 36.5 Wt 54kgs

Look: Stable

HEENT: Unremarkable

Neck: No JVD, goiter is the same size

Lungs: Clear both side

Heart: RRR, no murmur

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

Limbs: No stiffness, no tremor, no peripheral edema.

Neuro exam: Unremarkable

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Hyperthyroidism
2. Dyspepsia (Resolved)
3. Muscle pain (Upper back)

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

1. Carbimazole 5mg 1t po qd for one month
2. Propranolol 40mg 1/4t po qd for one month
3. Paracetamol 500mg 1t po q6 (PRN)for 10 days

Comments: Do you agree with my plan? Please give me a good idea.

Examined by: Koy Somontha, RN **Date: 03/08/04**

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-----Original Message-----
From: Paul [mailto:ph2065@yahoo.com]
Sent: Thursday, August 05, 2004 3:18 AM
To: tmrural@yahoo.com; tmed_project@online.com.kh
Cc: tmed_rithy@online.com.kh; kkelleherfiamma@partners.org
Subject: Patient: Tho Chanthy, 37F farmer (Thnout Malou)

Patient: Tho Chanthy, 37F farmer (Thnout Malou)

It sounds as if this patient is improving. I agree with your plan. As Dr Crocker mentioned, a visual acuity check might assess whether her headaches are from decreased visual acuity.

Paul Heinzelmann, MD

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, August 05, 2004 8:17 AM
To: TM Team; TM Project; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Laurie & Ed Bachrach; Gary Jacques; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #6 Tho Chanthy 37F (Thnout Malou)

Dear Montha:

I agree with your plan.

Jack

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

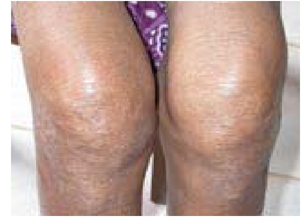
Patient: Som Doeum, 66F farmer (Thnout Malou)

Subject: 66F, comes back for her follow up of her polyarthritis. She still has both knees pain during walking, both wrists tenderness, pain likes stabbing and persistent. It can release for a while hen she took pain killer (Nabumetone), but knees, wrists joints not swelling or redness, (+) warm to touch, she has no cough, no SOB, no fever, no GI complain, no peripheral edema, She has also poor appetite, body weakness.

Object:

VS: BP 100/50 P 74 R 20 T 36.5 Wt

Look: Stable



HEENT: Unremarkable

Neck: No JVD, no goiter seen

Lungs: Clear both sides

Heart: RRR, no murmur

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

Limbs: Both knees pain during moving, warm to touch, but no swelling, no redness. For others are normal.

Previous Labs/Studies: Result some blood works done at SHCH on 08/07/04

Rheumatoide factor negative, Na = 150mmol/L, K = 6.5mmol/L(it might hemolyte because we keep blood for long tme), Cl = 116mmol/L, BUN = 2.5mmol/L, Creatinine = 101micro mol/L, WBC =8, RBC=3.9, Hgb= 9.3g/dl, Hct = 26%, MCV= 68, MCH= 36, platelets = 354, ESR= 93mm/r.

Lab/Study Requests: none

Assessment:

1. Poly arthritis

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

1. Nabumetone 750mg 1t po q12 (PRN) for one month
2. Chloroquine 250mg 1t po q12 for one month
3. Multivitamine 1t po qd for 1 month

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

Examined by: Koy Somontha, RN **Date: 03/08/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Paul [mailto:ph2065@yahoo.com]
Sent: Thursday, August 05, 2004 5:01 AM

To: Kathleen M. - Telemedicine Kelleher-Fiamma; Tmed 1; Tmed 2
Cc: tmed_rithy@online.com.kh
Subject: Patient: Som Doeum, 66F farmer (Thnout Malou) (2)

Patient: Som Doeum, 66F farmer (Thnout Malou)

Despite the negative Rheumatoid Factor, RA is not entirely ruled out (20-30% of RA cases have negative Rheumatoid Factor initially) I would also consider causes other than rheumatoid arthritis such as Psuedo gout - particularly as her symtoms seem to be focused in her hands and wrists. Joint aspiration can identify this and other causes (ie infectious causes).

In summary, I would continue the Nabumetone & Chloroquine, and consider joint aspiration to further evaluate.

Her sodium is also a bit high and requires re-testing at the very least.

For more information, go to: http://www.turner-white.com/pdf/hp_mar03_recent.pdf

Best Wishes

Paul Heinzelmann

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, August 05, 2004 8:17 AM
To: TM Team; TM Project; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Laurie & Ed Bachrach; Gary Jacques; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #7 Som Doeum, 66F (Thnout Malou)

Dear Montha:

Is it possible to get x-rays of her knees and wrists? They would be helpful in determing the correct diagnosis for her arthritis. It would also be helpful to know if she complains of stiffness during the morning or evening.

I think I would start paracetamol, rather than cholorquine, for her joint pain until it is clear what kind of arthritis she has.

Jack

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

Patient: Som Thol, 57M farmer (Bak Kdeung)

Subject: 57m, returns for his follow up of DMII and PNP. He gets much better with his previous symptoms by decreasing blurred vision, decrease SOB, can be able to walk in long distance, but he still has feeling mild burning on chest and subside by taking bath, mild lower back pain, no fever, no chest tightness, no cough, no GI complain, no peripheral edema.

Object:

VS: BP 100/60 P 94 R 20 T 36.5 Wt 56kgs

Look: Stable

HEENT: Unremarkable

Neck: No JVD, no lyphnode

Lungs: Clear both sides.

Heart: RRR, no murmur

Abdomen: Unremarkable

Limbs: No stiffness, no peripheral edema, no wound no both feet.

Previous Labs/Studies: none

Lab/Study Requests: Fasting blood sugar 216mg/dl

Assessment:

1. Uncontrolled DMII
2. PNP

Plan: I would to increase dose of Diamecron as the following

1. Diamecron 80mg 1t po q8 for one month
2. Amitriptilline 25mg 1t po q12 for one month
3. ASA 500mg 1/4t po qd for one month
4. Captopril 25mg 1/4t po qd for one month
5. More sweet idet, exercise and recheck FBS next visit

Comments: Do you agree wit my plan? Please give me a good idea.

Examined by: Koy Somontha, RN **Date: 03/08/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----

From: Paul [mailto:ph2065@yahoo.com]
Sent: Thursday, August 05, 2004 3:10 AM
To: tmrural@yahoo.com
Cc: tmed_rithy@online.com.kh; tmed_project@online.com.kh
Subject: Som Thol, 57M farmer (Bak Kdeung)

Som Thol, 57M farmer (Bak Kdeung)

It sounds like he has made some progress.

Regarding GI upset: You say a bath makes it better....anything make it worse?

Best to rule out simple things first

1. may be from taking his Asprin if so, do not take just before lying down

2. GI reflux - don't eat just before lying down, avoid spicey food, tobacco, alcohol

It could be gastro paresis however. This is arelated to the diabetes and results in delyed gastric emptying. In this case smaller but more frequent meals may help. It doesn't sound like angina, but should be considered especially if it is worse with activity.

Regarding Diabetes management

1. I would recommend increasing his Diamecron in smaller increments. If he was on 1/2 tablet twice per day perhaps going to 1/2 tab q8 for one month is better. We don't want to risk making him hypoglycemic.

2. Captopril is a good idea - as long as he has a reliable supply for the future.

3. I am not sure what "More sweet idet" means. Do you mean more sweet diet? I hope not. He should obviously avoid sweets.

4. I agree with, "exercise and recheck FBS next visit"

Best wishes

Paul Heinzelmann, MD

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, August 05, 2004 8:17 AM
To: TM Team; TM Project; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Laurie & Ed Bachrach; Gary Jacques; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #8, Som Thol, 57M (Bak Kdeung)

Dear Montha:

Thank you for including a foot exam!

I agree with your plan.

Jack

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

Patient: Tan Kim Horn, 55F farmer (Thnout Malou)

Subject: 55F, returns for her follow up her DMII and dyspepsia. She has a lot of improving with her previous symptoms like decrease frequency of urination, decrease blurred vision, no eppigastric pain anymore, no chest pain, no fever, no SOB, no cough, no burping, no peripheral edema.

Object:

VS: BP110/60 P 88 R 20 T 36.5 Wt 58kgs

Look: Stable

HEENT: Unremarkable

Neck: No JVD, no lymphnode

Lungs: Clear both sides

Heart: RRR, no murmur

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

Limbs: No peripheral edema, no stiffness, no feet wound

Neuro exam: Unremarkable

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. DMII

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

1. Diamecron 80mg 1/2t po q12 for one month
2. Captopril 25mg 1/2t po qd for one month

Comments: Do you agree with my plan? Please give me a good idea.

Examined by: Koy Somontha, RN **Date: 03/08/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Wednesday, August 04, 2004 12:03 PM
To: Cusick, Paul S.,M.D.
Subject: FW: Patient #9, Tan Kim Horn, 55F (Thnout Malou)

Here's another follow up. I will send your previous opinion.

Let me know if these prove to be to time consuming, please let me know. I am hoping that because they are follow ups they are easier, but I could be wrong.

Kathy

-----Original Message-----
From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, August 05, 2004 4:34 AM
To: Fiamma, Kathleen M.
Cc: 'tmrural@yahoo.com'; 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh'
Subject: RE: Patient #9, Tan Kim Horn, 55F (Thnout Malou)

Her blood pressure is excellent.

Her symptoms of hyperglycemia are much improved.

Continue the same medications.

Thanks

Paul Cusick

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, August 05, 2004 8:27 AM
To: TM Team; TM Project; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Laurie & Ed Bachrach; Gary Jacques; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #9, Tan Kim Horn, 55F (Thnout Malou)

Dear Montha:

I agree with your plan.

Jack

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

Patient: Sao Phal, 55F farmer (Thnout Malou)

Subject: 55F, comes for follow up of DMII, PNP and controlled HTN. She still has dizziness, blurred vision, tension headache, SOB, eye burning feeling, but no chest pain, no cough, no fever, no GI complain, no peripheral edema.

Object:

VS: BP 100/60 P 80 R 22 T 36.5 Wt 59kgs

Look: Not toxic

HEENT: Unremarkable

Neck: No JVD, no goiter seen

Lungs: Clear both sides

Heart: RRR, no murmur

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

Limbs: No stiff, no numbness, no feet wound.

Neuro exam: Unremarkable

Previous Labs/Studies: Result some blood works done on 08/07/04 at SHCH

Na= 137mmol/L, K= 11.2mmol/L, Cl= 108mmol/L, BUN= 3.1mmol/L, Creatinine 158 micro mol/L,.

Lab/Study Requests: BS 88mg/dl

Assessment:

1. Controlled DMII and PNP
2. Controlled HTN
3. Hyperkalemia

Plan: I would like to keep to same drugs and same dose like last month

1. Diamecron 80mg 1/2t po qd for one month
2. Amitriptilline 25mg 1t po qd for one month
3. HCTZ 50mg 1/2t po qd for one month
4. Captopril 25mg 1/4t po qd for one month
5. ASA 500mg 1/4t po qd for one month
6. We do not have something to manage with Hyperkalemia

Comments: Do you agree with my plan? Please give a good idea for

managing Hyperkalemia.

Examined by: Koy Somontha, RN **Date: 03/08/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, August 05, 2004 8:31 AM
To: TM Team; TM Project; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Laurie & Ed Bachrach; Gary Jacques; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #10, Sao Phal 55F (Thnout Malou)

Dear Montha:

It would be helpful to have more history for the patient's symptoms of dizziness and SOB. Is the dizziness when standing up? When lying in bed? Does it cause difficulty walking? Is the SOB exertional? Does it prevent her from doing her usual activities?

I do not believe that the patient really has a potassium of 11.2-- she would be dead if she had this degree of hyperkalemia for one month. If available, I would perform an EKG today and look for peaked T-waves. If they are peaked, the patient needs to start furosemide and resonium at the nearest hospital or at SHCH if nothing else is available. If an EKG is not available, I would repeat the serum potassium level today and stop the captopril until we have another measurement.

Jack

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Friday, August 06, 2004 4:18 PM
To: Montha Koy
Cc: Rithy Chau; Jack Middlebrooks
Subject: FW: Patient #10, Sao Phal 55F (Thnout Malou)

Dear Montha,

The K+ for Sao Phal was back and it was 11.4. Jack recommended that you should stop her ACE-inhibitor (which you said you did) and also to start her on Furosemide 40mg 1 po qd if she cannot go to the K. Thom at all for further check-up and management of her hyperkalemia. If you have any question, please call me back on my mobile phone.

Thanks,

Rithy

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

Patient: Sek Chanthy, 27F farmer (Thnout Malou)

Subject: 27F returns for her follow up of PUD. She still has chest tightness during inspiration, epigastric pain radiating to both sides after meal, pain has characteristic like cramping and sometimes pain like burning also. But decrease burping, decrease nausea, decrease vomiting, no fever, no cough, no palpitation, no stool with blood, no peripheral edema.

Object:

VS: BP 100/50 P 80 R 20 T 36.5 Wt 40kgs

Look: Stable

HEENT: Unremarkable

Neck: No JVD, no goiter seen, no lymphnode

Lungs: Clear both sides

Heart: RRR, no murmur

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

Limbs: Unremarkable.

Previous Labs/Studies: none

Lab/Study Requests: Colo check is slight Negative

Assessment:

1. PUD
2. GI bleeding?

Plan: Last month We coved her with H Pylory treatment already, now I would cover her with some medication as the following

1. Omeprazole 20mg 1t po q12 for one month
2. Tums 1g 1t po q12 for one month

Comments: Do you agree with my plan? Please, give me a good idea.

Examined by: Koy Somontha, RN **Date: 03/08/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to

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-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Wednesday, August 04, 2004 11:51 AM
To: Cusick, Paul S.,M.D.
Subject: FW: Patient #11, Sek Chanthy, 27F (Thnout Malou)

Hello Dr. Cusick:

Here's another follow up.

I am also sending your previous response.

Kathy

-----Original Message-----
From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, August 05, 2004 4:24 AM
To: Fiamma, Kathleen M.
Cc: 'tmrural@yahoo.com'; 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh.'
Subject: RE: Patient #11, Sek Chanthy, 27F (Thnout Malou)

I agree with your assessment and plan.

Paul Cusick

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, August 05, 2004 9:44 AM
To: TM Team
Cc: Bernie Krisher; Montha Koy; Jack Middlebrooks
Subject: RE: Patient #11, Sek Chanthy, 27F (Thnout Malou)

Dear Montha,

For this patient Sek Chanthy, 27F, was her colocheck positive or negative? From your DDx, you suggested a GI bleeding, was it from her colocheck being positive or evidence you suspected from hx? Has she eradicated once already from your dx of PUD or not yet? If no eradication done yet for H. pylori, please start her on the regimen today (if according to your colocheck being positive) and may continue omeprazole 1 qhs for the rest of the month. You do NOT need to give her TUMS in addition. Make sure you emphasize on the GERD prevention patient education for her (see my slide presentation on GERD on I saved on the laptop under "RC presentation"). Tell her regular exercise walking or jogging will help her to pass some gas which probably what she is experiencing with the abdominal pain.

Thanks,

Rithy

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Thursday, August 05, 2004 9:49 AM

To: Rithy Chau
Subject: RE: Patient #11, Sek Chanthy, 27F (Thnout Malou)

Dear Rithy,

For this patient, I did not see any bleeding, just from colocheck.

Best regards,

Montha

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

Patient: Chheng Chhorn, 32M farmer (Chambak Pha Em)

CC: Epigastric pain on and off for 2 months

HPI: 32M farmer, he has epigastric pain on and off for 2 months, pain starts from epigastric area radiating to both sides of abdomen and sometimes to the chest, especially after meal. Pain has characteristic like burning and accompany by burping after meal, but no nausea, no vomit. He has never used any drugs to release this problem at all, just comes to see us.

PMH: Unremarkable

SH: Married with 4 children, smoke 1 pack per day for more than 10 years and also drink alcohol 1liter per day for more than ten years, just stop drinking for 4 months ago.

FH: His mother has DMII

Allergies: NKA

ROS: No wieght loose, no sore throat, no fever, no cough, no palpitation, no Stool with blood, no peripheral edema.

PE:

VS: BP 100/50 P 80 R 20 T 36.5 Wt 45kgs

Gen: Looke stable

HEENT: No oropharyngeal lesion, no pale, no jaundice. Neck: No JVD, no goiter seen, no lymphnode

Chest: **Lungs: Clear both sides. Heart: RRR, no murmur.**

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

MS/Neuro: Not done

Other: Limbs: Unremarkable

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Gerd?
2. Gastritis?

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

1. Omeprazole 20mg 1t po q12 for 1 month
2. Metochlopramide 10mg 1t po q8 (PRN) for 7 days

Comments: Do you agree with my plan? Please give me a good idea.

Examined by: Koy Somontha, RN **Date: 03/08/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 05, 2004 2:57 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh'
Subject: RE: Patient #12, Chheng Chhorn, 32M (Chambak Pha Em)

-----Original Message-----
From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Wednesday, August 04, 2004 3:40 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient #12, Chheng Chhorn, 32M (Chambak Pha Em)

I think this is most likely GERD and much less likely anything else, since it is burning and radiates to chest.

Both smoking and drinking have contributed to this. It's good that he has stopped drinking, but it would be important to tell this patient to stop smoking.

I would recommend only the omeprazole (no need for metoclopramide), but behavioral issues are also important:

1. Smoking reduction or cessation

2. Frequent small meals

3. Do not recline for 2 hours following meals

4. Elevate the head of your bed on blocks

5. Avoid carbonated beverages and caffeinated beverages (coffee, black tea)

- Danny Daniel Z. Sands, MD, MPH   V: (617) 667-1510
 ___/   Center for Clinical Computing   F: (810) 592-0716
 (__   Beth Israel Deaconess Medical Center
 ___)   Harvard Medical School
http://cybermedicine.caregroup.harvard.edu/dsands

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, August 05, 2004 9:51 AM
To: TM Team
Cc: Montha Koy; Jack Middlebrooks; Bernie Krisher
Subject: RE: Patient #12, Chheng Chhorn, 32M (Chambak Pha Em)

Dear Montha,

Thanks for this last case. Chheng Chhorn, 32M, seems to have dyspepsia instead of GERD from your H&P presentation. You may start him on a trial of H2 blocker like Ranitidine, Famotidine or Cimetidine whatever you have available. Do this for 2-3 months but evaluate him every month. Please forget to educate him on GERD prevention which is quite effective with all patients with dyspepsia/GRD/Gastritis. Smoke and EtOH cessation is very important for him--stress this!

Have a good trip back.

Rithy

Thursday, August 5, 2004

Follow-up Report for Robib TM Clinic

There were 12 patients seen during this month Robib TM Clinic (and other patients came for medication refills only). The data of all 12 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, 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.]

1- Chhum Mao, 56M (Thnout Malou)

Diagnosis

1)- Arthralgia

2)- Mild HTN?

3)- Anemia?

Plan

1)- Nabumetone 750mg 1tab po q12h for one month

2)- Fe 200mg 1tab po qd for one month

3- Recheck BP next visit

2- Eam Neut, 54F (Taing Treuk)

Diagnosis

1)- Stable HTN

2)- Left Knee Pain

Plan

1)- HCTZ 50mg ½tab po q12 for one month

2)- Captopril 25mg ¼tab po qd for one month

3)- Nabumetone 750mg 1tab po prn

4)- Draw blood for Lytes, Creat, BUN at SHCH

3- Nget Soeun, 59M (Thnout Malou)

Diagnosis

1)- Liver Cirrhosis

2)- Dyspepsia

3)- Bronchitis?

Plan

1)- Spironolactone 50mg ½tab po qd for one month

2)- Propranolol 40mg ¼tab po qd for one month

3)- Omeprazole 20mg 1cap po qhs for one month

4)- Multivitamin 1tab po qd for one month

4- Pen Vanna, 38F (Thnout Malou)

Diagnosis

1)- Stable HTN

Plan

1)- HCTZ 50mg ½tab po q12h for one month

5- Pheng Roeung, 58F (Thynout Malou)

Diagnosis

1)- Hyperthyroidism (control)

Plan

1)- Carbimazole 5mg 1tab po q12h for one month

2)- Propranolol 40mg ¼tab po qd for one month (from SHCH)

6- Tho Chanthy, 37F (Thnout Malou)

Diagnosis

1)- Hyperthyroidism

2)- Muscle Pain

3)- Dyspepsia (Resolved)

Plan

1)- Carbimazole 5mg 1tab po qd for one month

2)- Propranolol 40mg ¼tab po q12h for month

3)- Paracetamol 500mg 1tab po q6h prn

7- Som Doeum, 66F (Thnout Malou)

Diagnosis

1)- Polyarthritis

Plan

1)- Nabumetone 750mg 1tab po q12h prn

2)- Chloroquin 250mg 1tab po q12h for one month

3)- Multivitamin 1tab po qd for one month

8- Som Thol, 57M (Bak Kdeung)

Diagnosis

1)- Uncontrolled DMII with PNP

Plan

1)- Diamecron 80mg 1tab po q8h for one month

2)- Amitriptyline 25mg 1tab po q12h for one month

3)- ASA 500mg ¼tab po qd for one month

4)- Captopril 25mg ¼tab po qd for one month

5)- DM education (regular exercise, sweet restriction)

9- Tan Kim Horn, 55F (Thnout Malou)

Diagnosis

1)- DMII

Plan

1)- Diamecron 80mg ½tab po q12h for one month

2)- Captopril 25mg ¼tab po qd for one month

10- Sao Phal, 55F (Thnout Malou)

Diagnosis

1)- Controlled DMII with PNP

2)- Hyperkalemia

3)- Controlled HTN

Plan

1)- Diamecron 80mg ½tab po qd for one month

2)- Amitriptyline 25mg 1tab po qhs for one month

3)- HCTZ 50mg ½tab po qd for one month

4)- ASA 500 ¼tab po qd for one month

5)- Furosemide 40mg 1tab po qd for one month

6)- Draw blood for Lytes, BS at SHCH

11- Sek Chanthy, 27F (Thnout Malou)

Diagnosis

1)- PUD

Plan

1)- Omeprazole 20mg 1cap po qhs for one month

12- Chheng Chhorn, 32M (Chambak Pha Em)

Diagnosis

1)- GERD

Plan

1)- Omeprazole 20mg 1cap po qd for one month

2)- GERD education

Patients Came for Medication Refills

1- Thorng Khun, 39F (Thnout Malou)

Diagnosis

1)- Hyperthyroidism with 11-month old (breastfeeding) child

Plan

1)- Multivitamine 1tab po qd for one month

2- Muy Vun, 38M (Thnout Malou)

Diagnosis

1)- Valvular Heart disease (MR, MS)

2)- Stable A-fib

Plan

1)- Digoxin 0.25mg 1tab po qd for one month

2)-ASA 500mg ¼tab po qd for one month

3- Chhay Chanthy, 41F (Thnout Malou)

Diagnosis

1)- Low TSH

Plan

1)- Fe/folate 200/0.04 mg 1tab po qd for one month

2)- Multivitamin 1tab po qd for one month

4- **Lay Neung, 35F (Sleng Tourl)**

Diagnosis

1)- Euthyroid

plan

1) Propranolol 40mg ½tab po qd for one month

2)- Multivitamin 1tab po qd for one month

The next Robib TM Clinic will be held on

September 7-9, 2004