Robib and Telemedicine

Robib Telemedicine Clinic December 2004

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

On Monday, November 29, 2004, SHCH staff, Nurse Koy Somontha traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following day, Tuesday, November 30, 2004, the Robib TM clinic opened to receive the patients for evaluations. There were 3 new cases and 9 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, December 2, 2004, replies from SHCH in Phnom Penh and the 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 :

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, November 24, 2004 9:28 AM
To: Thero Noun; Peou Ouk; bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Gary Jacques; Joseph Kvedar; Nancy Lugn; Nancy E. Lugn; Jack Middlebrook
Cc: Seda Seng; Laurie & Ed Bachrach; Montha Koy; Bernie Krisher
Subject: Robib TM Trip for December, 2004

Dear all,

I writing to inform you about Robib TM of December, 2004. We will have a little bit of change. For the clinical day, we will separate into two days. we spent time for clinical assessment in the morning especially for new cases and more complex follow up and in the afternoon time, we will type the cases and transmit data to PP and Boston. The next day, we will do the same for the rest of the follow up cases.

Here is the agenda for the trip:

- On Monday 29th of November, 2004 we will leave PP to the village.

- On Tuesday 30th of November, 2004 we do the clinic in the morning which will be started at 8 o' clock. In the afternoon, we will spend time to type the cases and also transmit data to PP and Boston.

- On Wednesday 1st of December, 2004 we will do the same as on Tuesday.

- On Thursday, 2nd of December, 2004 we will collect all data for patient treatment plan, and also return to PP.

Please, be aware that for this trip we do the Robib TM clinic a little bit earlier during the month of December because I myself will have a class of ACLS (Advance Cardiac Life Support)

from 6th to 8th of December, 2004 at SHCH.

Thank you very much for being patient to work with me .

Best regards,

Montha

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Tuesday, November 30, 2004 7:24 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Robib TM for December, 2004

Dear all,

I am writing to inform you about Robib TM clinic for December, 2004. According to Robib TM starts dividing the clinic for two days, so today we have 3 new cases and one for follow up from last month. Please, see the following cases and also picture attachement.

Best regards,

Montha

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Tuesday, November 30, 2004 7:38 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 0, Pin Yen, 63F (Rovieng Tbong)

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: Pin Yen, 63F (Rovieng Tbong)

CC: Left side weakness, malaise, blurred vision for 3 months.

HPI: 63 F, farmer, before last 3 months she had headache, blurred vision, palpitation, and polyurie on and off, these symptoms developed from day to day until in last three months she fainted during working in the rice field, that time her relatives helped her to massage and let her sleep. When she woke up she could not move her arm on the left side, slurred speak, left body numbness and could not stand up as well. Her families invited local medical person came to see her at home, they checked her Bp= 200/? they also gave some unknown medications of HTN to take for 10 days and then stop because her financial problem. From that time her symptoms were a little bit better than before.

Now she still has malaise, blurred vision, slight headache, poor sleep, polyurie at night, and feel burning during passing urine. She has no fever, no chest pain, no cough, no SOB, No GI complain, no peripheral edema.

PMH: Unremarkable

SH: Her father has HTN

FH: Unremarkable

Allergies: PNC and Streptomycine

ROS: No sore throat, no fever, no SOB, no chest pain, no cough, no GI complain, no peripheral edema.

Current Med: none

PE:

VS: BP Left 170/60, 180/70 P 80 R 20 T 36.5C Wt 41kgs

Gen: look none toxic

HEENT: no ororpharyngeal lesion, no pale on conjunctiva

Neck: no goiter seen, no JVD

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

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

MS/Neuro:

- **Motor:** 3/5 at left forearm and left leg, others are in tact
- **Reflex:** decrease ½ at both legs, and ankles, others are in tact
- **Sensory:** decrease sensation at both soles and left feet

Other: lims, no peripheral edeme.

Previous Labs/Studies: none none

Lab/Study Requests: UA (Proteine +3, glucose +4, Leucocyte +2, Blood +2) and fasting blood sugar= 380mg/dl

Assessment:

1. Severe HTN
2. Right Stroke with Left side weakness
3. DMII
4. PNP?
5. UTI?

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

1. Propranolol 40mg 1/2t q12h for one month
2. Diamecron 80mg 1t po qd for one month
3. Aspirine 300mg 1/4t po qd for one month
4. Amitriptiline 25mg 1/2t po qhs for one month
5. Captoprile 25mg 1/4t po qd for one month
6. Gatifloxacine 400mg 1t po qd for 5 days
7. DMII and HTN education
8. Draw blood for lytes, BUN, Creat, Cholesterole, and CBC. These tests will be sent to SHCH

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

Examined by: RN: Koy Somontha **Date: 30/11/2004**

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

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, December 01, 2004 3:06 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: Patient # 01, Pin Yen, 63F (Rovieng Tbong)

This 63 year old woman has diabetes mellitus, hypertension and cerebrovascular accident 3 months ago with recent urinary tract infection.

Diabetes is quite severe with FBS 380 mg/dl. She is not overweight and I wonder whether she really has insulin resistance but may be insulin dependent. If she does not respond to diamicron 80 mg qd in 2 weeks, I would increase it to 160 mg qd for another 2 weeks, then to max of 320 mg qd. If hyperglycemia is still not well controlled, consider insulin therapy.

As for the stroke, she developed left hemiparesis following acute syncope while working. Presumably she is right handed, so suffered a nondominant hemispheric cortical stroke since

both motor and sensory deficits were present. Slurred speech is dysarthria rather than aphasia. With underlying diabetes and hypertension, she is likely to have suffered cerebral hemorrhage to account for acute cerebral edema and syncope. She could have a large cerebral thrombosis resulting in cortical infarction. Less likely a large embolus to the right middle cerebral artery could have done this. In the acute setting, an ekg to look for MI or AF, carotid ultrasound for carotid artery stenosis, and a brain CT will help sort out the etiology. Three months later she has a residual left hemiparesis. You should check her for a residual left visual field cut that may limit her function. She may also have difficulty with spatial oriented tasks. I was surprised that she had hyporeflexia in the legs without evidence of left hemispasticity and increased reflexes. The physical exam suggests early diabetic peripheral neuropathy already. Amitriptyline is appropriate if she is symptomatic. Rehabilitation should include physical therapy to restore tone, strength and functional range of motion. Occupational therapy assessment will be useful to cope with cognitive and physical deficits.

Hypertension remains uncontrolled. Captopril is a good choice to protect the diabetic kidney. However she needs at least captopril 25-50 mg bid to be effective for that purpose. Propranolol 20 mg bid is also a small dose. She may need 40 mg bid as a start. Target blood pressure is 130/80. Aspirin is fine so long as blood pressure remains controlled. Risk of new hemorrhagic stroke is higher in uncontrolled hypertensives.

Again gatifloxacin for UTI sounds aggressive. Why not nitrofurantoin or Bactrim?

Heng Soon Tan, M.D.

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, December 01, 2004 4:35 PM
To: TM Team; bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 01, Pin Yen, 63F

Dear Montha:

You performed a good history and assessment of this patient-- well done!

I agree that the two most important issues to manage for her are (1) her HTN and (2) her diabetes. I agree with your plan to begin propranolol, captopril, diamecron, and aspirin.

If ciprofloxacin or cotrimoxazole is available, I would use that instead of gatifloxacin for UTI.

Amytriptyline is a good idea for PNP, and not absolutely necessary. Since we are starting the patient on many drugs, I would wait until follow-up to add it.

Thanks for a good consultation.

Jack

----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Tuesday, November 30, 2004 7:46 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie

Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 02, Prum Chorm, 66F (An Lung Svay)

Dear all,

This is patient number two with case and pictures.

Best regards,

Montha

Robib Telemedicine Clinic

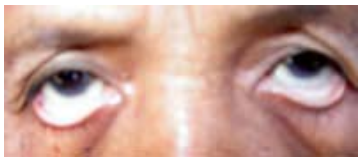
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

Patient: Prum Chorm, 66F (Anlung Svay)

CC: Malaise, poor sleep, epigastric pain for 4 weeks

HPI: 66F, farmer, she complains about localized epigastric pain, pain like dullness and also get worse after meal, it can be better when she took Antiacide like Malox. She gets epigastric pain with accompany with some symptoms like nausea, excessive saliva, constipation, malaise and also SOB on exertion(Carry something and with walking distance about 200 meters), but she has no fever, no weight lose, no cough, no chest pain, no peripheral edema, no gum bleeding.

PMH: Unremarkable



SH: unremarkable

FH: Unremarkable

Allergies: NKA

ROS: NO fever, no cough, (+) SOBOE, no chest pain, no epigastric pain, no stool with blood, no peripheral edema

Current Med: Multivitamine 1t po q12h for 3 weeks

PE:

VS: BP100/60 P 80 R 24 T 37 Wt 38kgs

Gen: look mild pale

HEENT: no oropharyngeal lesion, mild pale on conjunctiva

Neck: no goiter seen, no JVD

Chest: Lungs: clear both sides. Heart: RRR, no murmur

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

MS/Neuro: limbs: no peripheral edema

Other:

Previous Labs/Studies: none

Lab/Study Requests: Colo check Negative, UA = Normal, Hgb= 8g/dl

Assessment:

6. Dyaspepsia
7. Parasitis?
8. Anemia due to vitamin deficiency? Iron deficiency?

Plan: I woyuld like to cover her with some mwdications as the following

9. Tums 1g 1t po qd for one month
10. Mebendazole 100mg 1t po q12h for 3 days
11. Multivitamin 1t po qd for one month
12. Iron 200mg 1t po qd for one month with mea

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

Examined by: RN: Koy Somontha **Date: 30/11/2004**

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

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, December 01, 2004 4:00 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: Patient # 02, Prum Chorm, 66F (An Lung Svay)

-----Original Message-----
From: Smulders-Meyer, Olga,M.D.
Sent: Tuesday, November 30, 2004 3:54 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 02, Prum Chorm, 66F (An Lung Svay)

The patient is a 66 year old woman with a 4 week history of dyspepsia. She has symptoms of GERD, classic worsening of symptoms post eating, asssociated with nausea anbd a sense of fullness. The most important is that she has no weightloss. If she did, one would be more suspect that she was having a malignancy.

I would start with Anti acids, and possibly if you have it, with Tagamet 150 mg two times a day. Tell her to avoid spicy foods, acid foods such as citrus fruit, as well as caffeine, chocolate

and cocoa milk. She should eat frequent but small meals 4-5 times a day. She needs to put a stone under the head of her bed so that her head is higher then her legs in order to avoid the acid reflux come back into her esophagus.

I would treat her for about 6 weeks and then ask her to come and see you again. If her symptoms persist, she should be worked up for stomach cancer. She is an older woman and therefore more at risk.

Also, if you have the facility, try to get an Helicobacter Pylori bacteria antibody, to see if she is carrying this bacteria in her stomach. If this test is positive she could be treated with triple medications for 14 days: Amoxicillin 500 mg bid, Prilosec 20 mg BID, and Biaxin 500 mg bid, all these for 2 weeks will most likely eradicate the bacterial infection that often causes ulcers.

I would not treat her with Mebendazole for now. I would send off her stool to a lab and check it for parasites or ova. If it is positive you can always give her the Mebendozole, but then you know at least what you are treating.

In general, it is always best to introduce just one medication at the time, so that you can judge its effect better.

I think it is fine for her to take a Multivitamin and an iron supplement. Tell her to take it with plenty of food, as they may exacerbater her stomach complaints.

The patient is anemic and post menopausal. On physical examination she is tachypneic with a RR of 24.

I would probably also obtain a chest xray to ensure her lungs are clear.

If she continues to have symptoms after you treat her for 6 weeks, I would advice a full GI screening, with an upper and lower endoscopy, to ensure she does not have a GI malignancy.

First, treat her and teach her the life style changes that will reduce her symptoms of reflux disease.

Olga Smulders-Meyer, MD

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Tuesday, November 30, 2004 7:52 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 03, Pheng Hun, 48F (Srethom)

Dear all,

This is patient number three with case and picture.

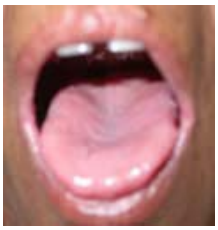
Best regards,

Montha

Robib Telemedicine Clinic

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

Patient: Pheng Hun, 48F (Srethom)



CC: Epigastric pain on and off for 2 years and burning passing urine on and off for 1 month.

HPI: 48F, farmer, she has epigastric pain on and off for two years, pain like dullness and burning. It gets more pain in the morning, but get better after meal. She has this epigastric pain by also accompany by burping, excessive saliva, when she took medicine lke Cimetidine her symptoms feel much improving. For this medicine she took only her symptoms get worse for two or three days and then she stop.

She has another problem with her urination, like passing urine with small amount, many times with feeling burning and mild fever in last two days ago. She has regular period, no vaginal discharge, no peripheral edema, no diarrhea.

PMH: Unremarkable

SH: Unremarkable

FH: Unremarkable

Allergies: NKA

ROS: (-) weigh lose, no cough, no SOB, no Chest pain, (+) epigastric pain, No stool with blood, no peripheral edema.

Current Med: none

PE:

VS: BP 110/60 P 88 R 20 T 37C Wt 35Kgs

Gen: look stable

HEENT: has some mucosa on edge of mouth and tongue. Tonsil not enlarge or lesion. Conjunctiva are not pale

Neck: No JVD, no goiter seen

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

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

MS/Neuro: unremarkable

Other: limbs: no peripheral edema

Previous Labs/Studies: none

Lab/Study Requests: UA (Specific gravity= 1.015)

Assessment:

1. PUD?

2. Parasitis?
3. UTI
4. Oral thrush

Plan: I would like to cove her with some dedications as the following

1. Cimetidine 400mg 1t po q12 for one month
2. Mebandazole 100mg 1t po q12h for three days
3. Gatifloxaxine 400mg 1t po qd for 5 days
4. Nystatine 100000 UI 1t chew q12h for 7 days

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

Examined by: RN: Koy Somontha **Date: 30/11/2004**

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

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Tuesday, November 30, 2004 9:24 PM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: Patient # 03, Pheng Hun, 48F (Srethom)

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Tuesday, November 30, 2004 9:04 AM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 03, Pheng Hun, 48F (Srethom)

The picture shows a tongue without the white plaques of thrush. It's unlikely for a healthy adult to develop thrush. White coating on a tongue is not nonspecific.

Chronic recurrent epigastric pain worse when hungry, better after meals could go with Helicobacter gastritis or peptic ulcer disease. I presume she has not lost weight or experienced obstructive symptoms like vomiting or early satiety. At her age, there is a concern for stomach cancer if symptoms don't respond to an adequate course of anti-acid treatment. Ideally, I would like to test for H. pylori serology and arrange for UGI endoscopy. Otherwise, treat her with 2 weeks antibiotics for H. pylori and use 6 weeks of omeprazole 20 mg qd for a full course.

Sounds like she has acute cystitis rather than vaginitis. Did the urine test show any white cells, red cells or positive nitrite reaction indicating bacteria? I would use a first line

antibiotic like nitrofurantoin, rather than a floxacin to avoid selecting for drug resistance. Floxacins should be reserved as second or even third line therapy after nitrofurantoin and sulfa for resistant bacteria. If she has recurrent cystitis, repeat urine after successful therapy to exclude chronic bacteriuria that may require further workup.

Heng Soon Tan, M.D.

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, December 01, 2004 4:50 PM
To: TM Team; bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: RE: Patient # 03, Pheng Hun, 48F (Srethom)

Dear Montha:

Thrush is always concerning for AIDS-- does the patient have any risk factors, symptoms (like weight loss or diarrhea) or physical findings (like lymphadenopathy) that might suggest HIV infection?

Given the long history of her GI symptoms despite cimetidine, I would treat her for H. Pylori eradication. A course of albendazole is also reasonable.

I would suggest using either cotrimoxazole or ciproflaxacin, instead of gatifloxacin, for her UTI.

Jack

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Tuesday, November 30, 2004 7:58 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 04, Som Thol, 57M (Taing Treuk)

Dear all,

This is patient number four with case and picture.

Best regards,

Montha

Patient: Som Thol, 57M (Thnout Malou)

Subject: 57M, comes back for his follow up of DMII with PNP and Dyspepsia. He gets better so much with his previous symptoms by decreasing blurred vision, decrease numbness, decrease SOB during long walking , no chest tightness, no fever, no cough, but still has mild epigastric pain, no vomit, no diarrhea, and no stool with blood.

Object:

VS: BP 120/60 P 84 R 20 T 36.5C Wt 59 kgs

HEENT: Unremarkable

Neck: (-) JVD, (-) lymphnode

Lungs: Clear both sides, no crackle, no wheezing

Heart: RRR, no murmur

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

Limbs: (-) peripheral edema, no deformity

Neuro Exam: unremarkable, but decrease reflex on the both knees and ankles

Previous Labs/Studies: BS= 146mg/ dl, Hgb= 13g/dl, UA (Negative)

Lab/Study Requests: FBS= 166mg/ml

Assessment:

1. DM II with PNP
2. Dyspepsia

Plan: I would like to cover him with the same medications like

1. Diamecron 80mg 1t po q8 for for one month
2. Amitriptilline 1t po q12 for one month
3. Captopril 25 mg 1/4t po qd for one month
4. Cimetidine 400mg 1t po q12 for one month
5. Feet care education

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

Examined by: Koy Somontha, RN **Date: 30/11/04**

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

computer.

-----Original Message-----
From: Paul [mailto:ph2065@yahoo.com]
Sent: Wednesday, December 01, 2004 4:43 AM
To: tmrural@yahoo.com; tmed_rithy@online.com.kh; Kathleen M. - Telemedicine Kelleher-Fiamma
Subject: Patient: Som Thol, 57M (Thnout Malou)

Greetings ,

Thank you for the excellent update. I believe that Som Thul is in good hands and doing as well as we could expect. Please continue his current regimine. [I am guessing that the Aspirin may have been aggravating his dyspepsia and that's why he is no longer on it.] I am also assuming his feet are OK - you might want to get in the habit of including the foot exam in your reports as well.

Remember, page 34 of the little handbook Diabetes Facts Guidelines (in the Lab-In-A-Box pocket) has a good summary of what you might want to include in your reports about diabetics like him. [Obviously we can't do all of those at the health center, but maybe someday!]

Keep up the good work Montha!

Thank you. Best wishes,

Paul

Paul Heinzelmann, MD

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, December 01, 2004 4:53 PM
To: TM Team; bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: RE: Patient # 04, Som Thol, 57M (Taing Treuk)

Dear Montha:

This is a nice assessment and plan. I agree.

Jack

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, December 01, 2004 9:35 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Robib TM of December,2004

Dear all,

For Robib TM today we have 8 more follow up cases. So, please, see my messages and attached pictures as the following.

Best regards,

Montha

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, December 01, 2004 9:42 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 01, Soa Phal, 56F (Thnout Malou)

Dear all,

This is patient number 01 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: Sao Phal, 56F (Thnout Malou)

Subject: %2F, return for her follow up of DMII with PNP, controlled HTN, GERD, and Anemia due to Iron deficiency. She feels much better with her previous symptoms like decreasing SOB, no nausea, no epigastric pain, n fever, no cough, and no chest pain. But she still has slight headache, blurred vision, dizziness after quickly stand up.

Object:

VS: BP 110/70 P 88 R 20 T 36.5C Wt 58kgs

- Look Stable
- HEENT: unremarkable
- Neck: no JVD, no goiter seen, no lymphnode enlarge
- Lungs: Clear both sides, no wheezing, no crackle
- Abdomen: Soft, flat, no tender, (+) BS, no HSM
- Limbs: no peripheral edema

Previous Labs/Studies:

Lab/Study Requests: FBS=130mg/dl

Assessment:

1. DMII with PNP
2. Stable HTN
3. Iron deficiency
4. GERD (Resolved)

Plan: I would like to cover her with the same medications as the previous months, but stop Omeprazole

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

2. HCTZ 50mg 1/2t po qd for one month

3. Amitriptyline 25mg 1t po qhs for one month

4. Folic Acide 200mg 1t po qd for one month

5. Multivitamine 1t po qd for one month

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

Examined by: Koy Somontha, RN **Date: 01/12/2004**

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

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, December 01, 2004 10:49 PM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: Patient # 01, Soa Phal, 56F (Thnout Malou)

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, December 01, 2004 10:12 AM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 01, Soa Phal, 56F (Thnout Malou)

You could confirm orthostatic hypotension by checking blood pressure and pulse lying down and standing up. A drop of more than 10 points of systolic blood pressure could support the diagnosis. In that case, diabetic autonomic neuropathy that may be the main factor. Her blood pressure looks OK, though systolic blood pressure is slightly low. Anemia and dehydration could be contributing. I would check Hb, Hct, BUN, creatinine to confirm that. For management, make sure she is drinking at least 1.5 liters a day. She could switch to every other day HCTZ till symptoms clear, then resume daily dosing. Advise her to get up slowly.

Heng Soon Tan, M.D.

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 02, 2004 8:19 AM
To: TM Team
Cc: So Thero Noun; Jack Middlebrooks; Gary Jacques; Ed & Laurie Bachrach; Bernie Krisher
Subject: RE: Patient # 01, Soa Phal, 56F (Thnout Malou)

Dear Montha,

Jack is busy this Am and I will help him to answer the rest of the cases. For Soa Phal, 56F, I agree with your plan. Please tell her to stand up more slowly. Make sure she is hydrated well with drinking 2L of clean water per day. This may help to alleviate her HA and dizziness.

Rithy

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, December 01, 2004 9:45 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 02, Moeung Srey, 42F (Taing Treuk)

Dear all,

This is patient number 02 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: Moeung Srey, 42F (Taing Treuk)

Subject: 42F, farmer, returns for her follow up of Stable HTN, Anemia due to Iron deficiency, and Dyspepsia. She still has mild epigastric pain, and slight headache for sometimes. But she has no fever, no SOB, no cough, no chest pain, no nausea, no vomiting, no stool with blood, no peripheral edema.

Object:

VS: BP 130/60 P 80 R 20 T 35.5 Wt 62kgs

Look: stable

HEENT: unremarkable

Neck: Unremarkable

Lungs: clear both sides

Heart: RRR, n murmur

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

Limbs: no peripheral edema

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Controlled HTN
2. Dyspepsia
3. Iron Deficiency

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

1. Captoprile 25mg 1/2t po q12h for one month
2. Cimetidine 400mg 1t po q12h for one month
3. Fer 200mg 1t po qd for one month
4. Multivitamin 1t po qd for one month
5. Still keep doing exercise

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

Examined by: Koy Somontha, RN **Date: 01/12/2004**

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

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 02, 2004 8:39 AM
To: TM Team
Cc: So Thero Noun; Jack Middlebrooks; Gary Jacques; Ed & Laurie Bachrach; Bernie Krisher
Subject: RE: Patient # 02, Moeung Srey, 42F (Taing Treuk)

Dear Montha,

For this patient Moeung Srey, 42F, what is her body mass index. I think she is obese by the look and if she is you would want her to do proper exercise with low fat diet. Do not continue her on MTV if you want her to lose some weight. I would not continue her with any more antacid or H2 blocker (like cimetidine) or PPI (omeprazole). I would stop all these since she has received a variety of treatment already. If she still has significant dyspeptic sx during your next visit, do a rectal exam with colocheck. If hemocult+ then eradicate her with

H. pylori tx (has this been done yet?). Has you consider and tx her for worm infection yet? But if she do ok without medication, then only emphasize with GERD prevention education and lifestyle changes. Why is she on Captopril? Is HCTZ or other HTN meds not working on her? Try to use other HTN med and not captopril since it is not readily available in Robib. Otherwise, I agree with your other plan for tx for her.

Regards,

Rithy

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, December 01, 2004 9:48 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 03, Leng Hak, 68M (Thnout Malou)

Dear all,

This is patient number 03 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: Leng Hak, 68M (Thnout Malou)

Subject: 68M, farmer, this patient was sent back from SHCH to follow up with Robib TM . He has controlled HTN. Now he still has blurred vision, slight dizziness during standing up, but he has no fever, god appetite, no cough, no chest pain, no SOB, no GI complain, no peripheral edema.

Object:

VS: BP 140/60 P 68 R 20 T 36.5C Wt 45kgs

HEENT; unremarkable

Neck: unremarkable

Lungs: clear both sides

Heart: RRR, no murmur

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

Extremities: no peripheral edema.

Previous Labs/Studies:

Lab/Study Requests:

Assessment:

1. HTN (controlled)

Plan: I would like to continuo the same medications as SHCH used to give him like

1.Nifedipine 10mg 1t po q8h for one month

2. Propranolo 40mg 1/2t po q8h for one onth

3. ASA 300mg 1/4t po qd for one month

4. Paracetamol 500mg 1t po q6h for (PRN)

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

Examined by: Koy Somontha, RN **Date: 01/12/2004**

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

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

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]

Sent: Thursday, December 02, 2004 5:50 AM

To: 'tmrural@yahoo.com'

Cc: 'tmed_rithy@online.com.kh'; Fiamma, Kathleen M.

Subject:

I agree with you present assessment and plan. continue nifedipine for treatment

of hypertension with a diet low in salt.

Paul S Cusick

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 02, 2004 8:41 AM
To: TM Team
Cc: So Thero Noun; Jack Middlebrooks; Gary Jacques; Ed & Laurie Bachrach; Bernie Krisher

Subject: RE: Patient # 03, Leng Hak, 68M (Thnout Malou)

Dear Montha,

Agree with your plan for Leng Hak, 68M.

Regards,

Rithy

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, December 01, 2004 9:53 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 04, Som An, 58F (Rovieng Tbong)

Dear all,

This is patient number 04 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: Som An, 58F (Rovieng Tbong)

Subject: 58F, farmer, return for her follow up of Sever HTN and Dyspepsia. She feels much better with her previous symptoms like can sleep well, decrease epigrastric pain, no nausea, no vomiting, no stool with blood, no SOB, no chest pain, no cough, no vaginal discharge, but she has lower back pain.

Object:

VS: BP 170/80 P 80 R 20 T 36.5C Wt 47kgs

HEENT: unremarkable

Neck: no JVD, no goiter seen

Lungs: clear both sides

Heart: RRR, no murmur

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

Extremities: no peripheral edema

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Uncontrolled HTN
2. Dyspepsia

Plan: I would like to keep wit the same medications but adding Captoprile 25mg 1/2t po qd

1.Propranolol 40mg 1/2t po q12h for one month

2. Captoprile 25mg 1/2t po qd for one month

3. Omeprazole 20mg 1t po qhs for one month

4. Still continuous to do exercise everyday

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

Examined by: Koy Somontha, RN **Date: 01/12/2004**

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

-----Original Message-----
From: Paul [mailto:ph2065@yahoo.com]
Sent: Thursday, December 02, 2004 4:18 AM
To: tmrural@yahoo.com; tmed_rithy@online.com.kh; Kathleen M. - Telemedicine Kelleher-Fiamma
Subject: Patient: Som An, 58F (Rovieng Tbong)

Dear Montha,

I would:

1. Minimize the number of medications she is on. (This improves compliance) She is on a low dose of propanolol that is probably just not at a therapeutic level, so I would just increase that to 40mg or even 80mg. (Most patients on beta blockers only get good results when they reach 160-320mg per day)

2. Minimize the frequency of dosing. (This also improves compliance). Propanol is typically a BID drug so I think 40mg BID is a better option than TID as I noticed you were using with another patient.

3. Minimize patient cost (This too improves compliance) Captopril will increase her cost

Note: There is apparently evidence that combination beta blockers with diuretics is beneficial, so that is worth considering at some point, but for now I would go with just the propanolol. [remember you have a little gold drug book (Tarascon Pocket Pharmocopoeia) in

the lab in a box pocket that lists drugs and doses if you need it]

4. Return in on month for follow up.

For the low back pain -

1. Paracetamol. {If she uses Ibuprofen (200-600mg) have her take it WITH FOOD but disconttinue if it aggravates her dyspepsia}.

2. Proper lifting technique {bend at the knees not at the waist}

Best,

Paul

Paul Heinzelmann, MD

-----Original Message-----
From: Paul [mailto:ph2065@yahoo.com]
Sent: Thursday, December 02, 2004 5:01 AM
To: tmrural@yahoo.com; tmed_rithy@online.com.kh; Kathleen M. - Telemedicine Kelleher-Fiamma
Subject: Som An, 58F (Rovieng Tbong)

Montha,

I just read Dr Sands last recommendation to you....I see he recommends propanolol TID...this is done occasionally for patients on low dose that have a rise in BP at the end of 12 hours. So you can do that if you prefer.

Now that we have Lab-In-A-Box, checking her glucose would also be beneficial to look for possible diabetes.

If she goes to SHCH, an EKG would be worth doing as well.

Ciao

Paul

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 02, 2004 8:50 AM
To: TM Team
Cc: So Thero Noun; Jack Middlebrooks; Gary Jacques; Ed & Laurie Bachrach; Bernie Krisher
Subject: RE: Patient # 04, Som An, 58F (Rovieng Tbong)

Dear Montha,

For Som An, 58F, again do not add captopril since you have not reach max dose of propranolol yet on her and plus this med is not readily available and is more expensive to do this. We have not running out of other HTN medication options to use yet. How about increasing propranolol to 1 tab po bid for the next 2-3 month. Her HR seemed to be ok in increasing the dose of propranolol. Please do not add captopril.

Regards,

Rithy

----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, December 01, 2004 9:59 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 05, Pang Sidoeun, 31M (Thnout Malou)

Dear all,

This is patient number 05 with case and pictures.

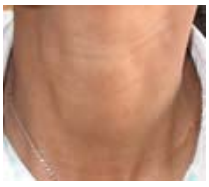
Best regards,

Montha

Robib Telemedicine Clinic

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

Patient: Pang Sidouen, 31F (THnout Malou)



Subject: 31F, farmer, single, comes back for her follow up of uncontrolled HTN, Tension headache, and Hyperthyroidism? Now she still has headache for sometimes at bilateral area, (+) mucle pain on calf and forearms, neck tightness, (+) dullness at eppigastric pain, (+) burping after meal. But she has no SOB, no fever, no chest pain, mild palpitation, no stool with blood, no peripheral edema.

Object:

VS: BP 160/70 P 90 R 20 T 36.5C Wt 35kgs

HEENT: unremarkable

Neck: goiter glance mild enlarge, but no JVD

Heart: RRR, no murmur

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

Extremities: no peripheral edema.

Previous Labs/Studies: Hgb 11g/dl

Lab/Study Requests: none

Assessment:

1. Uncontrolled HTN
2. Dyspepsia
3. Hyperthyroidism?

Plan: ***I would like to increase dose***

1.Propranolol 40mg 1/2t po q8h for one month

2.Tums 1g 1t po q12h for one month

3. Multivitamine 1t po qd for one month

4. Check TSH and T4 at SHCH

5. Stop ASA

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

Examined by: Koy Somontha, RN **Date: 01/12/2004**

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

-----Original Message-----
From: Paul [mailto:ph2065@yahoo.com]
Sent: Thursday, December 02, 2004 4:46 AM
To: tmed_rithy@online.com.kh; tmrural@yahoo.com; Kathleen M. - Telemedicine Kelleher-Fiamma
Subject: Patient: Pang Sidouen, 31F (THnout Malou)

Dear Montha,

Regarding your plan:

1. Propranolol 40mg 1/2t po q8h for one month:

I would go with BID dosing (40mg or 80 mg BID)

2. Tums 1g 1t po q12h for one month : **OK**

3. Multivitamine 1t po qd for one month: **Sure**

4. Check TSH and T4 at SHCH: **Yes, I agree**

5. Stop ASA: **Yes, I agree**

6. Also, she appears to have a rash on her face. I believe this is malasma.

Malsama presents as symmetric hyperpigmented macules ty[pically on cheeks, the upper lip, the chin, and the forehead. Individuals with malasma have a much higher incidence of thyroid dysfunction so I think that gives us even a bit more reason to check her thyroid.

Other common causes are pregnancy and birth control pills [**Ask her about her last period and check a preg test if in question]** It also looks similar to the malar rash of lupus; Lupus often presents with that kind of facial rash as well as general fatigue, joint/muscle aches, often fever, etc.....just worth making a mental note about if her musculoskeletal symptoms persist.

Follow 1 month.

Best Wishes

Paul

Paul Heinzelmann, MD

Janine Miller, MD

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 02, 2004 9:09 AM
To: TM Team
Cc: So Thero Noun; Jack Middlebrooks; Gary Jacques; Ed & Laurie Bachrach; Bernie Krisher
Subject: RE: Patient # 05, Pang Sidoeun, 31M (Thnout Malou)

Dear Montha,

For Pang Sidoeun, 31F (?), I would not stop her HCTZ 50mg 1/2tab bid. Please put her back on and you can add propranolol 40 1/2tab po bid also. A combination may work better. You can give her some paracetamol for her HA. She can use TUMs 1-2 chew prn up to qid for her dyspeptic sx. Good idea to stop ASA, somehow many of your patients being given ASA developed dyspepsia. Please do this cautiously in the future. You can also add some Fe/Folate for her.

Regards,

Rithy

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 02, 2004 9:23 AM
To: TM Team
Cc: So Thero Noun; Jack Middlebrooks; Gary Jacques; Ed & Laurie Bachrach; Bernie Krisher
Subject: RE: Patient # 05, Pang Sidoeun, 31M (Thnout Malou)

Montha,

Also, about the hyperthyroidism in question, I do not see any sx or indication here to even do thyroid fn test.

Rithy

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, December 01, 2004 10:06 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 06, Svay Tevy, 40F (Thnout Malou)

Dear all,

This is patient number 06 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: Svay Tevy, 40F (Thnout Malou)

Subject: 40F, returns for her follow up of DMII and GERD. Now she feels much improving with her previous symptoms by decreasing frequency of urination, decrease hungry, decrease thirsty, decrease SOB, decrease epigastric pain, no burping, no nausea, but she till has muscle pain at he back.

Object:

VS: BP 100/60 P 72 R 20 T 36.5C Wt 56kgs

HEENT: unremarkable

Neck: no JVD, no goiter seen

Lungs: clear both sides

Heart: RRR, no murmur

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

Extremities: no peripheral edema

Previous Labs/Studies: BS= 249mg /dl on 13/11/04

Lab/Study Requests: BS= 200mg/dl on 01/12/2004

Assessment:

1. DMII
2. GERD
3. Muscle pain

Plan: I would like to keep the same medications but would suggest to increase Diamecron dose

1.Diamecron 80mg 1/2t po q12h for one month

2. Omeprazole 20mg 1t po qhs fpr one month

3. Paracetamol 500mg 1t po q6h for (PRN)

4. Still keep doing exercise for every morning

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

Examined by: Koy Somontha, RN **Date: 01/12/2004**

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

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, December 01, 2004 10:54 PM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: Patient # 06, Svay Tevy, 40F (Thnout Malou)

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, December 01, 2004 10:48 AM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 06, Svay Tevy, 40F (Thnout Malou)

Blood sugar is still high notwithstanding improvement in symptoms. Is this fasting or postprandial? If it is fasting, it's quite high. If it's random, then it is moderately high. We would like to see random blood sugar around 140-160 mg/dl. She is not overweight, but is her weight stable? Diamecron can lead to weight gain if she is not following a diabetic diet. Has she been educated on a diabetic diet? If she has, then metformin 500 mg bid could be added for better glycemia control.

I don't have any information about her back pain to comment. Where is the pain localized? Is there restriction in spinal movement? Is she performing any back strengthening exercises? Has proper posture and dynamic use of the spine been reviewed with her?

Heng Soon Tan, M.D.

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 02, 2004 9:21 AM
To: TM Team
Cc: So Thero Noun; Jack Middlebrooks; Gary Jacques; Ed & Laurie Bachrach; Bernie Krisher
Subject: RE: Patient # 06, Svay Tevy, 40F (Thnout Malou)

Dear Montha,

For Svay Tevy, 40F, it was good to see her BS came down, but you need to assess her fasting BS on her for better accuracy in adjusting dose for tx. Is she not compliant with you about not eating before showing up at the clinic? I would give her the same dose of diamecron for now and stress firmly about low fat, low sugar diet and exercise. Please make clear to her that you need to do a FBS on her next visit. If FBS still over 200 then may increase dose as you suggested today during your next visit. Montha, always include a detail foot exam (including motor, sensation, pulse, calluses, wound and ulceration, etc.) of all DMII patients.

Regards,

Rithy

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, December 01, 2004 10:10 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 07, Sok Piseth, 12F (Kam Pot)

Dear all,

This is patient number 07 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: Sok Piseth, 12F (Kam pot)

Subject: 12F, student, returns for her follow up of Asthma, and pneumonia. She feels much better with her previous symptoms by no coughing, no fever, no SOB, no chest pain, no running nose, good appetite. But she still has mild palpitation during long distance walking (2km).

Object:

VS: BP 90/50 P 118 R 22 T 36.5 Wt 20kgs

Look: stable

HEENT: unremarkable

Neck: no JVD, no lymphnode enlargement

Lungs: clear both sides, no any wheezing or crackle

Heart: RRR with systolic murmur

Abdoment: Soft, flat, not tender, (+) BS, no HSM

Extremities: no peripheral edema, no cyanosis

Previous Labs/Studies: Hgb= 12g/dl on 05/11/2004

Lab/Study Requests:

Assessment:

1. Asthma?

2. VHD (MR or MS?)

Plan: Could we cover her with

1.Aerosol Inhalation 1puff q12h for one month

2. AlbuterolSulfate Inhalation 1 puff q12 for (PRN) during asthma attack?

3. Digoxine 0.25mg 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: 01/12/2004**

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

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, December 01, 2004 10:51 PM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: Patient # 07, Sok Piseth, 12F (Kam Pot)

-----Original Message-----
From: Haver, Kenan E., M.D.
Sent: Wednesday, December 01, 2004 10:39 AM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 07, Sok Piseth, 12F (Kam Pot)

I would like to clarify that she is being treated with an inhaled steroid. It sounds like her asthma is well controlled. Palpitations are not likely due to asthma but could be related to treatment with albuterol. I would be sure she has had a recent CXR and EKG.

Kenan Haver, M.D.

1.Aerosol Inhalation 1puff q12h for one month

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 02, 2004 9:34 AM
To: TM Team
Cc: So Thero Noun; Jack Middlebrooks; Gary Jacques; Ed & Laurie Bachrach; Bernie Krisher
Subject: RE: Patient # 07, Sok Piseth, 12F (Kam Pot)

Dear Montha,

For Sok Piseth, 12F, she may benefit more with 2 puffs of both the albuterol and asthmacort inhalers instead of 1 puff. Make sure she received clear instructions on using this device properly with her demonstrating in front of you to ensure the medication delivery to where she really needed (the airways). Make sure she rinse her mouth after each time using the

inhaler. I would hold off the digoxin because there is no clear indication that she has VHD. You need to give a little more detail on your murmur assessment. Maybe I can help you to learn this when you return to PP. Do you want to send her for an EKG and a CXR at K Thom to help us assess her heart problem (?) better.

Regards,

Rithy

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, December 01, 2004 10:20 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Patient # 08, Muy Vun, 38M (Thnout Malou)

Dear all,

This is the last patient 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: Muy Vun, 38M (Thnout Malou)

Subject: 38M, teacher, returns for her follow up of VHD (MS, MR). He feel much better with his previous symptoms by decreasing SOB, good appetite, no chest pain, no GI complain, no peripheral edema, but he had fever in the last two days ago, (+) running nose, sore throat, (+) headache, dry cough.

Object:

VS: BP100/60 P 96 R 20 T 36.8C Wt 64kg

HEENT: troath has mild redness, especially on tonsils with hyper vasculary, but no pus. Conjunctiva not pale.

Neck: No JVD, no goiter enlargement

Lungs: clear both sides

Heart: IRRR, systolic murmur

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

Extremities: no peripheral edema

Previous Labs/Studies: none

Lab/Study Requests: UA (Negative)

Assessment:

1. VHD (MS, MR)
2. Afib?
3. Pharyngitis
4. Common cold

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

1. Digoxine 0.25mg 1t po qd for one month
2. Captopril 25mg 1/4t po qd for one month
3. Amoxilline 500mg 1t po q8h for 7 days
4. Paracetamol 500mg 1t po q6 for (PRN)
5. Diphenhydramine 25mg 1t po q12h for 5 days

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

Examined by: Koy Somontha, RN **Date: 01/12/2004**

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

-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Wednesday, December 01, 2004 12:35 PM
To: Sadeh, Jonathan S.,M.D.
Subject: FW: Patient # 08, Muy Vun, 38M (Thnout Malou)
Importance: High

Hello Dr. Sadeh:

I hope that you are well.

I will page you about this case.

This is the follow up that I was referring to in my previous message.

If you are unable to opine, please let me know. I really appreciate it.

Best regards,

Kathy

-----Original Message-----
From: Sadeh, Jonathan S.,M.D. [mailto:JSADEH@PARTNERS.ORG]
Sent: Thursday, December 02, 2004 2:23 AM
To: Fiamma, Kathleen M.; 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: RE: Patient # 08, Muy Vun, 38M (Thnout Malou)

Certainly sounds like an upper respiratory infection that is likely viral but given his significant medical problem I would cover him with an antibiotic (amoxicillin is fine) and if he is not better after a 7-10 day course I would get a chest x-ray to make sure this isn't progressing or is something else (like heart failure, TB, fungal).

Digoxin for rate control and captopril for afterload reduction are good ideas. He has been in AF (or so we assumed by the exam) in the past, as far as I can remember; digoxin should then be continued indefinitely. An aspirin daily (325 mg) would also be a good idea to decrease the risk of embolization.

Jonathan Sadeh.

-----Original Message-----
From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 02, 2004 9:43 AM
To: TM Team
Cc: So Thero Noun; Jack Middlebrooks; Gary Jacques; Ed & Laurie Bachrach; Bernie Krisher
Subject: RE: Patient # 08, Muy Vun, 38M (Thnout Malou)

Dear Montha,

For Muy Vun, 38M, you do not need to give him amox since no fever, no exudate on tonsil or pharynx, and no lymphadenopathy. Other meds, I agreed.

Regards,

Rithy

P.S. Have a safe trip home and can you please bring the computer to me tonight because I need it for teaching tomorrow. Please give me a call once you get in town. Thanks.

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Thursday, December 02, 2004 9:50 AM
To: Rithy Chau
Subject: RE: Patient # 08, Muy Vun, 38M (Thnout Malou)

Dear Rithy,

Thank you for yur nice answers, plaese said thank you to Dr. Jack for me also. I am leaving to manage pateint right now. O K, i'll call you when I get in town.

Regards,

Montha

Thursday, December 2, 2004

Follow-up Report for Robib TM Clinic

There were 12 patients seen during this month Robib TM Clinic (and 3 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 Dr. Heinzelmann and 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.]

Report of Robib TM Treatment Plan for December 2004

I- Muy Vun, 38M (Thnout Malou)

1)- Diagnosis

a)- VHD (MS, MR)

b)- Pharyngitis

c)- Common cold

2)- Treatment plan

a)- Digoxin 0,25mg 1t po qd for one month

b)- Captopril 25mg ¼t po qd for one month

c)- Amoxicilline 500mg 1t po q8h for 7 days

d)- Paracetamol 500mg 1t po q6h for (PRN)

e)- Diphehydramine 25mg 1t po q12h for 5 days

II- Svay Tevy, 40F (Thnout Malou)

1)- Diagnosis

a)- DMII

b)- Muscle pain

c)- GERD

2)- Treatment plan

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

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

c)- Paracetamol 500mg 1t po q6h for (PRN)

III- Pang Sidoeun, 31F (Thnout Malou)

1)- Diagnosis

a)- Uncontrolled HTN

b)- Dyspepsia

2)- Treatment plan

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

b)- HCTZ 50mg ½t po q12h for one month

c)- Tums 1g 1t po q12h for one month

d)- Multivitamin 1t po qd for one month

IV- Som An, 58F (Rovieng Tbong)

1)- Diagnosis

a)- HTN

b)- Dyspepsia

2)- Treatment plan

a)- Propranolol 40mg 1t po q12h for one month

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

V- Leng Hak, 68M (Thnout Malou)

1)- Diagnosis

a)- Controlled HTN

b)- Stroke

2)- Treatment plan

a)- Nifedipine 10mg 1t po q8h for two months

b)- Propranolol 40mg ½t po q8h for two months

c)- ASA 500mg ¼t po qd for two months

d)- Paracetamol 500mg 1t po q6h for (PRN)

VI- Sao Phal, 56F (Thnout Malou)

1)- Diagnosis

a)- DMII with PNP

b)- Controlled HTN

c)- Iron deficiency

d)- GERD (Resolved)

2)- Treatment plan

a)- Diamecron 80mg ½t po qd for one month

b)- HCTZ 50mg ½t po qd for one month

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

d)- Fer 200mg 1t po qd for one month

e)- Multivitamin 1t po qd for one month

VII- Moeung Srey, 42F (Taing Treuk)

1)- Diagnosis

a)- HTN

b)- Dyspepsia

c)- Iron deficiency

2)- Treatment plan

a)- Captopril 25mg ½t po q12h for one month

b)- Cimetidine 400mg 1t po qd for one month

c)- Fer 200mg 1t po qd for one month

VIII- Sok Piseth, 12F (Kam Pot)

1)- Diagnosis

a)- Asthma

b)- VHD? (MR?, MS?, ASD?)

c)- Pneumonia (Resolved)

2)- Treatment plan

a)- Azmacort inhalation 2 puffs q12h for two months

b)- Albuterol inhalation 2 puffs q12h for (PRN)

IX- Som Thol, 57M (Taing Treuk)

1)- Diagnosis

a)- DMII with PNP

b)- Dyspepsia

2)- Treatment plan

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

b)- Amitriptyline 25mg 1t po q12h for one month

c)- Captopril 25mg ¼t po qd for one month

d)- Cimetidine 400mg 1t po qhs for one month

X- Pin Yen, 63F (Rovieng Tbong)

1)- Diagnosis

a)- Severe HTN

b)- Right Stroke with Left side weakness

c)- UTI

d)- PNP?

2)- Treatment plan

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

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

c)- ASA 500mg ¼t po qd for one month

d)- Captopril 25mg ¼t po qd for one month

e)- Ofloxacine 200mg 1t po 12h for 5 days

f)- Stroke, HTN, and DM education

XI- Prum Chhorn, 66F (Anlung Svay)

1)- Diagnosi

a)- Dyspepsia

b)- Parasititis?

C)- Anemia due to Vit deficiency? Parasititis? Iron deficiency?

2)- Treatment plan

a)- H. pylori treatment and then continue with Cimetidine 400mg 1t po qd for another month

b)- Multivitamin 1t po qd for one month

c)- Iron 200mg 1t po qd for one month

d)- Mebendazole 100mg 1t po q12h for 3 days

e)- GERD education

XII- Pheng Hun, 48F (Sre Thom)

1)- Diagnosis

a)- PUD?

b)- Parasititis?

c)- UTI

d)- HIV?

c)- Oral thrush

2)- Treatment plan

a)- H. Pylori treatment for 10 days and then continue Cimetidine 400mg 1t po qd for another month.

b)- Mebendazole 100mg 1t po q12h for 3 days

c)- Ofloxacine 200mg 1t po q12h for 5 days

e)- GERD education

Patients who came for medication refills

I- Nget Soeun, 59M (Thnout Malou)

1)- Diagnosis

a)- Liver Cirrhosis

2)- Treatment plan

a)- Aldactone 50mg ½t po qd for two months

b)- Propranolol 40mg ¼t po qd for two month

c)- Multivitamin 1t po qd for one month

II- Tan Kim Horn. 56F(Thnout Malou)

1)- Diagnosis

a)- DMII

b)- Dyspepsia

2)- Treatment plan

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

b)- Captopril 25 mg ¼tpo qd for two months

c)- Cimetidine 400mg 1t po qd for two months

III- Tho Chanthy, 37F (Thnout Malou)

1)- Diagnosis

a)- Hyperthyroidism

2)- Treatment plan

a)- Carbimazole 5mg 1t po qd for one month

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

The next Robib TM Clinic will be held on

January 4-6, 2005