

# Robib *Telemedicine* Clinic

## Preah Vihear Province

J U L Y 2 0 1 3

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

On Monday, July 8, 2013, SHCH staffs PA Rithy, Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), July 9 & 10, 2013, the Robib TM Clinic opened to receive the patients for evaluations. There were 3 new cases and 4 follow up case seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM CCH/MGH in Boston on Wednesday and Thursday, July 10 & 11, 2013.

On Thursday, replies from SHCH in Phnom Penh and CCH/MGH Telemedicine in Boston were downloaded. Per advice from Boston, SHCH and PA Rithy on site, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for brief consult and refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Sovann Peng 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 CCH/MGH in Phnom Penh and Boston:

**From:** [Robib Telemedicine](#)

**To:** [Rithy Chau](#) ; [Cornelia Haener](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savoeun Chhun](#) ; [Robib School 1](#)

**Sent:** Monday, July 01, 2013 9:02 AM

**Subject:** Schedule for Robib Telemedicine Clinic July 2013

Dear all,

I would like to inform you that there will be Robib TM Clinic in July 2013 which starts from July 8 to 12, 2013.

The agenda for the trip is as following:

1. On Monday July 8, 2013, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday July 9, 2013, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as the word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday July 10, 2013, the activity is the same as on Tuesday
4. On Thursday July 11, 2013, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday July 12, 2013, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

Thank you very much for your cooperation and support in the project.

Best regards,  
Sovann

**From:** [Robib Telemedicine](#)

**To:** [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Tuesday, July 09, 2013 3:12 PM

**Subject:** Robib TM Clinic July 2013, Case#1, Chhean Sreynith, 5F

Dear all,

There are three new cases for first day of Robib TM Clinic July 2013. This is case number 1, Chhean Sreynith, 5F and photos.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health  
Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Chhean Sreynith, 5F (Doang Village)

**Chief Complaint (CC):** Falling from 1m height and swelling of left elbow x 3 days

**History of Present Illness (HPI):** 5F was brought to Telemedicine clinic complaining of swelling, pain and limited movement of the left elbow after falling to the ground from the 1 meter height in the past 3 days. She was treated by traditional healer with herbal medicine applied to the swelling area and noticed a bit reduced swelling.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Current Medications:** None

**Allergies:** NKDA



**PE:**

**Vital sign:** BP: / P: 120 R: 24 T: 36.7°C Wt: 11Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no cervical lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM

**Extremity:** Swelling and tender with limited ROM of left elbow

**Lab/study:** None

**Assessment:**

1. Left elbow dislocation/fracture?

**Plan:**

1. Ibuprofen 50mg/1.25ml 10ml bid for 3d
2. Immobilize the left arm
3. Advise patient's mother to seek further evaluation and management from Pediatric hospital in Siem Reap

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** July 9, 2013

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Cornelia Haener](#)

**To:** '[Robib Telemedicine](#)'; '[Rithy Chau](#)'; '[Kruy Lim](#)'; '[Kathy Fiamma](#)'; '[Paul Heinzelmann](#)'; '[Joseph Kvedar](#)'

**Cc:** '[Bernie Krisher](#)'; '[Thero So Nourn](#)'; '[Laurie & Ed Bachrach](#)'

**Sent:** Tuesday, July 09, 2013 8:25 PM

**Subject:** RE: Robib TM Clinic July 2013, Case#1, Chhean Sreynith, 5F

Dear Sovann,

Thanks for submitting this case. I agree with your assessment of fracture or dislocation and referral to a pediatric hospital in S.R.

Kind regards

Cornelia

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

**To:** [Robib Telemedicine](#)

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

**Sent:** Thursday, July 11, 2013 10:16 AM

**Subject:** Fwd: Robib TM Clinic July 2013, Case#1, Chhean Sreynith, 5F

She should get splint and get X rays

Can be fracture supra condylar with or without dislocation and should be seen as emergency in young child

**Nurse Sovann Peng Is correct in his assessment**

Treatment will depend on fracture what kind  
Or just elbow bruise  
Elevate the arm all the time till X-rays and what next

Best  
Dinesh

Dinesh Patel MD

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**From:** [Robib Telemedicine](#)  
**To:** [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Tuesday, July 09, 2013 3:13 PM  
**Subject:** Robib TM clinic July 2013, Case#2, Chourn Sichun, 39F

Dear all,

This is case number 2, Chourn Sichun, 39F and photos.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

Sihanouk Hospital Center of HOPE and Center for Connected Health  
Rovieng Commune, Preah Vihear Province, Cambodia

### **History and Physical**



**Name/Age/Sex/Village:** Chourn Sichun, 39F (Thkeng Village)

**Chief Complaint (CC):** Palpitation x 4months

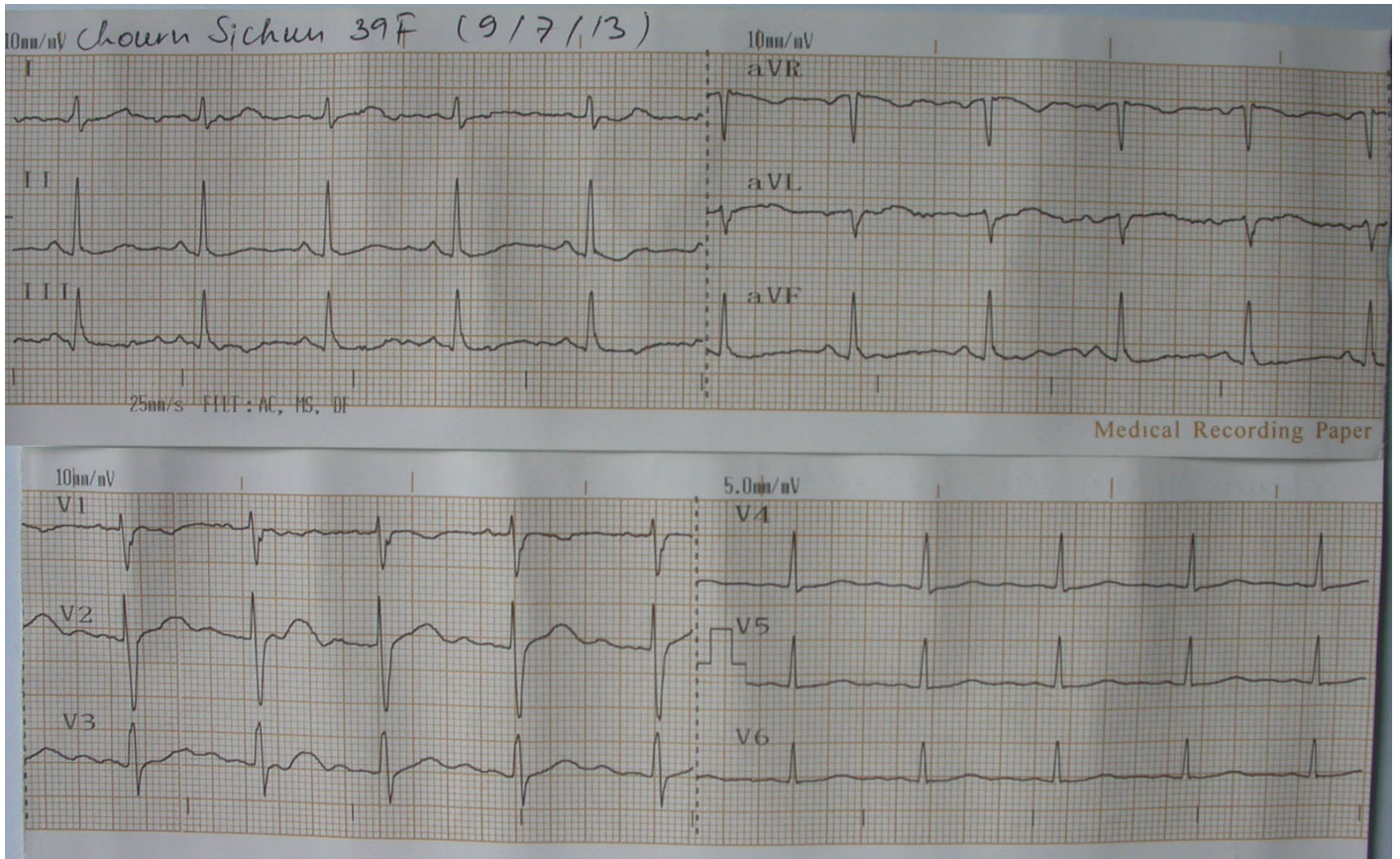
**History of Present Illness (HPI):** 39F, farmer, presented with palpitation (fast heart beat) which frequently occurred with lying down at night and became better with sitting up. It also associated with dizziness in early morning. She got treatment from local health care worker with IM injection and oral medicine (unknown name) for several days but her symptoms still persist so she come to consult with Telemedicine clinic. She denied of SOB, cough, chest pain, diaphoresis, cold extremities, extremities edema.

**Past Medical History (PMH):** GI problem and got treatment locally prn

**Family History:** None

**Social History:** No cig smoking, no tobacco chewing, no EtOH

**Current Medications:** Unknown injection and oral medicine



**Allergies:** NKDA

**Review of Systems (ROS):** Epigastric burning pain, burping with sour taste with prn antacid, no vomiting, no hematemesis, no black/bloody stool.

**PE:**

**Vital sign:** BP: 129/85 P: 80 R: 20 T: 37°C Wt: 56Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

**Extremity/Skin:** No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/study:**

EKG: attached

**Assessment:**

1. GERD
2. Heart disease??

**Plan:**

1. Famotidine 40mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. Draw blood for Lyte, BUN, Creat, Gluc, TSH at SHCH
4. Send patient to Kg Thom referral hospital for CXR

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: July 9, 2013**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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

**To:** [Robib Telemedicine](#)

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

**Sent:** Thursday, July 11, 2013 10:14 AM

**Subject:** Fwd: Robib TM clinic July 2013, Case#2, Chourn Sichun, 39F

In summary, this 39 year old woman has fast heart beats when she lies down, better when she sits up that makes her dizzy in morning. She complained of heartburn. She did not look pale. Blood pressure showed slightly high diastolic pressure 85 mm, pulse is regular at 80 beats per minute. Thyroid is not enlarged. Heart exam showed no murmur. EKG showed sinus rhythm with normal PR interval 160 milliseconds.

**Discussion:**

Palpitations are described as fast heart beats. Could she measure her pulse at the time of palpitations? Are they below 120 bpm [more likely sinus tachycardia] or above 150 bpm [more likely supraventricular tachycardia if regular or atrial fibrillation if irregular]. Are they regular [SVT] or irregular [AF]? Are the heart beats sustained? and for how long? as opposed to just skipped beats [atrial or ventricular ectopic beats]?

Lying down increases venous return and may increase sinus heart rate if she is anemic or dehydrated. The supraventricular tachycardia or atrial fibrillation rates are less influenced by preload volume.

Heartburn and dyspepsia together with palpitations are frequently associated with stress. Is she under increased social or psychological stresses?

Physical exam did not suggest anemia or dehydration. Thyroid was not enlarged to suggest hyperthyroidism. No cardiac murmurs ruled out valvular heart disease.

EKG showed sinus rhythm with no short PR interval or delta waves to suggest pre excitation conditions. QT interval 400 milliseconds was not prolonged. No atrial or ventricular ectopic beats were seen.

With the given history and physical exam, anxiety disorder with panic symptoms is most likely. I would review her social and psychological history in more detail. I would teach her how to measure her radial pulse and note its rhythm when palpitations next occur. Counseling and education may be all she needs. Short term use of low dose lorazepam to reduce anxiety and low dose propranolol to prevent tachycardia may allay her cardiac and GI symptoms.

Heng Soon Tan, MD

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**From:** [Robib Telemedicine](#)

**To:** [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Paul Heinzelmann](#) ; [Rithy Chau](#) ; [Kruy Lim](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Tuesday, July 09, 2013 3:15 PM

**Subject:** Robib TM clinic July 2013, Prum Rin, 33F

Dear all,

This is case number #3, Prum Rin, 33F and photos. Please wait for other cases which will be sent to you tomorrow.

Thank you very much for your cooperation and support in this project.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and Center for Connected Health**

Rovieng Commune, Preah Vihear Province, Cambodia

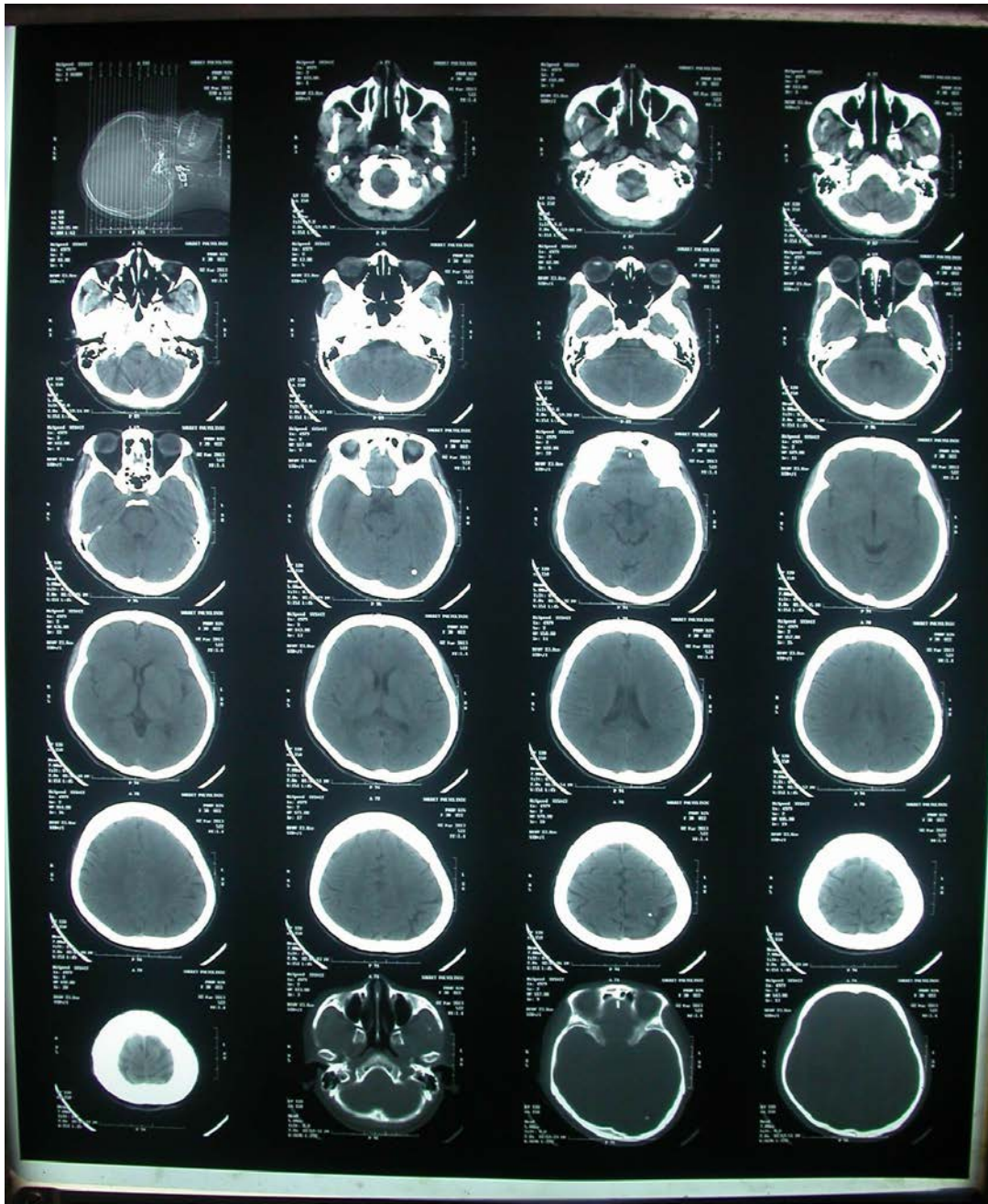
### **History and Physical**



**Name/Age/Sex/Village:** Prum Rin, 33F (Rovieng Tbong Village)

**Chief Complaint (CC):** Seizure x 18 years

**History of Present Illness (HPI):** 33F, farmer, with 10y history of seizure (tonic-clonic) which first occurred once every month for about 1y and got treatment from local health care worker with unknown name medicine. She noticed of HA or dizziness before and after the seizure attack and denied of incontinence of urine/stool. In February 2013, she went to seek consultation with private clinic in Phnom Penh, head CT scan done with result of intra-cerebral calcification, and treated with Carbamazepine and Prazilquantel. In March 2013, she went to other clinic and treatment only with Carbamazepine and hold Prazilquantel. Since then she denied of any other seizure attack. She comes to seek care from Telemedicine because she is not afforded to seek care at Phnom Penh.



**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** No cig smoking, no tobacco chewing, no EtOH, 2 children

**Current Medications:** Carbamazepine 200mg 1t po qd

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstrual period

**PE:**



**Vital sign: BP: 115/88 P: 82 R: 20 T: 36.5°C Wt: 42Kg**

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

**Extremity/Skin:** No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/study:**

Head CT scan: Intra-cerebral calcification

**Assessment:**

1. Epilepsy

**Plan:**

1. Carbamazepine 200mg 1t po qd
2. Paracetamol 500mg 1t po qid prn HA/fever

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: July 9, 2013**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Fiamma, Kathleen M.](mailto:Fiamma, Kathleen M.)

**To:** '[robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)'

**Cc:** '[rithychau@sihosp.org](mailto:rithychau@sihosp.org)'

**Sent:** Thursday, July 11, 2013 8:26 PM

**Subject:** FW: Robib TM clinic July 2013, Prum Rin, 33F

Thank you for your referral. I agree with the plan. The scan is strongly consistent with a diagnosis of cysticercosis. One course of treatment with Praziquantal should be enough. The calcifications will persist although the parasite is dead. As a consequence, her risk of seizures will continue, so she should continue the carbamazepine. We might tend to use a total of 400 mg/d, but her current dose seems sufficient so far. If possible it would be good for her to take 1 mg/d of folic acid (folate) to reduce the small risk of birth defects if she should become pregnant.

AJC

Andrew J. Cole, M.D., F.R.C.P.(C.)  
Professor of Neurology  
Harvard Medical School  
Director, MGH Epilepsy Service  
Wang ACC 739 L  
Massachusetts General Hospital  
Fruit Street  
Boston, Massachusetts 02114

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**From:** [Robib Telemedicine](#)

**To:** [Cornelia Haener](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Wednesday, July 10, 2013 4:20 PM

**Subject:** Robib TM clinic July 2013, Case#4, Bun Nareth, 51F

Dear all,

There are four follow up cases for second day of Robib TM clinic July 2013. This is case number 4, continued from yesterday, Bun Nareth, 51F and photos.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

### *SOAP Note*



**Name/Age/Sex/Village:** Bun Nareth, 51F (Taing Treuk Village)

**Subjective:** 51F was seen in 2001 and diagnosed with abortion. She comes to Telemedicine clinic today complaining of right knee pain without swelling, redness, warmth. She said this knee pain has occurred since the past seven years, and it occurred with walking and especially squatting. She has sought treatment by taking pain killer and consultation in several private clinics but the pain still persists. She said in the past 25 years, she felt down and had left ankle fracture and admitted to Preah kosamak hospital in Phnom Penh for 2 weeks but she denied of sprain/strain or dislocation of the knee.

**Current Medications:** None

**Allergies:** NKDA

**Objective:**

**Vital sign: BP: 114/83 P: 74 R: 20 T: 37°C Wt: 69Kg**

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

**Chest:** CTA bilaterally, no crackle, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no abdominal bruit, no surgical scar

**Extremities:** Right knee: no swelling, no redness, no warmth, no tender, negative drawer test, notice of left leg is shorter than right leg

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

**Lab/study:** None

**Assessment:**

1. Arthritis/arthritis of right knee due to disproportion of leg length

**Plan:**

1. Paracetamol 500mg 1-2t po qid prn
2. Advise patient to find/wear the corrective shoes

**Labs available locally:** Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** July 10, 2013

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Cornelia Haener](#)

**To:** ['Robib Telemedicine'](#) ; ['Kathy Fiamma'](#) ; ['Paul Heinzelmann'](#) ; ['Joseph Kvedar'](#) ; ['Rithy Chau'](#) ; ['Kruy Lim'](#)

**Cc:** ['Bernie Krisher'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#)

**Sent:** Wednesday, July 10, 2013 5:36 PM

**Subject:** RE: Robib TM clinic July 2013, Case#4, Bun Nareth, 51F

Dear Sovann,

Thanks for submitting this case. I agree with assessment and plan.

Kind regards  
Cornelia



**From:** Patel, Dinesh,M.D.  
**Sent:** Wednesday, July 10, 2013 9:32 PM  
**To:** Fiamma, Kathleen M.  
**Subject:** Re: Robib TM clinic July 2013, Case#4, Bun Nareth, 51F

Looks to me that **your** patient may have medial meniscus tear with early medial compartment arthritis  
Rt knee  
Conservative treatment of knee bandage or support , avoidance of deep knee bend  
heat and gentle exercise to keep the muscles strong with motion can help  
May need regular X-rays to make sure nothing else is going on  
Let me know how things evolve

Best  
Dinesh Patel MD

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**From:** [Robib Telemedicine](#)  
**To:** [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, July 10, 2013 4:22 PM  
**Subject:** Robib TM Clinic July 2013, Case#5, Kong Sam On, 56M

Dear all,

This is case number 5, Kong Sam On, 56M and photo.

Best regards,  
Sovann

**Robib Telemedicine Clinic**  
Sihanouk Hospital Center of HOPE and Center for Connected Health  
Rovieng Commune, Preah Vihear Province, Cambodia

*SOAP Note*



**Name/Age/Sex/Village:** Kong Sam On, 56M (Thkeng Village)

**Subjective:** 56M with diagnosis of DMII and HTN, chronic renal failure, hypertriglyceridemia. In April 2013, he presented with symptoms of diffuse sharp abdominal pain, nausea, poor appetite, fatigue, no fever, no SOB, no cough, he went to provincial hospital and diagnosed with gall stone in addition to above diagnosis. He was admitted in hospital for 2w, now he becomes better but still complained of poor appetite, fatigue, epigastric burning pain, radiated to scapula, no burping, no vomiting.

**Current Medications:**

1. Glibenclamide 5mg 2t po bid
2. Metformin 500mg 1t po bid
3. Enalapril 5mg 1t po qd
4. Amlodipine 5mg 2t po qd
5. ASA 100mg 1t po qd

**Allergies:** NKDA**Objective:****Vital sign: BP: 155/96 P: 104 R: 20 T: 367°C Wt: 53Kg****General:** Look stable**HEENT:** No oropharyngeal lesion, slightly pale conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD**Chest:** CTA bilaterally, no crackle, no rhonchi; Heart Tachycardia, RR, no murmur**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no abdominal bruit, no surgical scar**Extremities/Skin:** No legs edema, no rash/lesion, no foot wound**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait**Lab/study:**

Today July 10, 2013

RBS: 572mg/dl

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

**Lab result on May 10, 2013**

Creat	=410	[53 - 97]
Gluc	=10.1	[4.1 - 6.1]
HbA1C	=6.2	[4.8 - 5.9]

**Assessment:**

1. HTN
2. DMII
3. Chronic renal failure (Creat: 410)
4. Dyspepsia
5. Anemia

**Plan:**

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Pioglitazone 15mg 1t po qd
4. Atenolol 50mg 1/2t po qd
5. Amlodipine 5mg 2t po qd
6. ASA 100mg 1t po qd
7. Famotidine 40mg 1t po qhs for one month
8. FeSO4/Folate 200/0.4mg 1t po bid
9. Draw blood for CBC, Lyte, Creat, glucose, tot chole, TG, Transaminase at SHCH
10. Refer patient to tertiary hospital for further evaluation and management

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: July 10, 2013**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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No answer replied

---

**From:** [Robib Telemedicine](#)

**To:** [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Wednesday, July 10, 2013 4:23 PM

**Subject:** Robib TM Clinic July 2013, Case#6, Prum Reth, 56F

Dear all,

This is case number 6, Prum Reth, 56F and photo.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

### *SOAP Note*



**Name/Age/Sex/Village:** Prum Reth, 56F (Thnout Malou Village)

**Subjective:** 56F was seen in May 2002 and diagnosed with HTN and dyspepsia and missed follow up in two months after. She took prn antihypertensive, when she felt unwell and checked BP elevated. In the past three days, she presented with symptoms of frontal HA, pulsatile sensation, neck tension, dizziness, muscle/joint pain. She thought of common cold and took Cold medicine then last night her symptoms became worse so she was brought to local health center and BP checked 190/? and treated with Hydrochlorothiazide 50mg 1t and Diazepam 25mg 1t. About 10 hours later, her blood pressure still elevated 170/100 and Captopril 25mg 1/2t po given and 3 hours later, her blood pressure 136/85. She denied of cough, fever, chest pain, palpitation, GI complaint, urinary complaint.

**Current Medications:**

1. Hydrochlorothiazide 50mg 1t qd
2. Captopril 25mg 1/2t po bid

**Allergies:** NKDA

**Objective:**

**Vital sign:** BP: 136/85 P: 90 R: 20 T: 36.5°C Wt: 55Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

**Chest:** CTA bilaterally, no crackle, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no abdominal bruit, no surgical scar

**Extremities/Skin:** No legs edema, no rash/lesion, no weakness

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

**Lab/study:**

RBS: 102mg/dl

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

**Assessment:**

1. HTN

**Plan:**

1. Hydrochlorothiazide 25mg 1t po qd
2. MTV 1t po qd for one month
3. Eat low salt/fats diet, do regular exercise
4. Draw blood for Lyte, Creat, tot chole, TG and transaminase at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** July 10, 2013

Please send all replies to [robibtelem@gmail.com](mailto:robibtelem@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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No answer replied

**From:** [Robib Telemedicine](#)

**To:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Wednesday, July 10, 2013 4:26 PM

**Subject:** Robb TM Clinic July 2013, Case#7, Prum Rourn, 68F

Dear all,

This is case number 7, Prum Rourn, 68F and photo. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly for patients to receive treatment that afternoon.

Thank you very much for your cooperation and support in this project.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

### *SOAP Note*



**Name/Age/Sex/Village:** Prum Rourn, 68F (Backdoang Village)

**Subjective:** 68F was seen in August 2001 and diagnosed with Pneumonia, Dyspepsia and parasititis. She was referred for treatment at Kg Thom referral hospital and became cured. She comes to Telemedicine clinic today complaining of 10d of pressure HA, neck tension, blurred vision and epigastric burning pain, radiated to the back, burping with sour taste. She has not had consultation or medication for treatment yet. She denied of vomiting, blood/black/mucus stool, dysuria, hematuria, oliguria, extremities edema, vertigo, diaphoresis.

**Current Medications:** None

**Allergies:** NKDA

#### **Objective:**

**Vital sign:** BP: 127/71 P: 74 R: 20 T: 36.5°C Wt: 42Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

**Chest:** CTA bilaterally, no crackle, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no abdominal bruit, no surgical scar

**Extremities/Skin:** No legs edema, no rash/lesion



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

**Lab/study:**

RBS: 97mg/dl

**Assessment:**

1. GERD

**Plan:**

1. Famotidine 40mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. GERD prevention education

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: July 10, 2013**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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No answer replied

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**From:** [Robib Telemedicine](#)

**To:** [Kathy Fiamma](#)

**Cc:** [Rithy Chau](#)

**Sent:** Saturday, July 13, 2013 6:16 AM

**Subject:** Robib TM Clinic July 2013 cases received

Dear Kathy,

I would like to tell you that I have received the reply of four cases from you.

Below are the cases not receive the reply yet:

Case#5, Kong Sam On, 56M

Case#6, Prum Reth, 51F

Case#7, Prum Rourn, 68F

Could you please send me the reply to these three cases.

Thank for the reply to Robib Telemedicine clinic July 2013.

Best regards,  
Sovann

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# Thursday, July 11, 2013

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## Follow-up Report for Robib TM Clinic

There were 3 new patients and 4 follow up patient seen during this month Robib TM Clinic, and other 51 patients came for brief consult and medication refills, and 38 new patients seen by PA Rithy for minor problem without sending data. The data of all 7 cases were transmitted and received replies from Boston. Per advice sent by CCH/MGH 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 on 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. Some patients may be listed below if they came by for refills of medications.]

### Treatment Plan for Robib Telemedicic Clinic July 2013

#### 1. Chhean Sreynith, 5F (Doang Village)

##### Diagnosis:

1. Left elbow dislocation/fracture?

##### Treatment:

1. Ibuprofen 50mg/1.25ml 10ml bid for 3d
2. Immobilize the left arm
3. Advise patient's mother to seek further evaluation and management from Pediatric hospital in Siem Reap

#### 2. Chourn Sichun, 39F (Thkeng Village)

##### Diagnosis:

1. GERD
2. Anxiety?
3. Heart disease??

##### Treatment:

1. Famotidine 40mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Draw blood for Lyte, BUN, Creat, Gluc, TSH at SHCH
4. Send patient to Kg Thom referral hospital for CXR

##### Lab result on July 12, 2013

Na	=139	[135 - 145]
K	= <b>3.4</b>	[3.5 - 5.0]
Cl	=103	[95 - 110]
BUN	=4.5	[0.8 - 3.9]
Creat	= <b>98</b>	[44 - 80]
Gluc	=5.1	[4.1 - 6.1]
TSH	=2.29	[0.27 - 4.20]

#### 3. Prum Rin, 33F (Rovieng Tbong Village)

**Diagnosis:**

1. Epilepsy

**Treatment:**

1. Carbamazepine 200mg 1/2t po bid (#60)
2. Paracetamol 500mg 1t po qid prn HA/fever (#30)

**4. Bun Nareth, 51F (Taing Treuk Village)****Diagnosis:**

1. Arthritis/arthralgia of right knee due to disproportion of leg length

**Treatment:**

1. Paracetamol 500mg 1-2t po qid prn (#30)
2. Advise patient to find/wear the corrective shoes

**5. Kong Sam On, 56M (Thkeng Village)****Diagnosis:**

1. HTN
2. DMII
3. Chronic renal failure (Creat: 410)
4. Dyspepsia
5. Anemia

**Treatment:**

1. Glibenclamide 5mg 1t po bid (#120)
2. Pioglitazone 15mg 1t po qd (buy)
3. Atenolol 50mg 1/2t po qd (#40)
4. Amlodipine 5mg 2t po qd (#100)
5. ASA 100mg 1t po qd (#60)
6. Famotidine 40mg 1t po qhs for one month (#30)
7. FeSO4/Folate 200/0.4mg 1t po bid (#120)
8. Draw blood for CBC, Lyte, Creat, glucose, tot chole, TG, Transaminase at SHCH

**Lab result on July 12, 2013**

WBC	=6.3	[4 - 11x10 <sup>9</sup> /L]	Na	=139	[135 - 145]
RBC	=2.7	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.6	[3.5 - 5.0]
Hb	=7.5	[14.0 - 16.0g/dL]	Cl	=106	[95 - 110]
Ht	=23	[42 - 52%]	Creat	=335	[53 - 97]
MCV	=82	[80 - 100fl]	Gluc	=11.1	[4.2 - 6.4]
MCH	=28	[25 - 35pg]	T. Chol	=8.4	[<5.7]
MHCH	=33	[30 - 37%]	TG	=4.9	[<1.7]
Plt	=258	[150 - 450x10 <sup>9</sup> /L]	AST	=15	[<40]
Lymph	=2.7	[1.00 - 4.00x10 <sup>9</sup> /L]	ALT	=6	[<41]

**6. Prum Rourn, 68F (Backdoang Village)****Diagnosis:**

1. GERD

**Treatment:**

1. Famotidine 40mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. GERD prevention education

**7. Prum Reth, 56F (Thnout Malou Village)****Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd (#70)

2. MTV 1t po qd for one month (#60)
3. Eat low salt/fats diet, do regular exercise
4. Draw blood for Lyte, Creat, tot chole, TG and transaminase at SHCH

**Lab result on July 12, 2013**

Na	=139	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=105	[95 - 110]
Creat	=104	[44 - 80]
T. Chol	=5.4	[<5.7]
TG	=2.3	[<1.71]
AST	=23	[<32]
ALT	=15	[<33]

**Patients who come for brief consult and refill medicine**

**1. Seng Nimol, 19F (Trapang Reusey Village)**

**Diagnosis:**

1. Diffuse goiter
2. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po tid for two months (#100)
2. Draw blood for Free T4 at SHCH

**Lab result on July 12, 2013**

Free T4	=15.98	[12.00 – 22.00]
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**2. Lay Y, 52F (Taing Treuk Village)**

**Diagnosis:**

1. Sciatica (left side)

**Treatment:**

1. Paracetamol 500mg 1t po qid prn (#40)
2. Warm compression
3. Do regular exercise
4. Avoid prolong walking, sitting or standing

**3. Chan Oeung, 64M (Sangke Roang Village)**

**Diagnosis:**

1. Osteoarthritis
2. Gouty arthritis
3. Renal insufficiency

**Treatment:**

1. Allopurinol 100mg 2t po qd for two months (#120)
2. Paracetamol 500mg 1-2t po qid prn (#40)
3. Draw blood for Creatinine and Uric acid at SHCH

**Lab result on July 12, 2013**

Creat	=159	[53 - 97]
U Acid	=528	[200 - 420]

**4. Chourb Kim San, 58M (Rovieng Tbong Village)**

**Diagnosis:**

1. HTN
2. Right side stroke with left side weakness

3. DMII
4. Gouty arthritis
5. Chronic renal failure

**Treatment:**

1. Atenolol 50mg 1/2t po bid for four months (#80)
2. Amlodipine 5mg 1t po qd for four months (buy)
3. ASA 100mg 1t po qd for four months (#120)
4. Metformin 500mg 2t po qAM and 1t po qPM for four months (#150)
5. Glibenclamide 5mg 1t po bid for four months (buy)

**5. Keth Chourn, 60M (Chhnourn Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 2t po qd for four months (#200)
2. Amlodipine 5mg 1t po qd for four months (#60)

**6. Keum Heng, 47F (Koh Lourng Village)**

**Diagnosis:**

1. Hyperthyroidism
2. HTN

**Treatment:**

1. Carbimazole 5mg 1/2t po tid for two months (buy)
2. Propranolol 40mg 1t po bid for two months (#60)

**7. Prum Chean, 50F (Sangke Roang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t qAM and 1t qPM for four months (#200)

**8. Prum Norn, 59F (Thnout Malou Village)**

**Diagnosis:**

1. Liver cirrhosis with PHTN
2. HTN
3. Hypertrophic Cardiomyopathy
4. Renal Failure with hyperkalemia
5. Gouty Arthritis

**Treatment:**

1. Spironolactone 25mg 1t po qd for two months (#60)
2. Furosemide 40mg 1/2t po bid for two months (#60)
3. Paracetamol 500mg 1t po qid prn pain two months (#40)
4. Allopurinol 100mg 1t po qd for two months (#60)
5. Draw blood for Creatinine and Uric acid at SHCH

**Lab result on July 12, 2013**

Creat	=170	[53 - 97]
U Acid	=413	[200 - 420]

**9. Puth Lum, 75F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Osteoarthritis

**Treatment:**

1. HCTZ 25mg 1/2t po qd for two months (#30)
2. Paracetamol 500mg 1-2t po qid prn pain for two months (#30)

**10. Ream Sim, 58F (Thnal Keng Village)****Diagnosis:**

1. DMII
2. HTN
3. Osteoarthritis
4. Cushing syndrome

**Treatment:**

1. Metformin 500mg 2t po bid for four months (#200)
2. Captopril 25mg 1/2t po bid for four months (buy)
3. Atenolol 50mg 1/2t po qd for four months (#50)
4. Paracetamol 500mg 1-2t po qid prn for four months (#40)

**11. Sam Yom, 64F (Chhnourn Village)****Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#120)
2. MTV 1t po qd for four months (#120)

**12. Seng Ourng, 63M (Rovieng Cheung Village)****Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Captopril 25mg 1t po tid for four months (buy)
2. HCTZ 25mg 1t po qd for four months (#60)
3. Glibemclamide 5mg 1/2t bid for four months (#120)

**13. Seng Yom, 45F (Damnak Chen Village)****Diagnosis:**

1. Mod-severe MR/TR, mild AR with normal EF
2. Atrial fibrillation?
3. Hyperthyroidism

**Treatment:**

1. Digoxin 0.25mg 1t po qd for two months (#60)
2. Propranolol 40mg 1/4t po qd for two months (#20)
3. Captopril 25mg 1/4t po qd for two months (buy)
4. Furosemide 40mg 1/2t qd for two months (#30)
5. ASA 100mg 1t qd for two months (#60)
6. Carbimazole 5mg 1/2t po tid for two months (#100)
7. FeSO<sub>4</sub>/Folate 200/0.4mg 1t po qd for two months (#60)

**14. Som An, 66F (Rovieng Tbong)****Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po bid for four months (#60)
2. HCTZ 50mg 1t po qd for four months (buy)

**15. Som Hon, 53F (Thnal Keng Village)****Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#80)

**16. Sun Ronakse, 42F (Sre Thom Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#120)

**17. Svay Tevy, 48F (Sre Thom Village)**

**Diagnosis:**

1. DMII
2. HTN
3. PTB

**Treatment:**

1. Glibenclamide 5mg 2t po bid for four months (#240)
2. Metformin 500mg 2t qAM and 3t po qPM for four months (buy)
3. Captopril 25mg 1/2t po bid for four months (buy)
4. ASA 100mg 1t po qd for four months (#120)
5. Receive TB treatment from local health center

**18. Teav Vandy, 67F (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (# 120)

**19. Thoang Phin, 28M (O Village)**

**Diagnosis:**

1. Vitamin deficiency

**Treatment:**

1. MTV 1t po qd for four months (#120)

**20. Uy Noang, 62M (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (#200)
2. Metformine 500mg 2t po bid for two months (#100)
3. Captopril 25mg 1t po bid for two months (buy)
4. Draw blood for LFT, and HbA1C at SHCH

**Lab result on July 12, 2013**

AST	=35	[<40]
ALT	=54	[<41]
HbA1C	=11.2	[4 - 6]

**21. Yin Hun, 76F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Lisinopril 5mg 2t po qd for two months (#140)
2. HCTZ 25mg 2t po qd for two months (#120)

**22. Chan Vy, 54F (Taing Treuk Village)****Diagnosis:**

1. DMII
2. HTN
3. Left side stroke with right side weakness

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#100)
2. Captopril 25mg 1/2t po bid for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)
4. Review on diabetic diet, and foot care
5. Draw blood for HbA1C at SHCH

**Lab result on July 12, 2013**

HbA1C = 13.8 [4 - 6]

**23. Eam Neut, 62F (Taing Treuk)****Diagnosis**

1. HTN

**Treatment**

1. Amlodipine 5mg 2t po qd for four months (#60)

**24. Ek Rim, 49F (Rovieng Chheung Village)****Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#90)

**25. Kong Nareun, 37F (Taing Treuk Village)****Diagnosis:**

1. Moderate MS with severe TR
2. Atria dilation
3. Severe pulmonary HTN

**Treatment:**

1. Atenolol 50mg 1/4t po qd for four months (buy)
2. Spironolactone 25mg 1t po qd for four months (#120)
3. ASA 100mg 1t po qd for four months (#120)

**26. Kouch Be, 82M (Thnout Malou Village)****Diagnosis**

1. HTN
2. COPD

**Treatment**

1. Amlodipine 5mg 1t po qd for four months (#50)
2. Salbutamol Inhaler 2 puffs prn SOB for four months (#3)

**27. Kul Keung, 68F (Taing Treuk Village)****Diagnosis:**

1. HTN
2. DMII



**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 1t po bid for two months (buy)
3. Captopril 25mg 1t po bid for two months (buy)
4. ASA 100mg 1t po qd for two months (#60)
5. Draw blood for Glucose, HbA1C and LFT at SHCH

**Lab result on July 12, 2013**

AST	=34	[<32]
ALT	=34	[<33]
HbA1C	=8.6	[4 - 6]

**28. Moeung Srey, 50F (Thnout Malou Village)****Diagnosis**

1. HTN

**Treatment**

1. Amlodipine 5mg 1t po qd for four months (#50)

**29. Nong Khon, 61F (Thkeng Village)****Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#90)

**30. Nung Chhun, 76F (Ta Tong Village)****Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 11/2t po bid for four months (#100)
2. Glibenclamide 5mg 1t po bid for four months (buy)
3. Captopril 25mg 1t po tid for four months (buy)
4. HCTZ 25mg 1t po qd for four months (#120)
5. ASA 100mg 1t po qd for four months (#100)

**31. Nung Hun, 80M (Thkeng Village)****Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#90)

**32. Ros Oeun, 57F (Thnout Malou Village)****Diagnosis:**

1. HTN
2. DMII
3. Hypertriglyceridemia

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (#200)
2. Metformin 500mg 3t po qAM, and 2t po qPM for two months (#100)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 100mg 1t po qd for two months (#60)
5. Fenofibrate 100mg 1t po bid for two months (buy)
6. Draw blood for tot chole, TG, LFT, and HbA1C at SHCH

**Lab result on July 12, 2013**

T. Chol =6.2                    [<5.7]  
TG        =5.6                    [<1.71]  
AST      =16                      [<32]  
ALT      =17                      [<33]  
HbA1C =13.5                    [4 - 6]

**33. Ros Yeth, 60M (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 2t po bid for two months (#200)
3. Captopril 25mg 1t po bid for two months (buy)
4. Draw blood for Glucose, LFT, and HbA1C at SHCH

**Lab result on July 12, 2013**

AST      =14                      [<40]  
ALT      =9                        [<41]  
HbA1C =11.8                    [4 - 6]

**34. Sam Khim, 50F (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for four months (#150)
2. Glibenclamide 5mg 2t po bid for four months (#150)
3. Captopril 25mg 1/4t po bid for four months (buy)

**35. Sok Chou, 61F (Sre Thom Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#150)
2. Draw blood for HbA1C and LFT at SHCH

**Lab result on July 12, 2013**

AST      =25                      [<32]  
ALT      =25                      [<33]  
HbA1C =14.5                    [4 - 6]

**36. Srey Ry, 63M (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#40)

**37. Tann Kim Hor, 57F (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for four months (#120)
2. Metformin 500mg 2t po bid for four months (#150)
3. Captopril 25mg 1/4t po bid for four months (buy)
4. ASA 100mg 1t po qd for four months (#100)

**38. Tann Sou Hoang, 53F (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#100)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. ASA 300mg 1/4t po qd for two months (buy)
4. Draw blood for HbA1C and LFT at SHCH

**Lab result on July 12, 2013**

AST	=26	[<32]
ALT	=24	[<33]
HbA1C	=8.9	[4 - 6]

**39. Tay Kimseng, 55F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Obesity

**Treatment:**

1. Atenolol 50mg 1/2t po bid for four months (#50)
2. HCTZ 25mg 1t po qd for four months (#90)

**40. Tith Hun, 58F (Ta Tong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Lisinopril 5mg 1t po qd for four months (#120)
2. HCTZ 25mg 1t po qd for four months (#90)
3. Atenolol 50mg 1/2t po qd for four months (buy)

**41. Tith Y, 56F (Ta Tong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#90)

**42. Chan Him, 66F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (# 90)

**43. Heng Sokhourn, 44F (Otalauk Village)**

**Diagnosis:**

1. Anemia
2. Dyspepsia

**Treatment:**

1. FeSO4/Folate 200/0.25mg 1t po qd for four months (#120)

2. MTV 1t po qd for four months (#120)
3. Famotidine 40mg 1t po qhs for one month (#30)

**44. Kong Soeun, 31M (Backdoang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for four months (#200)
2. Captopril 25mg 1/4t po bid for four months (buy)

**45. Preum Proy, 53M (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for four months (#200)
2. Metformin 500mg 2t po bid for four months (buy)
3. Captopril 25mg 1/2t po bid for four months (buy)
4. ASA 100mg 1t po qd for four months (#100)

**46. Prum Pheum, 47F (Bakdoang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for four months (#150)
2. Captopril 25mg 1/4t po qd four months (buy)
3. ASA 100mg 1t po qd four months (#120)

**47. Prum Vandy, 50F (Taing Treuk Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po bid for four months (buy)
2. Propranolol 40mg 1/4t po bid for four months (#60)

**48. Sam Thourng, 32F (Thnal Keng Village)**

**Diagnosis:**

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm<sup>2</sup>)

**Treatment:**

1. Atenolol 50mg 1t po qd for four months (buy)
2. ASA 100mg 1t po qd for four months (#120)
3. HCTZ 25mg 1t po qd for four months (#90)

**49. Som Ka, 62M (Taing Treuk Village)**

**Diagnosis:**

1. DMII
2. Right side stroke with left side weakness

**Treatment:**

1. Metformin 500mg 1t po bid for four months (#150)
2. Captopril 25mg 1/2t po bid for four months (buy)

**50. Theum Sithath, 26F (Kampot Village)**

**Diagnosis:**

1. Hyperthyroidism with nodular goiter

**Treatment:**

1. Carbimazole 5mg 1t po qd for two months (buy)
2. Draw blood for Free T4 at SHCH

**Lab result on July 12, 2013**

Free T4=**11.96** [12.0 - 22.0]

**51. Thorng Khun, 46F (Thnout Malou Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Methimazole 5mg 2t po tid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)
3. Draw blood for Free T4 at SHCH

**Lab result on July 12, 2013**

Free T4=**55.37** [12.0 - 22.0]

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**The next Robib TM Clinic will be held on  
September 2 – 6, 2013**