

Robib and Telemedicine



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CANCER CARE

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HARVARD
MEDICAL SCHOOL

March 2002 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Tuesday, March 26, 2002, Sihanouk Hospital Center of Hope nurse Koy Somontha gave the monthly Telemedicine examinations at the Robib Health Clinic. David Robertson transcribed examination data and took digital photos, then transmitted and received replies from several Telepartners physicians in Boston and from Dr. Graham Gumley of the Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh. The data was transmitted via the Hironaka School Internet link.

The following day, all patients returned to the Robib Health Clinic. Nurse "Montha" discussed advice received from the physicians in Boston and Phnom Penh with the patients.

Following are e-mail, photos and medical advice replies exchanged between the Telemedicine team in Robib, Telepartners in Boston, and Dr. Graham Gumley at the Sihanouk Hospital Center of Hope in Phnom Penh:

Date: Tue, 26 Mar 2002 05:49:03 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Cambodia Telemedicine Clinic, 26 March 2002, text
To: "Kvedar, Joseph Charles, M.D." <JKVEDAR@PARTNERS.ORG>,
Graham Gumley <ggumley@bigpond.com.kh>, KKELLEHER@PARTNERS.ORG, "Gere,
Katherine F." <KGERE@PARTNERS.ORG>, Jennifer Hines <sihosp@bigpond.com.kh>Cc:
Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
aafc@forum.org.kh, nsothero@yahoo.comIn-Reply-To:
<640DDB921226D311AD1000508B093DE10880E88F@phsexch4.partners.org>

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

Dear all,

Please see attached text from today's Telemedicine Clinic in Robib, Cambodia. I will edit and send as many photos as possible, time and generator permitting. But if you do not get all photos, not to worry as text tells most of the story this time.

Best regards,

David

To: Telepartners & Sihanouk Hospital Center of Hope (SHCH)
Fr: David Robertson
Date: 26 March 2002
Subject: cases 1-8

Sihanouk Hospital Center of Hope (SHCH) nurse Montha examined the following patients on Tuesday, March 26th at the local health clinic in Robib, Rovieng district, Cambodia. JPG photos and additional cases follow in later messages.

We are looking for your e-mail advice and will discuss your reply with these patients in a follow up clinic that begins tomorrow on Wednesday, March 27 at 8:00am Cambodia time (8:00pm on Tuesday, March 26 in Boston.) Any advice that could be sent before this time will be most helpful.

We can transport the sickest patients to a hospital, closest being Kampong Thom Provincial Hospital approx. 3 hours away, or if necessary, to other hospitals that are better equipped 8 hours drive from the village in the capital city of Phnom Penh. Transport of patients or the distribution of any medicines is authorized by our program only if a physician advises us to do so.

Thank you again for your kind assistance.

Best regards,

David

Telemedicine Clinic in Robib, Cambodia – 26 March 2002

Patient #1: PROM HORN, female, 48 years old, previous Telemedicine patient



Chief complaint: Epigastric pain. Sometimes nausea on and off for last six months and dizziness and neck tightness last six months.

History of present illness: She is our old patient and has been seen two times already. I suspected she had a simple goiter and dyspepsia. But after drawing blood in the village last month for tests, Dr. Jennifer Hines in Phnom Penh said normal range for TSH and T4. We did not cover her for dyspepsia yet. She is still complaining about epigastric pain on and off, and radiating to back, pain increasing after a meal. Characteristic pain like burning accompanied by nausea sometimes and decreases in pain when she bends forward.



Current medicine: Cimetidine, taken on and off for 15 days.

(vital signs almost identical to last month)

BP: 100/50

Pulse: 84

Resp.: 20

Temp. : 36.5

Assessment: Simple goiter? Dyspepsia.

Recommend: May we cover with Tums, 50mg, 3 times per day for one month?

[PROM HORN exam info in blue from February 2002 clinic:](#)

Past medical history: Malaria four years ago. Typhoid fever two years ago.

Social and family history: Does not smoke or drink alcohol. All family members are healthy.

Allergies: None

Review of system: Has a fever, no cough, no vomiting, neck tightness, upper abdominal pain, nausea, palpitations, no shortness of breath, and no weight loss.

Physical exam: Looks non-toxic.

Hair, Eyes, Ears, Nose & Throat: Normal

Neck: Small goiter in front of neck, size about **4 x 5 cm**. No lymph node.

Lungs: clear both sides

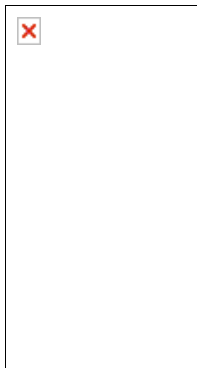
Heart: regular rhythm, no murmur

Abdomen: positive pain upper abdomen, soft, flat, no mass, positive bowel sound.

Limbs: no edema, no stiffness, and no joints painful

Joints: Positive pain, mild stiffness on fingers, no redness.

Patient #2: SUM SENG, male, 23 years old



Chief complaint: Left chest pain on and off for one month. Epigastric pain on and off for one year.

History of present illness: Seven days ago he got left chest pain radiating to upper back, pain like burning that lasts for one hour at a time occurring three times per day. Increased pain when he works and decreased pain when sleeping. He gets epigastric pain, character of pain is dull in localise, increasing pain after a meal.

Current medicine: One month ago he used to take gastric medicine for 15 days but does not recall name of medication. He felt a little better.

Past medical history: Unremarkable.

Social history: No smoking, drank alcohol but stopped two months ago.

Family history: Unremarkable

Allergies: Unremarkable

Review of system: No fever, no cough, no vomiting, positive epigastric pain, no weight loss, no sweating

Physical exam: Looks okay.

BP: 100/60

Pulse: 84

Resp.: 20

Temp. : 36.5

Hair, eyes, ears, nose, throat: Normal.

Neck: No goiter, no lymph node

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive bowel sound, no mass.

Genitals: okay

Limbs: no edema, no pain, and no stiffness

Assessment: Chest wall pain. Dyspepsia.

Recommend: May we cover him with Tums, 500mg, 3 times per day, for one month, and Paracetamol, 500mg, 4 times per day, for one week? Do you have any other ideas?

Patient #3: PHON MONIRATH, male, 21 years old

Chief complaint: Upper abdominal pain on and off for two months.

History of present illness: For two months he's had upper abdominal pain characteristic by cramping, not radiating to anywhere, increased pain after a



meal, decreased pain sleeping.

Current medicine: He used a malaria drug in the last month for seven days but does not know the name of the drug.

Past medical history: Last month had malaria but received good treatment with modern medicine.

Social history: Does not smoke but drinks alcohol.

Family history: Unremarkable

Allergies: Unremarkable

Review of system: No fever, no cough, no diarrhea, no vomiting, no stool with blood,

but has abdominal pain.

Physical exam: Looks okay.

BP: 100/50

Pulse: 84

Resp.: 20

Temp. : 36.5

Ears, nose, throat: Okay

Eyes: Not pale, no jaundice

Neck: No lymph node, no sign of goiter

Lungs: clear both sides, no crackle

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive bowel sound, positive upper abdominal pain.

Genitals: okay

Limbs: no edema, no stiffness, and no pain

Assessment: **Dyspepsia, Parasitosis.**

Recommend: Should we cover him with Tums for one month and give albandazole for three days? Any other ideas?

Patient #4: YOU KHIM, female, 30 years old, previous Telemedicine patient



Chief complaint: Epigastric pain on and off for three months.

History of present illness: She is a previous Telemedicine patient from 15 August 2001. We thought she had dyspepsia. After covering her with Maalox for one month, she got better. Now abdominal pain has reappeared and is accompanied by burping last five or six days. Increased pain after meal.

Current medicine: None.

Past medical history: Dyspepsia in August 2001.

Social history: Does not smoke or drink alcohol.

Family history: Unremarkable.

Allergies: None

Review of system: No diarrhea, no fever, no cough, no weight loss, but positive upper abdominal pain.

Physical exam: Looks okay.

BP: 110/60
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, throat: Okay.

Neck: Okay.

Lungs: clear both sides, no crackle

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive bowel sound, positive epigastric pain

Limbs: okay

Assessment: Dyspepsia.

Recommend: Should we cover her with Tums for one month, dose 500mg, 3 times per day, for one month?

Patient #5: IN SAMUTH, male, 30 years old



Chief complaint: Convulsions two times yesterday, headache for three days.

History of present illness: Two days ago he got convulsions, contractions over the whole body, then became unconscious for one hour. After massage, he became completely awake and his family took him to the local health clinic where they gave him some medication.

Current medicine: Used paracetamol and diazepam for two days.

Past medical history: In 1998, he had malaria and was unconscious for seven days. In January 2001 he got malaria again but did not become unconscious.

Social history: Smokes and drinks alcohol.

Family history: Unremarkable.

Allergies: None

Review of system: No fever, has dry cough sometimes, no abdominal pain, no diarrhea or dysentery.

Physical exam: Looks healthy.

BP: 110/60
Pulse: 84
Resp.: 20
Temp. : 36.5

Eyes, ears, nose, throat: Normal.

Neck: No lymph node, no goiter

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, no mass, positive bowel sound, no pain.

Genitals: Okay

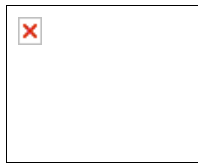
Limbs: Okay

Assessment: Tension headache. Convulsions? - Caused from malaria complications?

Recommend: Should we cover him with Paracetamol 500mg 4 times per day for 7 days? Keep observing for convulsions and return to next clinic? Any

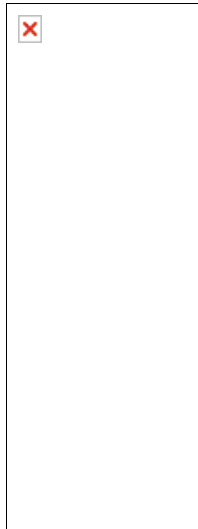
other ideas?

Patient #6: PROM TOEU, male, 35 years old



Chief complaint: Cough with blood on and off for two months. Upper abdominal pain and sometimes passes stool with blood on and off for four months.

History of present illness: He has been coughing up with blood, small amount, on and off for two months, accompanied by chest pain sometimes. Gets abdominal pain and passes stool with blood when he drinks alcohol or eats spicy food, but got better after taking some drugs from the pharmacy though he does not know name of the drug.



Current medicine: None.

Past medical history: Unremarkable.

Social history: Smokes and drinks alcohol.

Family history: Unremarkable.

Review of system: No fever, cough with blood, abdominal pain, no weight loss, no sweating at night.

Physical exam: Looks healthy.

BP: 110/50

Pulse: 80

Resp.: 24

Temp. : 36.5

Hair, eyes, ears, nose, throat: Okay.

Skin: Not pale.

Neck: No goiter and no lymph node

Lungs: clear both sides with decreasing breath sound at lower bases

Heart: regular rhythm, no murmur

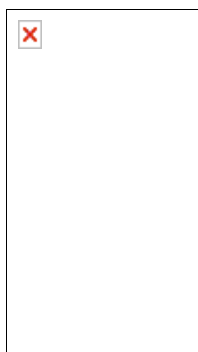
Abdomen: Positive epigastric pain, positive bowel sound, soft, flat and not tender.

Limbs: On both soles has small wounds, the edge of the wounds is very hard and painful, no pus, caused when cut by a thorn in the forest.

Assessment: Chronic GI Bleeding? Pulmonary TB? Sclero wounds both soles.

Recommend: Should we refer him to Kampong Thom Provincial Hospital for evaluation like chest x-ray, abdominal ultrasound, and meet surgeon for evaluation of wound?

Patient #7: PRUM PHORN, male, 47 years old, farmer



Chief complaint: Shortness of breath and dry cough, chest pain, for three months.

Feeling burning on epigastric area on and off for one year.

History of present illness: Coughing and shortness of breath on and off for three months, accompanied by chest pain on the left side. Characteristic of pain is dull, sometimes like burning. Shortness of breath worsens when he coughs, better when he lies down. He also gets epigastric pain especially after a meal. After all these symptoms, he went to the health center for a consultation.

Current medicine: He's been on Amoxicillin for one month, 5g per day, just finished two days ago. After this medication, he feels a little bit better.

Past medical history: Pulmonary TB in 1999, completed treatment.

Social history: Smoked but stopped in 1993, does not drink alcohol.

Family history: All family members are healthy.

Review of system: No fever, cough with blood, abdominal pain, no weight loss, no sweating at night.

Physical exam: Looks mildly sick, mild thin.

BP: 100/60

Pulse: 74

Resp.: 24

Temp. : 36.5

Eyes: no pallor, no jaundice

Ears, nose, throat: Okay.

Skin: Not pale.

Neck: No goiter and no lymph node

Lungs: left upper lobe crackle, both lower lobes decreasing breath sound

Heart: regular rhythm, no murmur

Abdomen: Soft, flat not tender, positive bowel sound, no mass

Limbs: All are okay.

Assessment: Pulmonary TB? (Relapse) Dyspepsia.

Recommend: Should we refer him to Kampong Thom Provincial Hospital for chest x-ray, AFB exam?

Patient #8: SOK MARETH, male, 47 years old



Chief complaint: Epigastric pain on and off for one year.

History of present illness: One year ago, he got epigastric pain on and off. Characteristic pain like burning, sometimes like cramping, no radiating to anywhere, and gets increased pain after a meal. After these symptoms, he visited the medical staff in the local area.

Current medicine: Four months ago he used antigastric drug but doesn't remember the name of the drug.

He felt better but got worse two months later.

Past medical history: In 1993, had malaria.

Social history: Smokes and drinks alcohol but stopped drinking one year ago.

Family history: Unremarkable.

Allergy: Unremarkable

Review of system: No fever, no cough, no diarrhea, no shortness of breath, no weight loss, positive epigastric pain

Physical exam: Looks okay.

BP: 100/60

Pulse: 60
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, throat: Okay.
Neck: No goiter and no lymph node
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: Soft, flat and not tender, positive bowel sound.
Limbs: Okay.

Assessment: Dyspepsia.

Recommend: Should we cover her with Tums for one month, dose 500mg, 3 times per day, for one month? Any other ideas?

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (E-mail)" <davidrobertson1@yahoo.com>,
"David Robertson (E-mail 2)" <dmr@media.mit.edu>Cc: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>
Subject: FW: Patient #5: IN SAMUTH, male, 30 years old
Date: Tue, 26 Mar 2002 20:24:28 -0500
MIME-Version: 1.0
X-Mailer: Internet Mail Service (5.5.2650.21)
Content-Type: text/plain;
charset="iso-8859-1"Status: RO

> -----Original Message-----> From: Sassower, Kenneth,M.D. >
> Sent: Tuesday, March 26, 2002 5:20 PM> To: Kelleher, Kathleen M. - Telemedicine>
> Subject: RE: Patient #5: IN SAMUTH, male, 30 years old>
> This is a 30 year-old male patient with a history of adult-onset paroxysms
> during the course of a day, occurring in the setting of headaches. Given the
> prior history of recurrent episodes of malaria and the present clinical
> possibility of cerebral malaria (with its protean manifestations, including
> seizures), I would suggest a more extensive diagnostic work-up at a
> well-equipped regional hospital. With a suspected clinical diagnosis of
> primary versus secondarily generalized epilepsy, an EEG study, performed
> during wakefulness, drowsiness and natural sleep, would be one of the primary
> neuro-diagnostic studies of choice. If the EEG results suggest a partial
> seizure disorder with secondary generalization (i.e., by virtue of focal
> interictal EEG spike discharges), and/or if headache symptoms persist, a
> neuro-imaging study (either in the form of an MRI of the Brain, or, if not
> available at the regional health center, a CT Scan of the Head with contrast
> administration) would then be suggested. The use of analgesics/antipyretics,
> such as Paracetamol, while perhaps helpful in alleviating headache symptoms,
> probably has no significant role in reducing seizure frequency in the current
> clinical context. Please feel free to contact me with regards to any
> seizure-related questions; i.e., should the EEG demonstrate any focal or
> generalized epileptiform discharges. Thank you for allowing me to share in the
> medical care of this patient. Respectfully yours, - Kenneth C. Sassower, M.D.;
> Division of Clinical Neurophysiology; Department of Neurology; Massachusetts
> General Hospital.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)" <davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)" <dmr@media.mit.edu>Cc: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>
Subject: FW: Patient #1: PROM HORN, female, 48 years old, previous Telemed
icine patient Date: Wed, 27 Mar 2002 08:32:58 -0500
MIME-Version: 1.0
X-Mailer: Internet Mail Service (5.5.2650.21)
Content-Type: multipart/alternative;

boundary="----=_NextPart_001_01C1D593.E9003BE0"Status: RO

-----Original Message----- From: Goldszer, Robert Charles,M.D. Sent: Wednesday, March 27, 2002 7:40 AM To: Kelleher, Kathleen M. - Telemedicine Subject: RE: Patient #1: PROM HORN, female, 48 years old, previous Telemedicine patient

I recommend regular use of the cimetidine twice daily if possible and use of Tums 1 pill three times a day is fine.

Sounds like this might be a gallbladder problem. I suggest lab tests including hematocrit, white blood cell count, amylase, ast , and bilirubin

RCGoldszer

-----Original Message----- From: Kelleher, Kathleen M. - Telemedicine Sent: Tuesday, March 26, 2002 1:32 PM To: Goldszer, Robert Charles,M.D. Subject: Patient #1: PROM HORN, female, 48 years old, previous Telemedicine patient Importance: High

Hello Dr. Goldszer:

Here is a follow-up consultation for one of the cases that you completed last month. Please feel free to call me with any questions/comments.

Regards,

Kathy

Chief complaint: Epigastric pain. Sometimes nausea on and off for last six months and dizziness and neck tightness last six months...

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>To: "David Robertson (davidrobertson1@yahoo.com)" <davidrobertson1@yahoo.com>, "David Robertson (dmr@media.mit.edu)" <dmr@media.mit.edu>Cc: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG> Subject: RE: Patient #3: PHON MONIRATH, male, 21 years old Date: Wed, 27 Mar 2002 11:47:47 -0500 MIME-Version: 1.0 Content-Type: multipart/alternative; boundary="----=_NextPart_001_01C1D5AF.20077FC0"

Status: RO

Dear David:

Dr. Lee Kaplan of MGH Gastroenterology agrees with the plan to treat this patient with Tums and albandazole. He does not feel that it is necessary to transfer the patient.

Kathy

Chief complaint: Upper abdominal pain on and off for two months...

Date: Wed, 27 Mar 2002 17:10:23 -0800From: "Graham Gumley" <ggumley@bigpond.com.kh> Importance: Normal In-Reply-To: <20020326134903.13049.qmail@web10402.mail.yahoo.com> Message-ID: <NGBBLGHIELPALAFNEFAAIELKCEAA.ggumley@bigpond.com.kh> MIME-Version: 1.0 Received: from graham ([203.144.70.218] [203.144.70.218]) by mail.everyday.com.kh (AvMailGate-6.12.0.0) id 29009-58C15259; Wed, 27 Mar 2002 16:54:08

+0700Subject: RE: Cambodia Telemedicine Clinic, 26 March 2002, text
To: "David Robertson" <davidrobertson1@yahoo.com>,
"David Robertson" <dmr@media.mit.edu>X-MimeOLE: Produced By Microsoft MimeOLE
V6.00.2600.0000
X-MSMail-Priority: Normal
X-Priority: 3 (Normal)
Status: RO

Please find attached my replies from SHCH.

Thanks

Dr. Graham Gumley

Patient #1: PROM HORN, female, 48 years old, previous Telemedicine patient

Chief complaint: Epigastric pain. Sometimes nausea on and off for last six months and dizziness and neck tightness last six months.

History of present illness: She is our old patient and has been seen two times already. I suspected she had a simple goiter and dyspepsia. But after drawing blood in the village last month for tests, Dr. Jennifer Hines in Phnom Penh said normal range for TSH and T4. We did not cover her for dyspepsia yet. She is still complaining about epigastric pain on and off, and radiating to back, pain increasing after a meal. Characteristic pain like burning accompanied by nausea sometimes and decreases in pain when she bends forward.

Assessment: Simple goiter? Dyspepsia.

Recommend: May we cover with Tums, 50mg, 3 times per day for one month?

SHCH Reply: Agree with plan and assessment.
Did she try Tums overnight? .. what was the response?

Patient #2: SUM SENG, male, 23 years old

Chief complaint: Left chest pain on and off for one month. Epigastric pain on and off for one year.

History of present illness: Seven days ago he got left chest pain radiating to upper back, pain like burning that lasts for one hour at a time occurring three times per day. Increased pain when he works and decreased pain when sleeping. He gets epigastric pain, character of pain is dull in localise, increasing pain after a meal.

Assessment: Chest wall pain. Dyspepsia.

Recommend: May we cover him with Tums, 500mg, 3 times per day, for one month, and Paracetamol, 500mg, 4 times per day, for one week? Do you have any other ideas?

SHCH Reply: Agree with plan and assessment.

Has he had any bleeding or black stool?

Patient #3: PHON MONIRATH, male, 21 years old

Chief complaint: Upper abdominal pain on and off for two months.

History of present illness: For two months he's had upper abdominal pain characteristic by cramping, not radiating to anywhere, increased pain after a meal, decreased pain sleeping.

Assessment: Dyspepsia, Parasitosis.

Recommend: Should we cover him with Tums for one month and give albandazole for three days?
Any other ideas?

SHCH Reply: Agree with plan and assessment.

Patient #4: YOU KHIM, female, 30 years old, previous Telemedicine patient

Chief complaint: Epigastric pain on and off for three months.

History of present illness: She is a previous Telemedicine patient from 15 August 2001. We thought she had dyspepsia. After covering her with Maalox for one month, she got better. Now abdominal pain has reappeared and is accompanied by burping last five or six days. Increased pain after meal.

Assessment: Dyspepsia.

Recommend: Should we cover her with Tums for one month, dose 500mg, 3 times per day, for one month?

SHCH Reply: Agree with plan and assessment.

Patient #5: IN SAMUTH, male, 30 years old

Chief complaint: Convulsions two times yesterday, headache for three days.

History of present illness: Two days ago he got convulsions, contractions over the whole body, then became unconscious for one hour. After massage, he became completely awake and his family took him to the local health clinic where they gave him some medication.

Assessment: Tension headache. Convulsions? - Caused from malaria complications?

Recommend: Should we cover him with Paracetamol 500mg 4 times per day for 7 days? Keep observing for convulsions and return to next clinic? Any other ideas?

SHCH Reply: How much alcohol does he drink? Has there been recent alcohol withdrawal?

Are these the first convulsions he has had, or is this a chronic condition? If acute he should go to KT hospital rather than wait for the month ... he might need to begin anticonvulsants.

Patient #6: PROM TOEU, male, 35 years old

Chief complaint: Cough with blood on and off for two months. Upper abdominal pain and sometimes passes stool with blood on and off for four months.

History of present illness: He has been coughing up with blood, small amount, on and off for two months, accompanied by chest pain sometimes. Gets abdominal pain and passes stool with blood when he drinks alcohol or eats spicy food, but got better after taking some drugs from the pharmacy though he does not know name of the drug.

Assessment: Chronic GI Bleeding? Pulmonary TB? Sclero wounds both soles.

Recommend: Should we refer him to Kampong Thom Provincial Hospital for evaluation like chest x-ray, abdominal ultrasound, and meet surgeon for evaluation of wound?

SHCH Reply: Agree with plan and assessment.

Patient #7: PRUM PHORN, male, 47 years old, farmer

Chief complaint: Shortness of breath and dry cough, chest pain, for three months.

Feeling burning on epigastric area on and off for one year.

History of present illness: Coughing and shortness of breath on and off for three months, accompanied by chest pain on the left side. Characteristic of pain is dull, sometimes like burning. Shortness of breath worsens when he coughs, better when he lies down. He also gets epigastric pain especially after a meal. After all these symptoms, he went to the health center for a consultation.

Assessment: Pulmonary TB? (Relapse) Dyspepsia.

Recommend: Should we refer him to Kampong Thom Provincial Hospital for chest x-ray, AFB exam?

SHCH Reply: Agree with plan and assessment.

Patient #8: SOK MARETH, male, 47 years old

Chief complaint: Epigastric pain on and off for one year.

History of present illness: One year ago, he got epigastric pain on and off. Characteristic pain like burning, sometimes like cramping, no radiating to anywhere, and gets increased pain after a meal. After these symptoms, he visited the medical staff in the local area.

Assessment: Dyspepsia.

Recommend: Should we cover her with Tums for one month, dose 500mg, 3 times per day, for one month? Any other ideas?

SHCH Reply: Agree with plan and assessment.

Follow up report on 28 March 2002:

Per advice of the physicians in Boston and Phnom Penh, the following patients were given transport or assistance in getting to the hospital.

Transported on 27 March to Calmette Hospital Cardiology Center in Phnom Penh:

- **Patient CHHEM LYNA**, female, 1 year old child, previous Telemedicine patient (February 2001) for medical check-up and refill of heart medication

Transported on 27 March to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient CHIM NEANG**, female, 40 years old, previous Telemedicine patient, for medical check-up and refill of heart medication
- **Patient PROM CHHIM**, male, 64 years old, previous Telemedicine patient for medical check-up and refill of medication at SHCH
- **Patient PHIM SICCHIN**, female, 35 years old, previous Telemedicine patient for medical check-up and refill of medication at SHCH

Transport arranged for 5 April to Calmette Hospital Cardiology Center in Phnom Penh:

- **Patient CHHEM LYNA**, male, 1 year old child, previous Telemedicine patient (February 2001) for echocardiogram and other tests

Medication donated by Sihanouk Hospital Center of Hope was given to the following patients:

Patient #1: PROM HORN, female, 48 years old

Patient #2: SUM SENG, male, 23 years old

Patient #3: PHON MONIRATH, male, 21 years old

Patient #4: YOU KHIM, female, 30 years old

Patient #5: IN SAMUTH, male, 30 years old

Patient #8: SOK MARETH, male, 47 years old

The following patients were referred for evaluation to the TB Center at Kampong Thom Provincial Hospital, travel on their own:

Patient #6: PROM TOEU, male, 35 years old

Patient #7: PRUM PHORN, male, 47 years old
