Robib and Telemedicine

Robib Telemedicine Clinic March 2005

Report and photos compiled by Rithy Chau and Somontha Koy, SHCH Telemedicine

On Monday, February 28, 2005, SHCH staff, Nurse Somontha Koy traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), March 1 & 2, 2005, the Robib TM Clinic opened to receive the patients for evaluations. There were 4 new cases and 6 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 Wednesday and Thursday, March 2-3, 2005.

On Thursday, replies from SHCH in Phnom Penh and 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: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Monday, February 21, 2005 2:39 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Gary Jacques; Joseph Kvedar; Jack Middlebrook; Thero Noun; Vansoeurn Tith
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Peou Ouk; Seda Seng
Subject: Robib Telemedicine for March, 2005

Dear all,

I am writing to inform you about Robib Telemedicine for March, 2005.

Here is its agenda for trip:

- On 28 February 2005 we will leave Phnom Penh to Robib village.

- On 01 March 2005, clinic will started at 8 o'clock in the morning, most new cases will be seen and also some follow- up ones. At afternoon, patients' data will be sent to Telepartners in Boston and Phnom Penh (SHCH).

- On 02 March 2005, we will see some follow - up cases in the morning and at afternoon all patients' data will be sent to Telepartners as well.

- On 03 March 2005, all answers will be downloaded, do patients' management/treatment and come back to Phnom Penh.

Thank you very much for your strong cooperation.

Best regards,

Montha

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 01, 2005 8:27 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Robib Telemedicine for March, 2005

Dear all,

I am writing to inform you that today Robib Telememdicine has 6 cases to send all of you. In these cases we have 4 new cases and 2 follow up ones. Please see the cases as the following.

Best regards,

Montha

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 01, 2005 8:46 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient #01, Som Thol, 56M (Taing Treuk)

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 Name & Village: Som Thol, 56M (Taing Treuk)

Subjective: 56M, return for his follow up of DMII, PNP, and Left foot wound. Now he feels much better with his previous symptoms by no fever, no SOB, no chest pain, no cough, no headache, no GI complain, no frequency urination, no peripheral edema. But last two weeks ago his right foot was burned by fire wood near the big toe area,, has some oozing come out and also has pain around edge wound , but has not pus.

Objective:

VS: BP 110/50 P 80 R 20 T 36.5C Wt 58kgs

PE (focused): HEENT unremarkable

Lungs: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, not tender, (-) HSm, (+) BS

Limbs: no peripheral edema, left foot wound completely heals, but right foot has wound has surface about 1.5cm x 1.5cm has some serosity come out, but no pus, wound's edge is slight pink color, no necro tissue around wound, (+) both feet dosal pulses.

Previous Labs/Studies: glucose 114mg/dl on 01/02/05

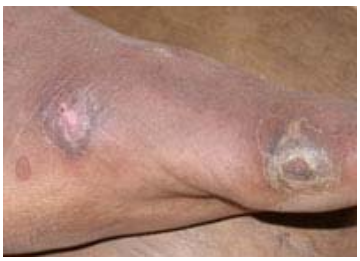
Current Medications:

1/ Diamecron 80mg 1t po q8h

2/ Amitriptilline 25mg 1t po qhs

3/ Cephalexcine 500mg 1t po q6h for 2 weeks in last two weeks a go

Allergies: NKA



Assessment:

1. DMII with PNP
2. Right foot wound

Plan: I woulk like to keep the same treatment as the following

1. Diamecron 80mg 1t po q8 for one month
2. Amitriptyline 25mg 1t po qhs for one month
3. Give two more weeks of Cephalexince 500mg 1t po q6h
4. Keep wound clean twice a week and elevate it.

Lab/Study Requests: Glycemia 130mg/ml

Specific Comments/Questions for Consultants:

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 01/03/05**

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

-----Original Message-----
From: Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]
Sent: Wednesday, March 02, 2005 3:13 AM
To: Telemedicine Cambodia; Kathleen M. Fiamma
Subject: Re: Patient #01, Som Thol, 56M (Taing Treuk)

Montha,

Please use a clean forceps and scissors or scalpel to remove some of the blackened tissue at the edges of the wound on the right foot. Please use saline & gauze to wrap the wound and teach him to clean and bandage that foot 1-2 times per day. (See instructions from last months consultation)

You must be very clear that he runs the risk of very serious infection inless he keeps that foot clean. Remind him of how he needed to spend weeks in the hospital in 2003 for IV antibiotics and that he will end up in the same place unless he is very careful. He must wear flip flop type shoes use use extreme caution.

It appears his glucose may be controlled - If there has been an increase in his Diamecron, please ask about any recent symptoms of hypglycemia - dizziness, weakness, feeling drunk, sweaty. If so reduce to q 12.

Finally, please send my regards to this special patient. I am happy we had the opportunity to meet face-to-face in the past.

Paul

Paul Heinzelmann, MD

Partners Telemedicine

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, March 02, 2005 8:28 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Cornelia Haener'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient #01, Som Thol, 56M (Taing Treuk)

Dear Montha:

I agree with your plan. This patient needs to start practicing good foot care, especially by wearing shoes, if possible.

Jack

-----Original Message-----
From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, March 03, 2005 9:27 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul

Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient #01, Som Thol, 56M (Taing Treuk)

Dear all,

It will be important to teach good foot care and cleaning the wounds with NSS and apply dry dressing, especially for the ulcer of the right foot.

Thanks

Cornelia

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 01, 2005 8:52 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient #02, Khun Navun, 24F (Thnout Malou)

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: Khun Navun, 24F (Thnout Malou)

CC: Both nipple wounds for 1 month

HPI: 24 F, farmer with eleven month breast feeding. In one month ago she felt itchy on the both nipples, three days later has some line traces around nipple and then become burning pain, pain is increased during child breast feeding time. Sometimes haves masses upper on the both breast as well especially during she has fever. During these symptoms happening she had used antibiotic Penicilline 1000000 IU per day for 5 days. Penicilline helps to decrease burning pain for a while, but after stop using it 3 or 4 days all symptoms reappear.

PMH: Unremarkable

SH: married, one child with eleven months age, no smoking, no alcohol drinking

FH: unremarkable

Allergies: NKA

ROS: no weight lose, no fever, no headache, no SOB, no chest pain, no GI complain, no peripheral edema.

Current Med: none

PE:

VS: BP 90/50 P 80 R 20 T 36.5 Wt

Gen: look well

HEENT: no oropharyngeal lesion, no pale on conjunctiva

Chest: lungs: clear both sides

Heart: RRR, no murmur

Breast: both symmetrical size, no mass during peripalpable no hot to touch, no pus, (+) redness around line trace, (+) have a little serosity come out

Armpit: no lymphnode palpable

Abd: Soft, flat, no tender, no HSM, (+) BS for all 54 quadrants

MS/Neuro:

Other: limbs: no peripheral edema

Previous Labs/Studies: none

Lab/Study Requests:

Assessment:

1. Both nipple wounds

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

1. Cloxacilline 500mg 1t po q6h for 10 days
2. Paracetamol 500mg 1t po q6h for (PRN)
3. Multivitamine 1t po qd for one month

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

Examined by: Koy Somontha RN **Date: 01/03/05**

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

prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, March 02, 2005 3:54 AM
To: Telemedicine Cambodia
Cc: tmed_rithy@online.com.kh
Subject: FW: Patient #02, Khun Navun, 24F (Thnout Malou)

The images are not helpful. Based on the history, I would treat her for nipple eczema. If they have some 2.5% hydrocortisone cream or 0.025% triamcinolone cream she could put it on between breast feedings. It would be important to wipe it off before she feeds the baby. I would limit the treatment until next clinic and see her again at that time. Long term use of steroids can cause thinning of the skin.

I might also dig deeper into the history of fever. If she has documented fever she may have either mastitis or impetigo in addition to eczema. The physical exam as reported does not support a diagnosis of mastitis.

Nipple eczema could explain all of her symptoms except fever.

Please report back if patient still has fever and breast lumps. We would like to know what is causing this.

We recommend 2.5% hydrocortisone cream or 0.025% triamcinolone cream or Vaseline if others ointments are not available. Please have her return if any of her symptoms of fever, or lumps, or warmth to touch of her breasts recur, then I would assume that there is an infection. The redness she has now is probably from the eczema, and not an infection.

Joseph C. Kvedar, M.D.

Director, Partners Telemedicine

Vice Chair, Dermatology, Harvard Medical School

and

Janine Miller, M.D.

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, March 02, 2005 8:44 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Cornelia Haener'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient #02, Khun Navun, 24F (Thnout Malou)

Dear Montha:

I think this patient's presentation is most likely due to mastitis, and your plan is correct--treat with cloxacillin. The patient may continue breastfeeding.

Jack

-----Original Message-----
From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, March 03, 2005 9:28 AM

To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient #02, Khun Navun, 24F (Thnout Malou)

Dear all,

Please teach the patient as well to massage the breast and try to empty them during breast feeding. Ask the patient, how well the baby is sucking. She might have to support this process with manual manipulation.

Thanks

Cornelia

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 01, 2005 8:57 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient #03, Chan Sark, 77F (Thkeng)

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: Chan Sark, 77F (Thkeng)

CC: Dizziness, neck tension and lower back pain for 5 months

HPI: 77F, farmer, present with dizziness, neck tension on and off for 5 months. Dizzines happened during she stands up or walking, sometimes accompany by occipital headache as well, these symptoms develop from day to day up to now.

In the mean while, she also has lower back pain without history of trauma or accident. Pain like burning and radiating to both buttocks, but will be subsided by using Paracetamol or massage.

PMH: unremarkable

SH: no smoking, no alcohol drinking

FH: unremarkable

Allergies: NKA

ROS: no weight lose, no fever, no cough, no night sweat, no SOB, no chest pain, no GI complan, no trouble urination, no vaginal discharge.

Current Med: none

PE:

VS: BP(R) 140/80, (L) 160/80 P 70 R 20 T 36.5C Wt 43kgs

Gen: look good

HEENT: no oropharyngeal lesion, no pale on conjunctiva

Chest: lungs: Clear both sides

Heart: RRR, no murmur

Abd: soft, flat, no tender, (-) HSM, (+) BS for all 4 quadrants

MS/Neuro: unremarkable

Other: spinal line is symmetrical, no disformity. Limbs: no peripheral edema.

Previous Labs/Studies: none

Lab/Study Requests: UA (blood +1**)**

Assessment:

1. HTN
2. Muscle pain?
3. Kidney stone?

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

1. Propranolol 40mg 1/2t po q12h for one month
2. Nabumeton 750mg 1t po q12 for (PRN)
3. woulk like to request for abdominal ultrasound, and spinal XR

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

Examined by: Koy Somonth RN **Date:** 01/03/05

Please send all replies to robibtelemed@yahoo.com and cc: to

tmed_rithy@online.com.kh.

-----Original Message-----
From: Crocker, Jonathan T., M.D.
Sent: Tuesday, March 01, 2005 11:05 AM
To: Fiamma, Kathleen M.
Subject: RE: Patient #03, Chan Sark, 77F (Thkeng)

Dear Koy,

It is not entirely clear what this patient's dizziness is from -- but it seems to be her main complaint for being seen. In elderly people orthostatic hypotension causing brief lasting dizziness when a patient moves from a sitting to standing position, but this is usally shortlasting and can be guarded against by instructing patients to get up slowly and making sure they have something to hold on to while getting up in case they have severe dizziness.

But I am concerned that she has had persistent new dizziness for 5 months, and especially when she exerts herself (when she walks), as well as reports of a headache. How does she describe the dizziness and how long does it last when she gets it. Does she feel she is going to faint? Does she ever feel dizzy when just sitting or lying down? Do her headaches ever wake her from sleep? I assume she has had no fevers, change in mental status, or weight loss to suggest acute infectious causes. You mention an unremarkable neuro exam yet this is probably the most important part of the exam given her complaint. Specifically, I'd want to know what her gait was like, posture, balance, Romberg's test, sensory exam, full strength testing, eye movements (looking for nystagmus).

The possibilities are numerous including cerebrovascular disease, benign positional vertigo, heart disease (exertional arrhythmia causing dizziness) or space occupying lesion of the brain. I think she should be formally examined by a physician. If you have the ability to do so, it might help to check her EKG before starting the Propranolol to treat her blood pressure.

Regarding her back pain -- again the neuro exam is pertinent because it sounds like she may be having sciatica (lumbar radiculopathy) or even lumbar spinal stenosis problems. Does she tell you whether these symptoms in her back are more often at rest or with walking, and what they are relieved by?? I don't think an abdominal Ultrasound is going to help you a lot. And it doesn't sound like she has typical kidney stone pain, though the blood in the urine should be explained. Perhaps a spine xray is a good place to start, but she needs further more detailed clinical evaluation to really determine what is most likely the cause of her complaints.

I'm so sorry I cannot be more helpful with the limited information available to me.

Warmest Regards,

Jonathan Crocker, MD

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, March 02, 2005 9:08 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul

Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient #03, Chan Sark, 77F (Thkeng)

Dear Montha:

Some more information would be useful in understanding this patient's problems:

How severe is this patient's dizziness? Does she have difficulty walking? Has she fallen because of the dizziness? How long does each episode last? Does it happen every time she stands up? How many times per day? Can the patient show you what position causes the dizziness?

When did the patient develop back pain? How severe is the pain? What makes it worse--lying down? standing? walking? Does it affect her ability to do her usual activities?

Both of these complaints require a thorough neurologic examination. For dizziness: Does the patient have nystagmus? Did you perform PE manuevers to test cerebellar function (evaluation of gait, Romberg sign, rapid alternating movements?) For back pain: straight leg raise test, tests of sensation, strength and reflexes in both lower extremities?

For the plan, I would check her BP at her next follow-up before making the diagnosis of HTN and starting a beta-blocker, especially in an elderly patient with dizziness. If the back pain has been lasting for several days and is not severe, I think the patient is unlikely to have a kidney stone and an ultrasound is unnecessary. If she has a normal neurologic exam, I would not yet order a spine XR. Instead, I suggest continuing paracetamol and follow-up in 1-2 months. In summary, I do not agree to give atenolol, nambumetone nor to order ultrasound and spine XR rays.

Hope this is helpful.

Jack

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 01, 2005 9:02 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient #04, Pin Yen, 63F (Reveing Tbong)

Dear all,

This is patient number four with case and picture.

Best regards,

Montha

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note
Patient Name & Village: Pin Yen, 63F (Reveing Tbong)

Subjective: 63F return for follow up of HTN, Stroke, DMII, Hypercholesterolemia, she feels much improving with her previous symptoms by decreasing head ache, be able to walk by her own with walking cane support, no frequency urination, no cough, no chest pain, but still has (+) SOB, no dizziness during sleeping, (+) malaise.

Objective:

VS: BP Left 160/80, Right 150/80 P 64 R 20 T 36.5C Wt 41kgs

PE (focused): HEENT: not significant

Neck: no JVD, no lymphnode palpable

Lungs: clear both side

Heart : RRR, no murmur

Abdomen: not significant

Limbs: no peripheral edema, left arm is able to left up, and stronger than before, right arm is normal.

Previous Labs/Studies: glycemia 122mg/ml

Current Medications:

1. Propranolol 40mg 1t po q8 for one month
2. Furosemide 40mg 1/2t po qd for one month
3. Diamecron 80mg 1t po q12h for one month
4. Captopril 25mg 1/4t po qd for one month
5. Finofibrate 100mg 1t poq12h for 0ne month
6. Multivitamin 1t po qd for one month

Allergies: NKA

Assessment:

1. DMII
2. Right stroke with left side weakness
3. HTN
4. Hypercholesterolemia

Plan: I would like to keep the same medications, but stop Furosemide

1. Propranolol 40mg 1t po q8 for one month

2. Diamecron 80mg 1t po q12h for one month
3. Captopril 25mg 1/4t po qd for one month
4. Finofibrate 100mg 1t poq12h for 0ne month
5. Multivitamin 1t po qd for one month

Lab/Study Requests: Glycemia: 98mg/ml

Specific Comments/Questions for Consultants: do you agree with this plan? Please give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 01/03/05**

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

-----Original Message-----
From: Crocker, J.Benjamin,M.D. [mailto:JBCROCKER@PARTNERS.ORG]
Sent: Tuesday, March 01, 2005 11:20 PM
To: Fiamma, Kathleen M.
Cc: 'robibtelemed@yahoo.com'; 'tmed_rithy@online.com.kh.'
Subject: RE: Patient #04, Pin Yen, 63F (Reveing Tbong)

In sum, a 63 yo female w/ DM, HTN, CVA, hyperlipidemia. I think it'd be safe to assume that she may have vascular disease elsewhere and in light of her continued SOB, would be concerned about CHF (heart failure) due to CAD. Clearly her BP is NOT OPTIMALLY CONTROLLED and needs to be, for many reasons (protienuria in setting of DM, and continued cardiovascular risk reduction, and recurrent stroke risk reduction). Your exam does not suggest that she is in any decompensated CHF, but I would be very interested in knowing if her SOB is at rest or with activity (functional status).

Recommendations:

1) SOB: would suggest she get an echocardiogram to assess for LV function (which, if low, would be stronger indication for maximizing ACE inhibitor since you've no real room to increase her beta blocker) and underlying valvular dysfunction which has not been picked up on exam. Ideally a cardiac stress test would be helpful to assess for CAD. Check an EKG to look for evidence of old/recent CAD/ischemia.

2) HTN: clearly one of the most important issues to address. Captopril is NOT a QD drug and should be given at least BID to TID!! These are VERY helpful in pts with DM (especially those with proteinuria) as well as patients with LV dysfunction. 1/4 tablet is a very very small dose, so you have LOTs of room to titrate this medication, as long as her renal function and potassium can be monitored. I'd suggest putting her on 12.5mg TID to start and following her BP response. You should make only one change in BP

meds at a time. Continue Lasix for now, but you might want to consider changing that to a thiazide (like hydrochlorothiazide) for better synergistic BP effect with the ACE inhibitor, once the ACE-I is titrated and maximized

3) DYSLIPIDEMIA: You've not mentioned her fasting cholesterol profile, but keep in mind her GOAL LDL should be < 70. I'm assuming her fibrat medication is treating a primary triglyceride disorder, but might consider a statin instead (based on what her fasting lipids are).

hope this helps,

Ben.

J. Benjamin Crocker, M.D.
Internal Medicine Associates 3
WACC 605
15 Parkman Street
Boston, MA 02114
Phone 617 724-8400
Fax 617 724-0331
Email jbcrocker@partners.org

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, March 02, 2005 9:18 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient #04, Pin Yen, 63F (Reveing Tbong)

Dear Montha:

As this patient has DM and a recent stroke and her hypertension is still poorly controlled, I do not agree with your plan to discontinue the furosemide. I think we need to control her hypertension better, and would sugest increasing the captopril to 1/2 tablet per day. I would also sugggest drawing blood for creatinine and potassium since she is on both an ACEI and furosemide.

Jack

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 01, 2005 9:06 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient #05, Tith Hun, 53F (Ta Tong)

Dear all,

This is patient number five 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: Tith Hun, 53F (Ta Tong)

CC: palpitation, neck tension on and off for one year.

HPI: 53F, farmer, has known for HTN for 5 years. Just for one year she has on and off palpitation especially during walking, SOB on exertion, neck tension, these symptoms develop from day to day up to now. In this one year, she also use unknown name of HTN drug one table for everyday, but her all symptoms still has the same.

PMH: know HTN for 5 years

SH: no smoking, no alcohol drinking

FH: her farther has HTN

Allergies: PNC

ROS: no weight lose, no fever, no cough, no chest pain, (+) palpation, no Headache, (+) SOB, (+) neck tension, no GI complain, no peripheral edema.

Current Med: unmanned drug for HTN 1t po qd for one month

PE:

VS: BP (R) 160/90 (L) 150/80 P 124 R 20 T 36.5C Wt 41kgs

Gen: look well

HEENT: no oropharyngeal lesion, noale on conjunctiva,

Neck: no JVD, no goiter gland enlarge, no lymph node palpable

Chest: lungs: Clear both sides

Heart: RRR, n murmur

Abd: Soft, flat, not tender, no HSM, (+) BS for all 4 quadrants

MS/Neuro: not done

Other: libms: not peripheral edema

Previous Labs/Studies: none

Lab/Study Requests: UA is normal

Assessment:

1. HTN

Plan: I would like to cover her with some medications

1. Propranolol 40mg 1/2t po q12 for one month
2. ASA 500mg 1/2t po qd for one month
3. Woulk like to check Lytes, BUN, Creat, Cholesterole at SHCH

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

Examined by: Koy Somontha **Date: 1/03/05**

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

-----Original Message-----
From: Crocker, Jonathan T., M.D.
Sent: Tuesday, March 01, 2005 12:00 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient #05, Tith Hun, 53F (Ta Tong)

Dear Koy,

I would definitely check an EKG in this woman with those symptoms (before she leaves your clinic) to make sure she has no arrythmia to explain her high heart rate and shortness of breath, and a Chest XRAY because she is Short of breath with exertion. I recommend you check a TSH and freeT4 and T3 in this woman to rule out thyroid disease too. I agree with the other labs you ordered as well. Propranolol is a good choice, and if after a week she is tolerating the 20mg q12 hours, you could tell her to increase it to 40mg q12 as tolerated (watching out for lightheadedness, dizzinees, low heart rate under 50 etc). Make sure her EKG is okay first, though.

Thanks for letting me help care for this woman.

Jonathan Crocker, MD

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, March 02, 2005 9:37 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient #05, Tith Hun, 53F (Ta Tong)

Dear Montha:

Since the patient's chief complaint is palpitations, the history and physcial examination should be focused on determing the cause of this symptom. Does the SOB always occur at the same time of the palpitations? How long does each episode last? How often do the symtoms occur? Does she feel lightheaded with the palpitations? Have the symptoms

affected her regular activities? Does she feel anxious or scared during these episodes?

The vital signs note that the patient has a pulse of 124, but the PE says that her heart is "RRR." This cannnot be correct-- if her puse is really 124, she is tachycardic and does not have a regular rate. A very, very important piece of information is the rhythm of her tachycardia-- is her pulse regular or irregular? I would suggest that you palpate the pulse and listen to the heart for several minutes to determine if the rhythm is regular or irregular. If it is irregular, I would suspect the patient has atrial fibrillation and would treat her with a beta-blocker and aspirin. If possible, it would be very useful to have an ECG.

I would also suggest drawing blood for TSH to screen for hyperthyroidism as a possible cause of her tachycardia.

Until we have more information, I agree with your plan of atenolol and ASA.

Jack

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, March 01, 2005 9:10 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient #06, Vong Chheng Chan, 52F (Roveing Chheung)

Dear all,

This is patient number six 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: Vong Chheng Chan, 52F (Reveing Chheung Village)

CC: palpitation on and off for 5 months

HPI: 52F, seller, 5 months has known HTN, it was found out at health center. She has symptoms like (+) palpitation, (+) bilateral head ache, (+) SOB, (+) blurred vision, she went to health center they her some medication for HTN (NIfedipine 10mg per day for one month, but her symptoms seem not to be better. That's why she comes to see us.

PMH: Unremarkable

SH: no smoking, no alcohol drinking

FH: unremarkable

Allergies: NKA

ROS: no weight lose, no fever, no cough, no chest pain, (+) palpitation, (+) SOB, (+) bilateral head ache, no GI complains, no peripheral edema.

Current Med: Nifedipine 10mg everyday for one month

PE:

VS: BP (R) 150/80, (L) 140/80 P 84 R 20 T 36.5C Wt 62kgs

Gen: look well

HEENT: no oropharygeal lesion, no pale on conjunctiva

Neck: n JVD, no goiter gland enlarge, no lymphnode palpable

Chest: Lungs: clear both sides.

Heart: RRR, no murmur

Abd: Soft, flat, no tender, (-) HSM, (+) BS for all 4 quadrants

MS/Neuro: not done

Other: limbs no peripheral edema, no wound

Previous Labs/Studies: none

Lab/Study Requests: UA (Protein +1)

Assessment:

1. HTN
2. Hypercholesterolemia?

Plan: we would like to cover her with some medication as the following

1. Propranolo 40mg 1/2t po q12h for one month
2. ASA 500mg 1/4t po qd for one month
3. Check Lytes, BUN, Creat, Cholesterol at SHCH

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

Examined by: Koy Somontha RN **Date: 01/03/05**

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-----Original Message-----
From: Crocker, J.Benjamin,M.D. [mailto:JBCROCKER@PARTNERS.ORG]
Sent: Wednesday, March 02, 2005 2:31 AM
To: Fiamma, Kathleen M.
Cc: 'robibtelemed@yahoo.com'; 'tmed_rithy@online.com.kh'
Subject: RE: Patient #06, Vong Chheng Chan, 52F (Roveing Chheung)

Koy,

beta blockers are a fine choice for bp treatment (and may even help her headaches even if they're not related to her hypertension). Second line blood pressure meds to consider would be ACE-inhibitor (such as captopril) given her proteinuria, or a thiazide diuretic. I would recommend that you check a baseline EKG, given her HTN and SOB and palpitations. I would also check a TSH to evaluate for hyperthyroidism. She should have an ophthalmic exam to evaluate for hypertensive retinopathy.

hope this helps.

J. Benjamin Crocker, M.D.
Internal Medicine Associates 3
WACC 605
15 Parkman Street
Boston, MA 02114
Phone 617 724-8400
Fax 617 724-0331
Email jbcrocker@partners.org

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, March 02, 2005 10:02 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient #06, Vong Chheng Chan, 52F (Roveing Chheung)

Dear Montha:

It is difficult to make a correct diagnosis without a complete history. For every one of the patient's complaints (palpitations, headache, shortness of breath, blurred vision), it should be clear (1) how the patient describes it (2) when the symptom started (3) how often it occurs (4) how severe it is, including how it affects that patient's daily activities (5) what makes it better or worse. The physical exam should also address each symptom; for a patient with both headache and blurred vision, it is not appropriate to wirite "Neuro: not done."

Until this information is clear and we can make a better assessment, I agree with your plan to treat the hypertension. I don't think the aspirin is necessary, and see no need to check labs tests.

Jack

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 02, 2005 3:48 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng; Vansoeurn Tith
Subject: Second day of Robib Telemedicine, March 2005

Dear all,

This is the secod day of Robib Telemedicine. Today we have 3 follow-up cases and one new case. Please, my attachment as the following.

Best regards,

Montha

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 02, 2005 4:01 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng; Vansoeurn Tith
Subject: Patient # 01, Pang Sidoeun, 31F (Roveing Tbong)

Dear all,

This is patient number one with case and picutre.

best regards

Montha

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

SOAP Note
Patient Name & Village: Pang Sidoeun, 31F (Roveing Tbong)

Subjective: 31F, returns for her follow up of HTN, GI bleeding, and Parasititis. She feel much improving with her previous symptoms like no SOB, no fever, no cough, decrease neck tension, increase appetite, no GI complaint, but she still has chest burning for sometimes, poor sleep at night and pass urine a lot.

Objective:

VS: BP 140/80 P 100 R 20 T 36.5C Wt 38kgs

PE (focused):

HEENT: unremarkable

Neck: no JVD, no lymphnode palpable

Lungs: clear bothsides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (+) BS for all 4 quadrants, (-) HSM

Limbs: no peripheral edema

Previous Labs/Studies: none

Current Medications:

1. HCTZ 50mg 1/2t po q12h for one month
2. Propranolol 40mg 1/2t po q12 for one month
3. H. philory eradication for 2 weeks and then continuous Omeprazole 20mg qd for whole month.
4. Mebandazole 100mg 1t po q12h for 3 days
5. Multivitamin 1t po qd for one month
6. Feso4 200mg 1t po qd for one month
7. Gerd education

Allergies: NAK

Assessment:

1. HTN
2. GI bleeding (Continuous treatment)

Plan: we would like to keep her on same medications as the following

1. Change from Bisoprolol/ HCTZ 5/6.25mg to Propranlol 40mg 1/2t q12h for two months because we run out Bisoproplol/ HCTZ.
2. Omeprazole 20mg 1t po qhs for one more month
3. Multivitamin 1t po qd for two months
4. Feso4 200mg 1t po qd for two months

Lab/Study Requests: UA is normal. Glycemia 108mg/dl

Specific Comments/Questions for Consultants: Do you agree with my plan? Please, give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 02/03/05**

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

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, March 02, 2005 7:56 PM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Vansoeurn Tith'
Subject: RE: Patient # 01, Pang Sidoeun, 31F (Roveing Tbong)

Dear Montha:

I agree with your plan.

Jack

-----Original Message-----
From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Thursday, March 03, 2005 4:40 AM
To: Telemedicine Cambodia; Fiamma, Kathleen M.
Subject: RE: Patient # 01, Pang Sidoeun, 31F (Roveing Tbong)

Dear Montha,

It is unclear to us whether she has been on Bisopropolol/HCTZ or HCTZ in addition to the propanolol. Regardless, it appears that her blood pressure remains elevated even while on both medications. HCTZ and Propanolol can be synergistic (work better together than each used alone), but Propanolol 20mg PO q 12 hours is likely not therapeutic. We would suggest increasing Propanolol to 40mg 1 tablet PO q 12 hours. (So she would be taking 2 tablets of 40mg per day of the propanolol).

Do you have plain HCTZ available? If so you could start that

Also, at the last visit she had a positive stool blood test, it would be helpful if you could repeat that test and see if it is still positive again.

Additional comments/questions: why did you check glucose?

Summary:

1. Propanolol to 40mg PO q 12, (if available you could add HCTZ)

We agree with :

2. Omeprazole 20mg 1t po qhs for one more month

3. Multivitamin 1t po qd for two months

4. Feso4 200mg 1t po qd for two months

Best Wishes and thanks

Janine Miller, MD and Paul Heinzelmann, MD

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 02, 2005 4:08 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng; Vansoeurn Tith
Subject: patient # 02, Som An, 58F (Reveing Tbong)

Dear all,

This is case number two with picture.

Best regards,

Montha

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

SOAP Note
Patient Name & Village: Som An, 58F (Roveing Tbong)

Subjective: 58F, returns for her follow up of HTN and Dyspesia. Her previous symptoms in the previous time are improved so much like no fever, no headache, no cough, no SOB, no no dizziness, no neck tension, no chest pain, no GI complaint any more, (+) good appetite, no peripheral edema, pass urine with normal quantity.

Objective:

VS: BP 158/80 P 72 R 20 T 36.5C Wt 48kgs

PE (focused):

HEENT: unremarkable

Neck: no JVD, no lymphnode palpable

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, not tender, (+) BS for all 4 quadrants

Limbs: No peripheral edema

Previous Labs/Studies:

Current Medications:

1- **HCTZ 50mg 1t po qd**

2- **Omeprazole 20mg 1t po qhs for two months already after H. pylori treatment**

Allergies: NKA

Assessment:

1. HTN
2. Dyspepsia (resolved)

Plan: we would lie to keep with same medication, but stop Omeprazole

1. HCTZ 50mg 1t o qd for two months

Lab/Study Requests: None

Specific Comments/Questions for Consultants: do you agree with my plan? Lease, give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 02/03/05**

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

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, March 02, 2005 8:00 PM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Vansoeurn Tith'
Subject: RE: patient # 02, Som An, 58F (Reveing Tbong)

Dear Montha:

I am pleased the patient is feeling so much better. Her HTN is still poorly controlled, and I would suggest adding a second medication to her HCTZ-- a low dose of propanolol would be fine.

Jack

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, March 03, 2005 4:11 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: patient # 02, Som An, 58F (Reveing Tbong)

I agree with stopping omeprazole, but her blood pressure is not adequately controlled. I don't know what drugs you have available to you, but I would recommend reducing dose of HCTZ to 25mg/day (50mg causes more hypokalemia and not much better BP control) and adding either lisinopril 5mg/day (or another ACE inhibitor) or atenolol 50mg/day or amlodipine 5mg/day.

Thanks.

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

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 02, 2005 4:12 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng; Vansoeurn Tith
Subject: patient # 03, Moeung Srey, 42F (Taing Treuk)

Dear all,

This is case number three with picture.

Best regards,

Montha

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

SOAP Note
Patient Name & Village: Moeung Srey, 42F (Taing Treuk)

Subjective: 42F, returns for her follow up of HTN, and Iron deficiency. She feels much better with her previous symptoms by no fever, (-) headache, no SOB, no cough, no chest pain, no GI complain, no peripheral edema, but she feel blurred vision during weather.

Objective:

VS: BP 120/60 P 68 R 20 T 36.5C Wt

60kgs

PE (focused):

HEENT: no oropharyngeal lesion, pink color on conjunctiva

Neck: No JVD, no lymphnode palpable

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (-) HSM, (+) BS for all 4 quadrants

Limbs: no peripheral edema

Previous Labs/Studies:

Current Medications:

1- **Captopril 25mg 1/2t po q12h**

2- **Feso4 200mg 1t po qd already for 4 months**

3- **Multivitamine 1t o qd already for 4 months**

Allergies: NKA

Assessment:

1. HTN
2. Iron deficiency (Improving)

Plan: I would lke to keep in the same medications but stop Multivitamin and Feso4

1. Captopril 25mg 1/2t po q12 for two months

Lab/Study Requests: none

Specific Comments/Questions for Consultants: do o agree with my lan? Please give me a good idea.

Labs now available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test, GrA Strep

Examined by: Koy Somontha, RN **Date: 02/03/05**

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

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, March 02, 2005 8:02 PM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Vansoeurn Tith'
Subject: RE: patient # 03, Moeung Srey, 42F (Taing Treuk)

Dear Montha:

I agree with your plan.

Jack

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, March 03, 2005 4:08 AM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: patient # 03, Moeung Srey, 42F (Taing Treuk)

I'm glad to hear hypertension is well controlled and she is feeling better. Check hemoglobin now and in 3 months to ensure that she is stable. If iron deficiency was nutritional, has she increased consumption of green vegetables and meat? If it is from bleeding gastritis, check stool occult blood test to confirm healing.

Heng Soon Tan, M.D.

-----Original Message-----
From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, March 02, 2005 4:18 PM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher; Nancy Lugn; Thero Noun; Peou Ouk; Seda Seng; Vansoeurn Tith
Subject: patient # 04, Keo Kun, 49F (Thnal Keng)

Dear all,

This is case number four with picture.

Best regards,

Montha

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

Patient: Keo Kun, 49F (Thnal Keng)

CC: palpitation and cold extremities on and off for 3 weeks

HPI: 49F, farmer, in last 3 weeks ago she got sever dizziness during doing chore, she sat down and slept. Her body became sweat, palpitation, completely malaise, that time her condition got better after her relative messaged and gave her a fruit juice to drink. These symptoms happening on and off nearly everyday up to now, sometimes have another symptoms come to associate with as well like cold extremities, headache, get panic with strong sound (Music…) , poor sleep, poor appetite, dream a lot at night.

PMH: she has no history of HTN, DMII, and heart disease

SH: no smoking, no alcohol drinking

FH: Her husband is abuse alcohol drinker (blame families). Her parents and siblings are healthy

Allergies: NKA

ROS: no fever, no cough, no SOB, (+) palpitation, no chest pain, (+) dizziness, no convulsion, no GI complaint, no vaginal discharge, no peripheral edema.

Current Med: none

PE:

VS: BP 100/60 P 84 R 20 T 36.5C Wt 45kgs

Gen: look depressed

HEENT: no oropharyngeal lesion, conjunctiva is pink color

Neck: No JVD, no lymphnode palpable

Chest:

Lungs: clear both sides

`Heart: RRR, no murmur

Abd: Abdomen: Soft, flat, no tender, (+) BS for all 4 quadrants, (-) HSM

MS/Neuro:

1- Cerebalo function I to XII intact

2- Sensory intact

3- Motor intact

4- Reflex intact

Other: Limbs: no peripheral edema

Previous Labs/Studies: none

Lab/Study Requests: glycemia 90mg/dl, UA is normal

Assessment:

1. Hypoglycemia?
2. Anxiety?

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

1. Amitriptylline 25mg 1t po qhs for one month
2. MTV 1t po qd for one month
3. Do exercise every morning
4. Counseling about families problem
5. Encourage to eat more vegetable and fruit

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

Examined by: Koy Somontha RN Date: 02/03/05

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

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, March 02, 2005 8:08 PM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Vansoeurn Tith'
Subject: RE: patient # 04, Keo Kun, 49F (Thnal Keng)

Dear Montha:

Thank you for your nice information about the patient's symptoms, her social history and the neurologic exam-- I agree with your idea that the patient's main problem may be anxiety or depression. Your idea about counseling for family problems is a very, very good one. It is especially important to ask if her husband ever hits her or threatens her or their children and to know if she has other relatives who can support her when she feels scared.

Good job!

Jack

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

Sent: Thursday, March 03, 2005 12:49 AM
To: Fiamma, Kathleen M.; 'robibtelemed@yahoo.com'; 'tmed_rithy@online.com.kh'
Subject: RE: patient # 04, Keo Kun, 49F (Thnal Keng)

While a patient can be hypoglycemic and get dizzy, this would be more likely to happen if she has not eaten appropriately prior to engaging in activities. A good dietary history can help.

The other things that can cause dizziness with diaphoresis and palpitations are dehydration and vestibular disease. She is unlikely to have central nervous system disease without other symptoms of neurological dysfunction.

It would be a good idea to see if she has orthostatic changes in pulse or bp to see if she is dehydrated.

It would be helpful to see if the dizziness can be reproduced w/ postional rotation of her head (Barany test) to see if dizziness is vestibular in nature.

Anxiety or depression could produce these symptoms, but it is worthwhile to exclude other possibilities prior to attributing her symptoms to psychological/psychiatric issues.

amitryptiline will help with sleep. It should not interfere with the other causes of dizziness.

Good luck.

Paul Cusick

Thursday, March 3, 2005

Follow-up Report for Robib TM Clinic

There were 10 patients seen during this month Robib TM Clinic (and 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 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.]

Treatment Report for Robib Telemedicine March 2005

I - Som Tol, 56M (Taing Treuk)

- A)- Diagnosis
    - a)- DMII with PNP

- b)- Right Foot Wound

· B)- Treatment

- a)- Diamecron 80mg 1t po q8h for one month
- b)- Amitriptyline 25mg 1t po qhs for one month
- c)- Cephalexin 500mg 1t po q6 for 10 days
- d)- Clean wound with NNS 0.09% twice a day
- e)- Foot care education

II – Khun Navun, 24F (Thnout Malou)

- A)- Diagnosis
  - a)- Mastitis?
  - b)- Nipple ezema?
- B)- Treatment
  - a)- Cloxacilline 500mg 1t po q6h for 10 days
  - b)- Triamcinolone cream 0.77% apply twice a day
  - c)- MTV 1t po qd for one month

III – Chan Sark, 77F (Thkeng)

- A)- Diagnosis
  - a)- Muscle Pain
  - b)- HTN?
- B)- Treatment
  - a)- Paracetamol 500mg 1t po q6h for prn
  - b)- Observe HTN

IV – Pin Yen, 63F (Roveing Tbong)

- A)- Diagnosis
  - a)- HTN
  - b)- Right stoke with left side weakness
  - c)- DMII
  - d)- Hypercholesterolemia
- B)- Treatment
  - a)- Captopril 25mg ½t po qd for one month
  - b)- Propranolol 40mg 1t po q12h for one month
  - c)- Furosemide 40mg ½t po qd for one month
  - d)- Diamecron 80mg 1t po q12h for one month
  - e)- ASA 500mg ¼t po qd for one month
  - f)- MTV 1t po qd for one month
  - g)- Fenofibrate 100mg 2t po qhs for one month
  - h)- Draw blood for Lytes, BUN, Creat, Glycemia which will be done at SHCH

V- Tith Hun, 53F (Ta Tong)

- A)- Diagnosis
  - a)- HTN
  - b)- Hyperthyroidism?
- B)- Treatment
  - a)- Propranolol 40mg ½t po q12h for one month
  - b)- Draw blood for TSH, Lytes, BUN, Creat which will be done in SHCH
  - c)- Send for EKG which will be done in Kg Thom (patient will be paid by

her own)

VI- Vong Chheng Chan, 52F (Roveing Chheung)

- A)- Diagnosis
  - a)- HTN
- B)- Treatment
  - a)- Propranolol 40mg ½t po q12h for one month
  - b)- low fat and salt diet

VII- Pang Sidoeun, 31F (Reveing Tbong)

- A)- Diagnosis
  - a)- HTN
  - b)- GI bleeding (Continuous treatment)
- B)- Treatment
  - a)- Propranolol 40mg ½t po q12h for two months
  - b)- HCTZ 50mg ¼t po q12h for two months
  - c)- Omeprazole 20mg 1t po qhs for one more month
  - d)- MTV 1t po qd for two months

VIII- Som An, 58F (Roveing Tbong)

- A)- Diagnosis
  - a)- HTN
- B)- Treatment
  - a)- Propranolol 40mg ¼t po q12h for two months
  - b)- HCTZ 50mg 1t po qd for two months
  - c)- Eat 2 raw bananas per day

`IX- Moeung Srey, 42F (Taing Treuk)

- A)- Diagnosis
  - a)- HTN
  - b)- Iron deficiency (Resolved)
- B)- Treatment
  - a)- Captoprile 25mg ½t po q12 for 2 months
  - b)- Keep doing exercise every morning in order to reduce weigh

X- Keo Kun, 49F (Thnal keng)

- A)- Diagnosis
  - a)- Hypoglycemia?
  - b)- Anxiety? Or depression?
- B)- Treatment
  - a)- Amitriptylline 25mg 1t po qhs for one month
  - b)- MTV 1t po qd for one month
  - c)- Do exercise for every morning, and also encourage to eat more fruit and vegetable.
  - d)- Counseling about family problem

<u>Patients came to refill medications</u>

I- Leng Hak, 69M (Thnout Malou)

- A)- Diagnosis
  - a)- HTN
  - b)- Stroke
- B)- Treatment

    - 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
    - e)- MTV 1t po qd for two months

II- Pheng Roeung, 58F (Thnout Malou)

- A)- Diagnosis
    - a)- Euthyroid
    - b)- HTN
- B)- Treatment
    - a)- Propranolol 40mg 1t po q12h for two months
    - b)- Methimazole 10mg ½t po q12h for two months
    - c)- MTV 1t po qd for two months
    - d)- Paracetamol 500mg 1t po q6h for prn

III- Eum Neut, 53F (Taing Treuk)

- A)- Diagnosis
    - a)- HTN
    - b)- Muscle pain
- B)- Treatment
    - a)- HCTZ 50mg 1t po qd for two months
    - b)- Paracetamol 500mg 1t po q6h for prn
    - c)- Eat two banana per day

IV- Lang Da, 45F (Thnout Malou)

- A)- Diagnosis
    - a)- HTN
    - b)- VHD (MS? MR?)
- B)- Treatment
    - a)- Propranolol 40mg ½t po q12h for one month
    - b)- Furosemide 40mg ¼t po q12 for one month
    - c)- MTV 1t po qd for one month

V- Nget Soeun, 58M (Thnout Malou)

- A)- Diagnosis
    - a)- Liver Chirrosis
- B)- Treatment
    - a)- Propranolol 40mg ¼t po q12h for two months
    - b)- MTV 1t po qd for two months

VI- Muy Vun, 38M (Thnout Malou)

- A)- Diagnosis
    - a)- VHD, MS, MR
    - b)- Common Cold
- B)- Treatment
    - a)- Diagoxine 0.25mg 1t po qd for two months
    - b)- ASA 500mg ¼t po qd for two months
    - c)- Para/ Diphenydramine 500/25mg 1t po 12h for 5 days

VII- Sao phal, 56F (Thnout malou)

- A)- Diagnosis
    - a)- HTN
    - b)- MDII

B)- Treatment
a)- Diamecron 80mg 1t po ¼t po qd for two months
b)- HCTZ 50mg 1t po qd for two months

VIII- Sok Piseth, 12F (Kam Pot)

A)- Diagnosis
a)- Chronic Asthma
b)- VHH, MS? MR?
c)- Pneumonia?
B)- Treatment
a)- Digoxine 0.25mg ½t po qd still has
b)- Augmentine 875mg 1t po qd for 10 days
c)- Azmacort 2puffs q12h for one month.

The next Robib TM Clinic will be held on
April 4-7, 2005