

Robib and Telemedicine



DANA-FARBER/PARTNERS
CANCER CARE

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HARVARD
MEDICAL SCHOOL

May 2002 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Wednesday, May 29, 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. Gary Jacques 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 the e-mail, digital photos and medical advice replies exchanged between the Telemedicine team in Robib, Telepartners in Boston, and the Sihanouk Hospital Center of Hope in Phnom Penh:

Date: Wed, 29 May 2002 03:43:01 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Cambodia Telemedicine, 29 May 2002
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>, gjacques@ucd.net,
Jacques@bigpond.com.kh
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

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

Dear all,

Following 4 messages will have nurse Montha's examination notes and JPG's of the patients from today's clinic.

There are 10 cases, 4 follow now, the rest will arrive over the next 4-5 hours.

We have our follow up clinic with the patients tomorrow at 8:00am Cambodia time, Thursday, May 30th (which is 9:00pm on May 29th in Boston.) Answers before this time are most helpful.

Best regards,

David

Date: Wed, 29 May 2002 03:47:13 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #1: KHIM PANNY, Cambodia Telemedicine, 29 May 2002
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>, gjacques@ucd.net,
Jacques@bigpond.com.kh
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

Telemedicine Clinic in Robib, Cambodia 29 May 2002

Patient #1: KHIM PANNY, female child, 7 years old, (Mother's name is ENG THAN)



Chief complaint: Fever and sore throat last five days

History of present illness: Five days ago she got high fever, sore throat, and sometimes cough with a little sputum. Sore throat feels like burning, gets worse when she drinks ice. She hasn't seen a doctor or medical staff at all.

Current medicine: None.

Past medical history: Four years ago she had bronchitis. Two years ago she had Dengue Fever.

Social history: Unremarkable.

Family history: Unremarkable

Allergies: Unremarkable

Review of system: Has fever, has cough, no abdominal pain, positive stool with mucous, no dyspepsia, positive nausea.



Physical exam

General Appearance: looks mildly sick

Pulse: 128

Resp.: 24

Temp. : 37.5 c

Eyes: No pallor, no jaundice

Ears, nose: Okay

Throat: Positive mild redness, few white spots surrounding tonsil, tonsil mildly enlarged.

Neck: Has lymph node on the left side of the neck, positive mobile, and no pain

Lungs, Heart, Abdomen: Okay

Limbs: Okay

Assessment: Pharyngitis? Parasitis? Malnutrition.

Recommend: Should we cover her with Amoxicillin 250 mg, 3 times per day for 7 days? And Albendazole? And Paracetamol 250 mg, 4 times per day for 5 days? Any other ideas?

From: "Karen Jacques" <jacques@bigpond.com.kh>
To: <dmr@media.mit.edu>
Subject: FW: Patient #1: KHIM PANNY, Cambodia Telemedicine, 29 May 2002
Date: Wed, 29 May 2002 20:06:47 +0700
Importance: Normal

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

From: Karen Jacques [<mailto:jacques@bigpond.com.kh>]

Sent: Wednesday, May 29, 2002 7:45 PM

To: David Robertson

Subject: RE: Patient #1: KHIM PANNY, Cambodia Telemedicine, 29 May 2002

Regarding Khim Panny:

She sounds like she has strep pharyngitis and I agree with Amoxicillin 250 tid for 10 days and Paracetamol. The blood and mucous in the stools suggest possible parasites and Albendazole also sounds like a good idea. Good job.

Dr. Jacques

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>
Subject: FW: Patient #1: KHIM PANNY, Cambodia Telemedicine, 29 May 2002 7
years old
Date: Thu, 30 May 2002 00:15:39 -0400

> -----Original Message-----

> From: Smulders-Meyer, Olga, M.D.
> Sent: Wednesday, May 29, 2002 8:00 PM
> To: Kelleher, Kathleen M. - Telemedicine
> Subject: RE: Patient #1: KHIM PANNY, Cambodia Telemedicine, 29 May
> 2002 7 years old

>
> I would indeed start her on Amoxicillin 250 mg tid for 10 days
> to cover streptococcus. This patient is tachycardic, and most likely very
> dehydrated, so she needs to be rehydrated aggressively, with plain water.
> To get the fever down, continue with paracetamol q 4-6 hrs.

>
>
> She is also tachypneic, and I wonder whether she might have an underlying
> pneumonia as well.

>
> if there is a lab in the area I would obtain a CBC, and look at the WBC,
> as the latter is quite elevated with bacterial infections, and barely
> elevated with viral URI's.

>
> I would not treat with Abendazole, an anthelmintic agent, as there is no
> prove that she has such an infection
>
> If she doesn't improve after a few days of antibiotics, fluids and
> paracetamol, then I would obtain a chest xray to rule out a pneumonia

> *****

Date: Wed, 29 May 2002 03:50:18 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #2: LIM NAY, Cambodia Telemedicine, 29 May 2002
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>, gjacques@ucd.net,
Jacques@bigpond.com.kh
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

Telemedicine Clinic in Robib, Cambodia 29 May 2002

Patient #2: LIM NAY, female, 51 years old (housekeeper Sok Nin's mother)



Chief complaint: Upper abdominal pain radiating to lower back on and off for four months, also muscle pain.

History of present illness: She got upper abdominal pain on and off for four months, radiating to lower abdomen and lower back pain like burning. She gets worse after meal and gets better when she's lying down. When she felt these signs, she went to the pharmacy and bought an antacid to take on and off for four months. Sometimes antacid helps, sometimes not.

Current medicine: Antacid but unknown brand.

Past medical history: Unremarkable.

Social history: Unremarkable.

Family history: Unremarkable

Allergies: Unremarkable

Review of system: No fever, positive vertigo, positive upper abdominal pain, no dyspepsia, positive nausea, no stool with blood, no chest pain, no cough.

Physical exam

General Appearance: looks stable

Blood pressure: 90/50

Pulse: 64

Resp.: 20

Temp. : 36.5

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

Neck: No goiter, no lymph node

Lungs, Heart: Okay

Abdomen: Negative HSM, no pain, and no mass, positive bowel sound

Limbs: Okay

Urine Analysis: Negative

Assessment: Dyspepsia and muscle pain.

Recommend: Should we cover her with Tums for one month and Paracetamol for 7 days? If you agree, please give me correct dosage. Any other ideas?

From: "Karen Jacques" <jacques@bigpond.com.kh>
To: <dmr@media.mit.edu>
Subject: FW: Patient #2: LIM NAY, Cambodia Telemedicine, 29 May 2002
Date: Wed, 29 May 2002 20:06:16 +0700
Importance: Normal

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

From: Karen Jacques [<mailto:jacques@bigpond.com.kh>]

Sent: Wednesday, May 29, 2002 8:05 PM

To: David Robertson

Subject: RE: Patient #2: LIM NAY, Cambodia Telemedicine, 29 May 2002

David,

Peptic disease (ulcer, Gerd, gastritis) is a common cause of upper abdominal pain. Your review of systems mentions "no dyspepsia". Her pain gets worse after a meal so consider cholelithiasis as a possibility. Peptic disease is often worse with an empty stomach and better after a meal. I agree with the trial of antacid therapy. Tums 2tablets po qid(ac and hs) would be fine.

or an alternative is Famotidine 20 mg bid for 2 to 4 weeks. If her symptoms worsen or fever or jaundice develops she should proceed to a local hospital for a gall bladder ultrasound. Thank you.

Dr. Jacques

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>
Subject: FW: Patient #2: LIM NAY, Cambodia Telemedicine, 29 May 2002 51 ye
ars old
Date: Thu, 30 May 2002 00:16:52 -0400

> -----Original Message-----

> From: Smulders-Meyer, Olga,M.D.

> Sent: Wednesday, May 29, 2002 8:19 PM

> To: Kelleher, Kathleen M. - Telemedicine

> Subject: RE: Patient #2: LIM NAY, Cambodia Telemedicine, 29 May 2002

> 51 years old

>

> healthy 51 y.o woman with dyspepsia.

> Her symptoms are most consistent with either gastritis, or peptic ulcer

> disease. I would therefore, treat with anti acids, or if available

> Ranitidine 150 mg BID or Cimetidine 400mg BID for about 4-6 weeks. I would

> not give her Tylenol, as that just masks her symptoms . She should be

> advised to eat 4-5 small meals a day, avoid caffeine and alcohol and

> chocolates.

>

> If her symptoms persist after 4-6 weeks of medical treatment, and she

> continues to have pain, she will need to get an upper GI, or get an

> endoscopy to r/u

> a persistent Helicobacter Pylori infection, or worse a malignancy.

> If there is a local lab, I would obtain a CBC to see if she is anemic.

> if she is anemic, it more likely to be an underlying malignancy.

>

> Still, she is still pretty young, and overall in good health. There is no

> report of weightloss, so I would first go ahead and treat her for

> gastritis, for 6 weeks, see her back, and if she does not improve work her

> up for H.Pylori antibody (a bloodtest) and malignancy.

> Gallstones are in the differential as well, as she experiences her pain

> after meals, so if the upper Gi work up is negative, she should get an

> ultrasound of the right upper quadrant to r/u gallstones.

Date: Wed, 29 May 2002 03:53:11 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #3: CHHIM SIBORN, Cambodia Telemedicine, 29 May 2002
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>, gjacques@ucd.net,
Jacques@bigpond.com.kh
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

Telemedicine Clinic in Robib, Cambodia 29 May 2002

Patient #3: CHHIM SIBORN, female, 27 years old, farmer, patient at May clinic

Photos taken on 29 May 2002



Examination data from April 23, 2002:



Chief complaint: Palpitations, dizziness and mass on anterior neck for two years.

History of present illness: Mass on anterior neck for two years. Sometimes feels severe tightness in throat accompanied by shortness of breath, palpitations and dizziness on and off. Increased shortness of breath and palpitations when she walks, decreases when she takes a rest.



Current medicine: None.

Past medical history: Ten years ago she had Typhoid Fever.

Social history: No smoking and does not drink alcohol.

Family history: Unremarkable

Allergies: None

Review of system: No fever, no cough, no vomiting, no diarrhea, no epigastric pain, weight loss of five kg over the last year.



Physical exam

General Appearance: look non-toxic

BP: 100/60

Pulse: 90

Resp.: 24

Temp. : 36.5

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

Neck: Has goiter, size about 6 x 5 cm.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive bowel sound.

Limbs: mild tremor, no edema

Joints: okay

Assessment: Hyperthyroidism? Anxiety?

Recommend: May we draw blood in the village for thyroid test at SHCH, and then see her next clinic?

April 24, 2002 Dr. Gumley recommended:

SHCH Reply: Agree with your assessment and plan. Draw blood for CBC/Thyroid function tests and see next visit.

Following exam data on 29 May 2002:

This is a follow up patient from last month.

Chief complaint: Still neck tightness and palpitation.

Physical exam

General Appearance: looks non-toxic

Blood pressure: 120/60

Pulse: 90

Resp.: 20

Temp. : 36.5

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

Neck: Has goiter, size about 5 x 6 cm, no lymph node

Lungs: clear both sides

Heart: regular rhythm, no murmur

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

Limbs: okay

Assessment: Simple goiter.

Recommend: Should we refer her to our hospital, Sihanouk Hospital Center of Hope, for discussion with surgeon? Any other ideas?

Note: This patient from last month's trip thought she had toxic goiter. Dr. Graham asked to take blood for goiter tests TSH and T4. Results were "normal."

TSH = 0, 51 ulu/ml

T4 = 12 pml/l

Her goiter still develops day-to-day. Kampong Thom Provincial Hospital cannot take care of goiter cases at all. Please give me your best idea how to manage this case.

From: "Karen Jacques" <jacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #3: CHHIM SIBORN, Cambodia Telemedicine, 29 May 2002
Date: Wed, 29 May 2002 21:48:12 +0700
Importance: Normal

Non-toxic goiter can still cause symptoms from local mass effect. Also, thyroid function can fluctuate with time. I agree with your recommendation to refer to our surgeons at SCHC for consultation. Is there adequate iodine in the diet in her province? Thank you.

Dr. Jacques

Date: Wed, 29 May 2002 03:57:18 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #4: NGOUN SOKHOM, Cambodia Telemedicine, 29 May 2002
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>, gjacques@ucd.net,
Jacques@bigpond.com.kh
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

Telemedicine Clinic in Robib, Cambodia 29 May 2002

Patient #4: NGOUN SOKHOM, female, 40 years old



Chief complaint: Cold extremities. Sometimes chest tightness on and off for three years.

History of present illness: She has cold extremities and chest tightness on and off for three years, accompanied by vertigo, weakness, and muscle pain, chest tightness sometimes radiating to upper back. She gets worse chest tightness during the night, in the daytime is okay. When she got signs per above she went to the local medical clinic and received some medicine. She doesn't know the name of the drug; it helped a little bit.

Current medicine: None.

Past medical history: In 1983 she had Malaria.

Social history: Unremarkable

Family history: Her mother died of severe Pharyngitis.

Allergies: None

Review of system: No fever, no cough, no diarrhea, positive muscle pain, positive chest tightness, positive cold extremities, no stool with blood, positive stool with mucous, no weight loss, no nausea, no chest pain

Physical exam

General Appearance: looks non-toxic
BP: 90/50
Pulse: 68
Resp.: 20
Temp. : 36.5

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

Assessment: Anxiety? Parasites. Muscle Pain.

Recommend: Should we cover her with Paracetamol for 7 days and Mebendazole for three days and educate her how to release anxiety?

From: "Karen Jacques" <jacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #4: NGOUN SOKHOM, Cambodia Telemedicine, 29 May 2002
Date: Wed, 29 May 2002 20:24:29 +0700
Importance: Normal

Anxiety sounds quite possible, but I would like more information before reaching a conclusion. Does she describe feelings of anxiety? Is there any shortness of breath or other respiratory symptoms associated with the chest tightness? On physical exam what is her affect? Does she look anxious or depressed? It's hard to tell from her photo. With this being a three year duration, I think we can try your suggestions and observe in follow up. If she has shortness of breath, orthopnea, or other respiratory symptoms I would like to see a chest xray. Also, what did her extremities look like on physical exam? Thank you

Dr. Jacques

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>
Subject: FW: Patient #4: NGOUN SOKHOM, Cambodia Telemedicine, 29 May 2002
40 years old
Date: Thu, 30 May 2002 00:11:49 -0400

> -----Original Message-----

> From: Goldszer, Robert Charles,M.D.

> Sent: Wednesday, May 29, 2002 6:04 PM

> To: Kelleher, Kathleen M. - Telemedicine

> Subject: RE: Patient #4: NGOUN SOKHOM, Cambodia Telemedicine, 29 May

> 2002 40 years old

>

>

- > 1. Do you agree with assessment?
- > 2. Do you recommend any additional testing?
- > 3. Should the patient be transported to hospital rather than be treated in the village?
- >
- > It sounds most like anxiety to me. Patient can be treated in village.
- > How about anxiety management or medication and antacids for stomach and back pain. If persists or if patient develops other symptoms such as fever, weight loss, bloody diarrhea I would culture stools and then treat.
- > If diarrhea and stools are very bad at present, I would treat with anti parasite medication. This might help the muscle aches also.
- > RCGoldszer
- >

Date: Wed, 29 May 2002 08:07:06 -0700 (PDT)
 From: David Robertson <davidrobertson1@yahoo.com>
 Subject: Patient #5: TACH SOPHAR_1, Cambodia Telemedicine, 29 May 2002
 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>, gjacques@ucd.net, Jacques@bigpond.com.kh
 Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu, aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

Telemedicine Clinic in Robib, Cambodia

29 May 2002

Patient #5: TACH SOPHAR, male, 29 years old, farmer



Chief complaint: Piece of boom on left hand, left shin, 2 cm under left clavicle, for seven years, painful on and off.



History of present illness: Seven years ago he got piece of boom on left hand, left shin, and under left clavicle. Now it is getting painful and includes fever, vertigo, headache and sometimes feels burning on these old scars, especially on the left shin. It is severely painful when he walks. In 1995 he was admitted to a hospital in Phnom Penh; they didn't remove piece of boom, just cured wound.



Current medicine: None.

Past medical history: Had malaria in 1996.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has fever, no cough, no diarrhea, no chest pain, no abdominal pain.

Physical exam

General Appearance: look non-toxic

BP: 100/60

Pulse: 68

Resp.: 20

Temp. : 37

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, no mass, negative HSM

Limbs: Left hand has soft mass, size about 4 x 2 cm, not mobile. Left shin has small scar, painful but not swollen

Assessment: Left hand mass due to piece of boom. Left shin old scar due to piece of boom. Under left clavicle mass due to piece of boom.

Recommend: Should we refer him to Kampong Thom Hospital to discuss with surgeon?

From: "Karen Jacques" <jacques@bigpond.com.kh>

To: "David Robertson" <davidrobertson1@yahoo.com>

Cc: <dmr@media.mit.edu>

Subject: RE: Patient #5: TACH SOPHAR_1, Cambodia Telemedicine, 29 May 2002

Date: Thu, 30 May 2002 05:59:50 +0700

Importance: Normal

I agree that Mr. Tach Sophar should consult a surgeon as soon as possible to evaluate and rule out abscess or osteomyelitis. Thank you.

Dr. Jacques

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>

To: "David Robertson (E-mail 2)" <dmr@media.mit.edu>,

"David Robertson (E-mail)" <davidrobertson1@yahoo.com>

Subject: FW: Cambodia Patient

Date: Thu, 30 May 2002 09:02:49 -0400

Importance: high

> -----Original Message-----

> From: Mora, Bassem

> Sent: Wednesday, May 29, 2002 7:01 PM

> To: Kelleher, Kathleen M. - Telemedicine

> Subject: Cambodia Patient

> Importance: High

>

> I would recommend having the patient seen in a hospital to have the

> boom-related mass removed from the arm. I would also suggest a chest

> radiograph and plain radiograph of the left lower leg to evaluate the two

> other masses. The pain associated with the left leg mass raises concerns

> about local inflammation that could lead to fracture of the bone in this

> region.

>

> John C. Wain, MD

> Associate Visiting Surgeon

> Massachusetts General Hospital

>

>

> Kathy,

> I am sending this from another mailbox because mine is currently full. That

> is the reason for the high priority. Sorry about any confusion. John Wain

Date: Wed, 29 May 2002 08:17:14 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Patient #6: TOURN TIT, Cambodia Telemedicine, 29 May 2002

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>, gjacques@ucd.net,

Jacques@bigpond.com.kh

Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,

aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

Telemedicine Clinic in Robib, Cambodia

29 May 2002

Patient #6: TOURN TIT, male, 8 year old child, Mother is KIM LAM



Chief complaint: Fever, abdominal pain, watery diarrhea last six days

History of present illness: Four days ago he got high fever, abdominal pain, and diarrhea three times per day. After four days of eating mangoes, his mother brought him to the health center, they gave him some medicine, but she doesn't know the name of the drug. Now that there's diarrhea, abdominal pain has developed.

Current medicine: Paracetamol 500mg two times per day for two days.

Past medical history: June 2001 he had Typhoid Fever.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has fever, diarrhea, abdominal pain and distension. No nausea, no cough, no vomiting, no dyspepsia.

Physical exam

General Appearance: looks sick

BP: 100/60

Pulse: 112

Resp.: 24

Temp. : 37.3

Hair, ears, nose, throat: Okay.

Eyes: Mild pale, no jaundice, mild sunken eye.

Neck: No lymph node, no pain

Lungs: clear both sides, no crackle

Heart: regular rhythm, no murmur

Abdomen: mild distension, soft, mild pain around umbilical, positive bowel sound, negative HSM

Limbs: okay

Assessment: Typhoid fever? Parasitis? Food Poisoning? Malnutrition. Rule out malaria.

Recommend: Should we treat him with:

- ORS, one bag diluted with clear water, one liter, drink as needed
- Ofloxacin, 200 mg, two times per day for ten days
- Albendazole, 100 mg, one time per day for three days
- Paracetamol, 500 mg, three times per day for three days

If you have any idea, please let me know. I think this patient should have CBC test but can't do here in the village. I want to try medication listed above first. Okay?

From: "Karen Jacques" <jacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #6: TOURN TIT, Cambodia Telemedicine, 29 May 2002
Date: Thu, 30 May 2002 06:12:30 +0700
Importance: Normal

I agree with your assessment and treatment including dosages. Please caution his mother carefully to take Tourn Tit to the hospital for additional evaluation if his condition worsens-- if he is unable to keep oral medicine and fluids down, mental status changes, worsening abdominal pain etc.

Thank You.

Gary Jacques M.D.

From: "Karen Jacques" <jacques@bigpond.com.kh>
To: <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: Addendum to this patient FW: Patient #6: TOURN TIT, Cambodia Telemedicine, 29 May 2002
Date: Thu, 30 May 2002 08:38:22 +0700
Importance: Normal

I would prefer not to use Ofloxacin in this pediatric patient. If you have

Clotrimoxazol you may give one and a half tsp po bid for 10 days.

Otherwise, give Paracetamol and Mebendazole and fluids. Server was down

last night for this communication and for patient #7. Thanks Dr. Jacques

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>
Subject: FW: Patient #6: TOURN TIT, Cambodia Telemedicine, 29 May 2002
Date: Thu, 30 May 2002 00:14:46 -0400

> -----Original Message-----

> From: Goldszer, Robert Charles,M.D.
> Sent: Wednesday, May 29, 2002 6:09 PM
> To: Kelleher, Kathleen M. - Telemedicine
> Subject: RE: Patient #6: TOURN TIT, Cambodia Telemedicine, 29 May
> 2002
>
> Your plan sounds very reasonable to me. It sounds like this person has
> bacterial gastroenteritis. I agree with adding the antibacterial
> medication and hydration. If child can not take oral fluids and
> nourishment they should go to hospital.
>
> ORS, one bag diluted with clear water, one liter,
> drink as needed
> - Ofloxacin, 200 mg, two times per day for ten days
> - Albendazole, 100 mg, one time per day for three days
> - Paracetamol, 500 mg, three times per day for three
> days
>
> Robert C Goldszer

Date: Wed, 29 May 2002 17:54:12 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #7: HOURS SAM BATH, Cambodia Telemedicine, 29 May 2002
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>, gjacques@ucd.net,
Jacques@bigpond.com.kh
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
aafc@forum.org.kh, nsotero@yahoo.com, seda@daily.forum.org.kh

Telemedicine Clinic in Robib, Cambodia 29 May 2002

Patient #7: HOURS SAM BATH, male, 9 year old child



Chief complaint: Fever, abdominal pain, diarrhea two times per day for last four days

History of present illness: Four days ago he got high fever, abdominal pain, and diarrhea two times per day. After he ate some food and fruit, his mother brought him to the health center, medical staff gave him some medicine, but mother doesn't know the name of the drug. Now diarrhea, fever, abdominal pain still appear.

Current medicine: Paracetamol 500mg two times per day for two days.

Past medical history: In 1999 he had Dengue Fever and Malaria.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has fever, diarrhea, abdominal pain. No nausea, no vomiting, no cough.

Physical exam

General Appearance: looks mild sick

BP: 90/60

Pulse: 84

Resp.: 20

Temp. : 37.5

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

Lungs: clear both sides

Heart: regular rhythm, no murmur

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

Limbs: okay

Assessment: Parasitosis? Food Poisoning? Malnutrition. Rule out Typhoid Fever and Malaria.

Recommend: I think this patient should do CBC and stool exam but can't do in the village. May we treat him with:

- Ofloxacin, 200 mg, three times per day for ten days
- Paracetamol, 500 mg, two times per day for five days
- Albendazole, 100 mg, one time per day for three days
- ORS as needed

If you have any idea, please let me know.

From: "Karen Jacques" <jacques@bigpond.com.kh>

To: "David Robertson" <davidrobertson1@yahoo.com>

Cc: <Dmr.@media.mit.edu>

Subject: RE: Patient #7: HOURT SAM BATH, Cambodia Telemedicine, 29 May 2002

Date: Thu, 30 May 2002 08:32:52 +0700

Importance: Normal

I would not like to use Ofloxacin in children, (please see my addendum to patient #6 Tourn Tit as well). If you have clotrimazole, you can give one and a half teaspoons po bid for 10 days instead. Otherwise, let's just treat with Mebendazole, fluids, and Paracetamol. As with the previous patient, please advise his family to take him to a nearby hospital if his condition deteriorates--specifically, if he is unable to keep medicine or fluids down, worsening abdominal pain, mental status changes, etc. Thanks.

Gary Jacques, M.D.

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>

Subject: FW: Patient #7: HOURT SAM BATH, Cambodia Telemedicine, 29 May 2002

Date: Thu, 30 May 2002 00:13:22 -0400

> -----Original Message-----

> From: Goldszer, Robert Charles, M.D.

> Sent: Wednesday, May 29, 2002 6:06 PM

> To: Kelleher, Kathleen M. - Telemedicine

> Subject: RE: Patient #7: HOURT SAM BATH, Cambodia Telemedicine, 29 May
> 2002

>

> It sounds like either a parasite or bacterial gastroenteritis.

> I agree with plans for continuing anti-parasite treatment and adding

> Ofloxacin, 200 mg, three times per day for ten days.

>

> If patient can not take oral fluids he should go to hospital.

> RCGoldszer

Date: Wed, 29 May 2002 17:57:24 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #8: SEK TIT, Cambodia Telemedicine, 29 May 2002
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>, gjacques@ucd.net,
Jacques@bigpond.com.kh
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

Telemedicine Clinic in Robib, Cambodia 29 May 2002

Patient #8: SEK TIT, male, 66 years old, farmer



Chief complaint: Weakness, dizziness. Both feet have numbness on and off for three months.

History of present illness: For three months he has weakness, dizziness, and sometimes neck tenderness accompanied by blurred vision and numbness all over both feet. These symptoms develop when he walks and get better when he rests. After he got these signs he purchased medication at the drug store like anti-hypertension medicine taking on and off for one month. He stopped medication two months ago.

Current medicine: Traditional medicine.

Past medical history: Two years ago hypertension diagnosed 150/?

Social history: Has smoked and drank alcohol for 30 years.

Family history: Unremarkable

Allergies: None

Review of system: Has dizziness, no cough, no chest pain, has diarrhea, no vomiting, no nausea, no fever, no dyspepsia

Physical exam

General Appearance: looks non-toxic

BP: 170/90

Pulse: 78

Resp.: 20

Temp. : 36

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

Neck: okay
Lungs: clear both sides
Heart: decreasing regular rhythm, no murmur
Abdomen: soft, flat, not tender, positive bowel sound.
Limbs: numbness both feet, no deformity

Assessment: Hypertension (mild) and PNP (Peripheral neuropathy)

Recommend: Should we cover him with Propranolol 10 mg, two times per day and Vitamin B1, 250 mg, one tab per day? Should we refer him to the hospital? Please give me any ideas.

From: "Karen Jacques" <jacques@bigpond.com.kh>

To: "David Robertson" <davidrobertson1@yahoo.com>

Cc: <mdr@media.mit.edu>

Subject: RE: Patient #8: SEK TIT, Cambodia Telemedicine, 29 May 2002

Date: Thu, 30 May 2002 09:29:39 +0700

Agree with your assessment. The Propranolol dose could be 20 mg bid and titrated upwards on subsequent visits. An EKG and chest xray would be helpful when available. Listen for carotid bruits. If stools are heme negative, and he is no longer drinking, consider adding aspirin 75 mg po qd.
thank you Dr. Jacques

Date: Wed, 29 May 2002 18:00:29 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Patient #9: PRUM RETH, Cambodia Telemedicine, 29 May 2002

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>, gjacques@ucd.net, Jacques@bigpond.com.kh

Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu, aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

**Telemedicine Clinic in Robib, Cambodia
29 May 2002**

Patient #9: PRUM RETH, female, 45 years old, farmer



Chief complaint: Neck tenderness, dizziness, and palpitations last nine months. Upper abdominal pain on and off for the last nine months.

History of present illness: Last nine months she had neck tenderness, dizziness, and palpitations on and off and accompanied by headache and mild blurred vision. She also has upper abdominal pain radiating to chest, pain like burning, gets worse after a meal. She went got these symptoms, she went to the doctor and received some medicine, it helped some, but now she has stopped taking the medication for two months already.

Current medicine: None.

Past medical history: Knew nine months ago that hypertension diagnosed 180/?

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: No fever, no diarrhea, positive burping, no nausea, upper abdominal pain, no chest pain, no weight loss, no cough

Physical exam

General Appearance: looks good

BP: 100/80

Pulse: 74

Resp.: 20

Temp. : 36.5

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

Neck: No lymph node, no goiter

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive bowel sound.

Limbs: okay

Assessment: Mild hypertension. Dyspepsia.

Recommend: Should we refer her to the hospital? Or cover her in the village with medication like Famolidine for one month, 40 mg one time per day, and Propranolol 10 mg, two times per day for one month.

If you have any ideas, please let me know. If you agree with the assessment to treat with medication in the village, please give me the correct dosage.

From: "Karen Jacques" <jacques@bigpond.com.kh>

To: "David Robertson" <davidrobertson1@yahoo.com>

Cc: <dmr@media.mit.edu>

Subject: RE: Patient #9: PRUM RETH, Cambodia Telemedicine, 29 May 2002

Date: Thu, 30 May 2002 09:33:07 +0700
Importance: Normal

Agree with Famotidine 40 mg qd. for one month. No need to start Propranolol with the blood pressure that you obtained. Follow up next visit. Thanks

Dr. Jacques

Date: Wed, 29 May 2002 18:06:50 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #10: KIM SARO, Cambodia Telemedicine, 29 May 2002
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>, gjacques@ucd.net,
Jacques@bigpond.com.kh
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

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

Dear all,

The last case for this month's Telemedicine clinic follows. Thanks again for your help.

Best regards,

David

Telemedicine Clinic in Robib, Cambodia 29 May 2002

Patient #10: KIM SARO, female, 47 years old, farmer



Chief complaint: Upper abdominal pain on and off for last seven months. Cold extremities and chest tightness on and off for last two months.

History of present illness: Two months ago she got cold extremities and chest tightness, not radiating to anywhere, tightness like a dull feeling. She also has upper abdominal pain like burning, radiating, especially after meal, and accompanied by burping. When she got these symptoms she went to buy some medication at the drugstore (antacid) which helped sometimes.

Current medicine: Antacid (brand unknown) one tablet one time per day for five months on and off.

Past medical history: In 1996, Malaria.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: No fever, no nausea, no diarrhea, no sweat, but has chest tightness, has cold extremities, no cough, has burping and has epigastric pain.

Physical exam

General Appearance: looks stable

BP: 90/50

Pulse: 80

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, positive epigastric pain.

Limbs: okay

Assessment: Anxiety. Muscle pain. Dyspepsia.

Recommend: Should we cover her with antacid like Tums, 500 mg three times per day for 30 days and Paracetamol, 500 mg four times per day for seven days? Any other ideas?

From: "Karen Jacques" <jacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #10: KIM SARO, Cambodia Telemedicine, 29 May 2002
Date: Thu, 30 May 2002 09:40:13 +0700
Importance: Normal

Tums 1 to 2 tablets 4 times a day (2 hours after each meal and at bedtime).

Paracetamol 1 tablet every 4 hours as needed for pain. see her back in

follow up in one month. Thanks Dr. Jacques

Date: Mon, 3 Jun 2002 19:31:11 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: RE: Patient #10: KIM SARO, Cambodia Telemedicine, 29 May 2002

To: gjacques@ucd.net, jacques@bigpond.com.kh
Cc: dmr@media.mit.edu, seda <seda@daily.forum.org.kh>

--- Karen Jacques wrote:

- > Tums 1 to 2 tablets 4 times a day (2 hours after > each meal and at bedtime).
- > Paracetamol 1 tablet every 4 hours as needed for > pain. see her back in
- > follow up in one month. Thanks Dr. Jacques

Dear Dr. Jacques, Thank you for your help with Telemedicine this month. Montha departed the village before I received your reply on this patient. I had a small amount of Tums for the patient, but she needs more to follow your recommended dose. At the moment she has a supply to last one week. If Montha could prepare a bottle of TUMS from the SHCH allotment for Telemedicine patients, with 80 or more tablets, that should be enough for one tablet four times per day for 20 days. Maybe 100 Tums would be the correct amount based on above. Then please ask Montha to have this delivered to the Cambodia Daily care of Mrs. Seda by Wednesday afternoon. If transportation is a problem, Mrs. Seda could send somebody to pick up the medicine from the hospital for this poor patient. I have a driver coming to Robib village on Thursday who can bring me this medicine. Thanks for your help,
David