Robib and Telemedicine

Robib Telemedicine Clinic May 2005

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

On Tuesday, May 03, 2005, SHCH staff, Nurse Somontha Koy traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Wednesday and Thursday (mornings), May 4 & 5, 2005, the Robib TM Clinic opened to receive the patients for evaluations. There were 3 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 Thursday and Friday, May 5-6, 2005.

On Friday, 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 :

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Monday, April 25, 2005 3:29 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; Ruth Tootill
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Peou Ouk; Seda Seng
Subject: Robib Telemedicine for May, 2005

Dear all,

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

Here is agenda for trip:

- On 02 May 2005 we will leave Phnom Penh to Robib village.

- On 03 May 2005 clinic will be started in the morning at 8 o'clock. Most of new cases will be seen and also some follow- up ones. At afternoon, pateints' data will be send to Telepartners in Boston and SHCH in Phnom Penh.

- On 04 May 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 05 May 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

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Monday, May 02, 2005 9:06 AM
To: Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Gary Jacques; 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: Urgent

Dear all,

I am writing to inform you about changing the date of Robib TM May 2005. Due to National Holiday in Cambodia, there was not a driver available to take me to Robib today. As the result the agenda will be changed to the following.

- 05/03/05 leaving for Robib
- 05/04/05 patient consultation and transmition of data
- 05/05/05 patient consultation and transmition of data
- 05/06/05 downloading of replies and patient management
- 05/07/05 retuening to phnom Penh

Please reply by noon time on 05/06/05 Cambidian time. I appologize for this sudden change.

I hope to recieve your reply on time.

Best regards,

Montha

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 04, 2005 8:22 PM
To: Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng
Subject: Robib TM for May, 2005

Dear all,

I am in Robib for monthly telemedicine. Now I am writing to inform you about Robib patient. Toda Robib TM has 4 patients there are 3 new cases and one for follow up. Please take a look through my attachment.

Best regards,

Montha

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 04, 2005 8:27 PM
To: Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient #01, Pou Lim Thang, 41F (Thnout Malou)

Dear all,

This is case number one with picture

best regards,

Montha

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

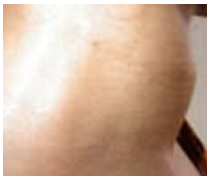
History and Physical

Patient Name (or identifier) and village: Pou Lim Thang, 41F (Thnout Malou)
Date: 04/May/2005

Chief Complaint (CC): Anterior mass on the neck for 9 months

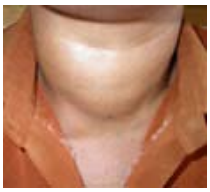
History of Present Illness (HPI): 41F, farmer, presented with anterior goter mass since last nin months, mass is developed from day to dayand make her difficult to swallow for sometimes. During in this period of time she also has palpitation and SOB during carrying heavy thing or walking with long distance(1Km), (+) eyes fatigue, poor sleep, poor appetite, loose hair, limbs tremor, feeling hot, loose weight for 10 kg during 9 months. But she has no fever, no chest pain, no cough, no GI complain, no peripheral edema, and also has regular period.

Past Medical History (PMH): unremarkable



Social History: no smoking, but drinking alcohol when she delivered(it's about 15 liters per one time, she has 5 childrend)

Review of Systems (ROS): no sore throat, no fever, no cough, no chest pain, (+) palpitation, (+) SOB on exertion, no GI complain, no joint pain, no peripheral edema.



Current Medications: none

Allergies: NKA

Physical Exam (PE): look stable with

VS: BP 120/ 80, p 128, R 22, T 36.5C, Wt 58kgs

- HEENT: no oropharyngeal lesion, conjunctiva is pink color, no exophlamosis .
- Skin: warm to touch, no jaundice, no rash
- Neck: has goiter on anterior neck, size's about 5x 6cm, it's moveable, regular border, soft, no JVD, no brut.

- Lungs: clear both sides
- Heart: Tachycardia, but no murmur
- Abd: Soft, flat, no tender, (+) BS for all 4 quardrants
- Limbs: no edema, no stiffness all joints, but mild tremor on both hands.
- Neuro exam:
    - Cerebalar function intact
    - Cranial nerve from I to XII intact
    - Sensory intact
    - Motor intact 5/5
    - Reflex : hyper reflexive on both hands, but others are intact

Labs/Studies:

Previously completed: none

Completed today: Hgb 12g/dl, UA is negative

Assessment:

1- Hyperthyroidism?

2- Anxiety?

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

1- Propranolol 40mg 1/4t po q12h for one month

2- Check T4 and THS will be done at SHCH

Specific Comments/Questions from RN to consultants: do we need to do neck ultrasound or not? Please give me a good idea.

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

Examined by: Koy Somontha, RN **Date: 05/04/05**

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

From: Rithy-chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 05, 2005 9:09 AM

To: 'Telemedicine Cambodia'
Cc: 'Kathy Fiamma'; 'Cornelia Haener'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'
Subject: RE: Patient #01, Pou Lim Thang, 41F (Thnout Malou)

Dear Montha,

For patient Pou Lim Thang, 41 F, is her difficulty to swallow worsen to the point of unable to swallow hard or soft food or both? Has she been able to drink? Is her weight loss due to the problem with difficulty to swallow? In the history concern such patient, please specify the associating factors relating to each significant problem like losing 10kg of weight. Also, was it a typo—did she really drink 15L alcohol each time or even 1.5L each time, that's a lot of alcohol—or do you really meant that during each delivery she drank a total of 15L? If she an alcoholic, please ask her to seek proper counsel on cessation.

Otherwise, I agree with your plan.

Regards,

Rithy

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, May 05, 2005 8:28 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient #01, Pou Lim Thang, 41F (Thnout Malou)

Dear Montha,

I agree with your assessment and management.

Thanks

Cornelia

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

From: Crocker, Jonathan T., M.D.

Sent: Wed 5/4/2005 5:27 PM

To: Fiamma, Kathleen M.

Subject: RE: Patient #01, Pou Lim Thang, 41F (Thnout Malou)

Dear Koy,

I agree that she has thyroid goiter with hyperthyroidism -- likely Grave's disease. I doubt this is anxiety.

I agree with propranolol. The differential diagnosis is Graves' disease (most likely), toxic multinodular goiter (second most likley), or thyroiditis or hashitoxicosis (more rare), etc.

She needs to have TSH, T3, and T4 checked, as well as TSH-receptor antibodies.

Is her thyroid tender? (thyroiditis). I ask this because she does NOT have the typical exophthalmos seen in Grave's disease.

Here, she would have a 24 hour radioactive iodine uptake scan to determine if she has increased synthesis of thyroid hormone (like in Grave's, TMG, hashitoxicosis which would show high uptake - and therefore amenable to thionamide drugs) or increased inflammation/destruction of the gland with thyroid hormone release but no sythesis (like in thyroiditis which would show low uptake - and therefore not amenable to thionamides).

I think in this case you really want a 24 RAI uptake scan b/c she does not have the classic findings of Grave's exophthalmos and therefore can't just assume it is (in which case beta blocker and thionamid therapy is fine). If you cannot get a radioactive iodine uptake scan, then strongly consider starting methimazole (as long as she's not pregnant) 20 mg daily since Grave's disease or Toxic multinodular goiter is still most likely.

However, methimazole is not good treatment alone for Toxic multinodular goiter, and for that she would need surgery or iodine ablation.

If she gets nauseous with the medication, split it up into twice a day dosing. She should have her repeat TSH and T4 blood work done at every 4-6 week intervals to monitor her response.

The ultrasound is a good idea to look at the anatomy of the thyroid. If she has a dominant mass or nodule it may need to be biopsied.

I think it would help if you could have her seen by an endocrinologist.

Regards,

Dr. Jonathan Crocker

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 04, 2005 8:32 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient #02, Lim Sobophar (Tatong)

Dear all,

This is case number two with picture.

best regards,

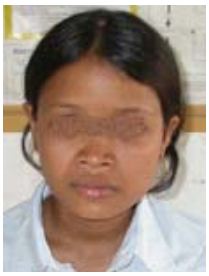
Montha

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

History and Physical

Patient Name (or identifier) and village: Sin Sobophar, 21F (Tatong)
Date: May/04/2005

Chief Complaint (CC): Epigastric pain on off for 5 months



History of Present Illness (HPI): 21F, farmer, presents with 5 months on and off of epigastric pain. Pain like stabbing and radiating to upper side of abdomen, it also lasts about 30mn per one time, it happens about 3 to 4 times/ days. Pain can be subside after taking meal or water drinking and also getting worse when she eats hard, fatty, and spicy food. She has epigastric pain and also accompany by other symptoms like burping, excessive saliva in the morning, for sometimes she has stool with black color and poor appetite.

Past Medical History (PMH): unremarkable

Family History: unremarkable

Social History: no smoking, no alcohol drinking

Review of Systems (ROS): no fever, no sore throat, no headache, no SOB, no palpitation, no cough, (+) epigastric pain, (+) burp, but no diarrhea, no peripheral edema.

Current Medications: none

Allergies: NKA

Physical Exam (PE): look well

- VS: BP 100/50, P 84, R 20, T 36.5C, Wt 38 Kgs
- HEENT: no oropharyngeal lesion, no pale on conjunctiva, no jaundice.
- Neck: no JVD, no goiter enlarge, no lymphnode palpable
- Lungs: clear both sides
- Heart: RRR, no murmur
- Abd: soft, flat, (+) HSM, (+) BS for all 4 quadrants, no pain during palpable
- Limbs: no peripheral edema, no stiffness
- Rectal exam: no mass, soft, no pain, good tone.

Labs/Studies:

Previously completed: none

Completed today: Colo check slightly positive

Assessment:

1- PUD?

2- Gastritis?

3- GI bleeding?

4- Parasititis?

5- Gallbladder stone?

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

1- H2 Pylori treatment for 10 day and then go on by Omeprazole 20mg 1t po qhs for one month

2- Hyoscine 10mg 1t po q8h for prn

3- Metochlopamide 10mg 1t po q12h for prn

4- Mebendazole 100mg 1t po q12h for 3 days

5- Gerd education and avoid eating fatty, spicy, hard food, and encourage her to drink more water.

Specific Comments/Questions from RN to consultants: Do we need to send her for abdominal ultrasound or not to rule out Gallbladder stone. Do you agree with my plan? please give me a good idea.

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

Examined by: Koy Somontha, RN **Date: May/04/2005**

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

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

From: Cusick, Paul S.,M.D.

Sent: Wed 5/4/2005 9:09 PM

To: Fiamma, Kathleen M.; robibtelemed@yahoo.com

Cc: tmedrithy@online.com.kh

Subject: RE: Patient #02, Lim Sobophar (Tatong)

Your history and exam suggest dyspepsia without evidence for gastric bleeding from ulcer or gastritis. Parasites are also a possibility. I would treat this patient as you are doing with a 3 drug H pylori regimen. Mebendazole is appropriate for parasites. I do not think you necessarily need metaclopride or hyoscamine.

In the absence of symptoms of biliary colic, fever, chills, light colored stools or right upper quadrant pain, an ultrasound is not indicated in this 21 year old woman unless omeprazole/biaxin/amox does not relieve symptoms.

Good luck

Paul Cusick, M.D.

From: Rithy-chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 05, 2005 9:17 AM
To: 'Telemedicine Cambodia'

Cc: 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'
Subject: RE: Patient #02, Lim Sobophar (Tatong)

Dear Montha,

For patient Lim Sobophar, 21F, since her colocheck is positive with history of black stool, I agree with your dx of PUD and tx her with H pylori erad regimen. Since her abd exam was reported to be unremarkable without a positive Murphy's sx, I would not send her to K Thom for US. Also, you do not need to give her hyoscine; the other medications are fine.

Regards,

Rithy

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, May 04, 2005 8:35 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient #03,

Dear all,

This is case number three with pictures.

best regards,

Montha

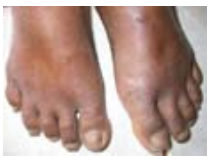
Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note (Follow-Up)

Patient Name & Village: Pin Yen, 64F (Rovieng Tbong)

Subjective: 64F returns for follow up of DMII, HTN with Stroke, Anemia, Dyspepsia, and Hypercholesterolemia. Now she still has no abdominal pain, no nausea, less headache, no cough, no fever. But she still SOB on claiming stair 4 or 5 steps, (+) blurred vision during long looking distance. In this 10 days, her legs has gradually edema with less amount of urine out put and neck tension.

Objective:



Current Medications:

- Captopril 25mg 1/2t po qd
- Propranolol 40mg 1/2t po q12h

- Diamecron 80mg 1t po q12h
- MTV 1t po qd
- ASA 300mg 1/4t po qd
- H2. Pylori treatment for 10 days and go on by Omeprazole 20mg 1t po qhs for another 20 days
- Feso4/ Folic acide 200/0.25mg 1t po q12h
- Fenofibrate 100mg 1t po qhs
- Paracetamol 500mg 1t po q6h for prn

Allergies: NKA

VS: BP (L) 220/120, (R) 200/100 P 76 R 20 T 36.5C Wt 40kgs

PE (focused):

- **HEENT:** no oropaharyngeal lesion, conjunctiva is pink color
- **NecK:** no JVD, no goiter enlarge
- **Lungs:** clear both sides
- **Heart:** RRR, no murmur
- **Abdomen:** unremarkable
- **Limbs:** pitting edema (+2) on the both legs, positive dorsal pulse, warm to touch

Labs/Studies:

Previously completed: The result done on April/ 04/05

- WBC 8x 10^9 /L, RBC 2.9x 10^{12}/ L, Hgb 7.8g/ dL, Hct 24%, MCV 81, MCH 27, MCHC 33, Platelet count 272, lym 2.1, Mxd 0.8, Neut 4.7, Peripheral bllod smear +2, Reticulocyte 1.6%, Cholesterol (recheck) 5mmol/L.

Completed today: BS 100mg/ dl, UA proteine +4, Microalbune (+)

Assessment:

1. DMII
2. HTN with Stroke
3. Dyspepsia
4. Hypochromic Anemia?
5. CRF?

Plan: I would like to keep her with the same medications as previous months

- Captopril 25mg 1/2t po qd
- Propranolol 40mg 1t po q12h
- Glibenclamide 5mg 80mg 1t po q12h
- ASA 300mg 1/4t po qd
- Omeprazole 20mg 1t po qhs for another month
- Paracetamol 500mg 1t po q6h for prn
- Vit B12 1000 microgram IM per month

Labs or Studies:

Specific Comments/Questions for Consultants: do we need to recheck her electrolyte and Creat or not? Please give me a good idea.

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

Examined by: Koy Somontha, RN **Date: May/04/05**

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

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

From: Tan, Heng Soon,M.D.

Sent: Wed 5/4/2005 4:59 PM

To: Fiamma, Kathleen M.

Subject: RE: Patient #03,

She has diabetic related renal failure and nephrotic syndrome presenting with uncontrolled hypertension and recent stroke. Blood cholesterol is in normal range, though LDL cholesterol would be more useful since we would like to keep it below 100 mg/dl or 2.5 mmol/l. She has progressive microcytic hypochromic anemia that could be nutritional or from GI losses or from progressive renal failure. If stool guaiac test was negative and serum iron studies were normal, one could conclude that this is related to renal failure.

To treat hypertension and peripheral edema, she needs aggressive diuresis with fluid restriction to 1 liter a day and no added salt diet. I would start with furosemide 40 mg daily, then increasing to 80 mg daily after a week if there is no response to diuresis. Weight remained unchanged at 40-41 kg over the past 4 months with persistent leg edema and fluid retention. If diuresis is successful, we would like to see a drop in weight and peripheral

edema. Monitor electrolytes and creatinine during diuresis. She may need KCl 20 mmol replacement together with furosemide therapy initially. She should be advised to increase protein intake because of nephrotic syndrome to replace protein lost in urine.

As for her other meds, as previously recommended, and I repeat:

increase captopril to 25 mg bid.
continue propranolol 40 mg bid.
Aim to keep blood pressure below 140/90.
forget the fenofibrate: we are not treating elevated triglycerides.

Diabetes seems well controlled. Again specify whether blood sugar is fasting or random to allow interpretation.

Did we confirm H. pylori infection, or was that just empiric treatment? If she is well, stop omeprazole therapy.

Heng Soon Tan, M.D.

From: Rithy-chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 05, 2005 10:00 AM
To: 'Telemedicine Cambodia'
Cc: 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'
Subject: RE: Patient #03, Pin Yen, 64F

Dear Montha,

For Pin Yen, 64F, do rectal exam again and look for any mass and also colocheck again and report. If strongly positive, you may need to repeat H pylori tx again for 14 days. If not we have to search for the cause of her anemia where her Hb=11 from December 2004 became Hb=7.8 in April 2005. Inquire more about past hx of alcohol use. Please ask she can go to K Thom to get a Gyn exam and abd US. Can do breast exam on her also to find any mass or lymphadenopathy?

Concerning uncontrolled HTN, stroke, anemia, and DM II, I have talked to Dr. Bunse and we agree to tx her as follow:

1. Increase Captopril 25mg 1 tab qd
2. Change propranolol to Atenolol 50mg ½ tab po qd
3. Add HCTZ 50mg ¼ tab po qd
4. Increase FeSO4/folate to 2 tab po bid
5. Add Albendazole 200mg 2 tab po bid x 5d
6. Diamecron 80mg 1 tab po bid
7. ASA 300mg ¼ tab po qd
8. Add Furosemide 40mg 1 tab po bid x 2 weeks
9. Stop Fenofibrate since this works better with hypertriglyceride and not hypercholesterolemia
10. Para prn

11. MTV

12. Repeat electrolytes, creat and fasting gluc at SHCH

13. Check finger stick Hb and malaria smear; if she can produce sputum, do AFB
check on her also.

If you have any question please let me know today or Jack know tomorrow since the management of this patient is more complex.

Regards,

Rithy

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

History and Physical

Patient Name (or identifier) and village:Chan Khem, 58F (Taing Treuk)
Date: May/04/2005

Chief Complaint (CC): Dizziness, Blurred vision, neck tension on and off for one month.

History of Present Illness (HPI): 58F, farmer, has known HTN(180/? Or 170/?) for 10 years with using unknown anti HTN during BP high on and off as well. In this one month, she has sever dizziness like something spinning around her body even walking, sitting or sleeping, blurred vision during long distance looking, she has also sometimes accompany by headaches and neck tension. But she has no fever, no SOB, no palpitation, no cough, no chest pain, no GI complain, no frequency of urination, no peripheral edema.

Past Medical History (PMH): HTN for 10 years

Social History: no smoking, no alcohol drinking

Family History: Her sister has HTN

Review of Systems (ROS): no fever, no SOB, no palpitation, no cough, no chest pain, , (+) dizziness, (+) headache, (+) blurred vision, no GI complain, no peripheral edema.

Current Medications: Unknown Anti HTN on and off

Allergies: NKA

Physical Exam (PE): look stable

- **VS:** BP 160/80, P 92, R 20, T 36.5C, Wt 63 kgs
- **HEENT:** no oropharyngeal lesion, no pale on conjunctiva
- **Neck:** no JVD, no lyphnode palpable.

- **Lungs:** clear both sides
- **Heart:** RRR, no murmur
- **Abdomen:** Soft, flat, no tender, (+) BS for all for quadrants
- **Limbs:** no deformity, no peripheral edema
- **Neuro Exam:**
    - Cereballar function intact
    - Cranial nerve I to XII intact
    - Motor 5/5 intact
    - Sensory intact
    - Reflext 2/2 intact

Labs/Studies:

Previously completed: none
Completed today: UA is normal

Assessment:

1- HTN by history

2- Headache

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

- Propranolol 40mg 1/2t po q12h for one month
- Paracetamol 500mg 1t po q6h for prn
- Do exercise every morning, low salty, fatty diet

Specific Comments/Questions from RN to consultants: Do we need to draw her blood for Lytes, BUN, Creat ? please give me a good idea.

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

Examined by: Koy Somontha, RN **Date: May/04/2005**

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

-----Original Message-----
From: Tan, Heng Soon,M.D.

Sent: Wednesday, May 04, 2005 4:20 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient #04, Chan Khem, 58F (Taing Treuk)

In a hypertensive patient with headache and acute vertigo, I would be concerned about a brainstem stroke. To confirm the diagnosis, I would be looking for unequal pupil reflexes, nystagmus, extraocular movement palsies, facial weakness and numbness, tongue deviation upon protrusion, decreased gag reflex. If she does not have a brainstem stroke, could she have acute viral labyrinthitis a month ago associated with a viral illness? In that case, vertigo symptoms should clear within 1-2 weeks. If vertigo persists and is positional, then one should consider syndrome of positional vertigo. Upon lying her down and tilting the head 30 degrees to one side and hyperextending the head 30 degrees below horizontal [Barany's maneuver], was vertigo and nystagmus elicited? If positional vertigo is confirmed, Epley maneuver can be carried out to treat this condition.

As for treating hypertension, HCTZ 25 mg qd would be a good first choice. If you prefer to use propranolol, then 40 mg bid would be better dose after increasing from 20 mg bid in a week.

Heng Soon Tan, M.D.

From: Rithy-chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, May 05, 2005 10:12 AM
To: 'Telemedicine Cambodia'
Cc: 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'; 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'
Subject: RE: Patient #04, Chan Khem, 58F (Taing Treuk)

Dear Montha,

For patient Chan Khem, 58F, as any new patient seeking consultation with you even with report history of HTN or elevated BP, please do BP and pulse on both arms and usually in two separate time to give a dx of HTN. Since this patient reported of having HTN for 10 years and your measurement of her BP was elevated, I agree with intiating her with antihypertensive medication. Preferrably, start her on HCTZ 50mg ½ tab po qd. Did you check her BS, Hb, colocheck for GI bleed? If not yet, please do. Does she look hydrate with good skin turgor? Ask her to drink plenty of water 2L/day. You may draw blood for CBC, chem., Ca2+, Mg, creat and gluc. Tx her for parasite infection also since common in the villages in Cambodia. Instruct her to eat more green leafy vegetables and add MTV for her. This may help woth the HA and dizziness.

Regards,

Rithy

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Thursday, May 05, 2005 8:07 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng
Subject: Second day of Robib TM, May/2005

Dear all,

Today is the second day of Robib TM. We have 5 follow up cases, please look at my attachment as the following.

Best regards,

Montha

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Thursday, May 05, 2005 8:28 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 01, Sath Rim, 48F (Taing Treuk)

Dear all,

This is case number one with pictures.

Best regards

Montha

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

SOAP Note (Follow-Up)

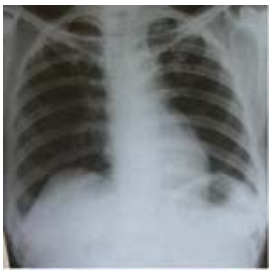
Patient Name & Village: Sath Rim, 48F (Taing Treuk)

Subjective: 48F, returns for her follow up of HTN, DMII with PNP, IHD? PTB? CRF? She feels much better with her previous symptoms by decreasing polyuria, decreasing headache, no chest pain, decrease palpitation, decrease SOB, no fever. But she still has blurred vision, neck tension, soles numbness and also occationally dry cough.

Objective: look well

Current Medications: she still on some medications as the following

- Propranolol 40mg 1/2t po q8h
- Gatifloxacine 400mg 1t po qd(just only for 7 days from last trip)
- Diamecron 80mg 1t po qd
- Amitrip tilline 25mg 1t po qd
- MTV 1t po qd
- Feso4/ folic acide 200/ 0.25mg 1t po q12h



Allergies: NKA

VS: BP 140/50 P 100 R 20 T 36.5C Wt 47kgs

PE (focused):

- **HEENT :** no oropharyngeal lesion, conjunctiva is pink color
- **Neck:** unremarkable
- **Lungs:** crakle on the right upper lobe and left lower lobe
- **Heart:** RRR, no murmur
- **Abdomen:** soft, flat, no tender, (+) BS for all 4 quadrants
- **Limbs:** no peripheral edema, bilateral mild numbness on soles with pink prick , but have no wounds on the feet, (+) bilateral dorsal pulses.

Labs/Studies:

Previously completed: lab result done on April/07/05

- WBC 9x 10^9/L, RWC 4.9x 1012/L, Hgb 11.5g/L, Hct 34%, MCV 69fl, MCH 24pg, MCHC 34g/dl, platelet count 291 x 10^9/ L, Lym 2.0 X 10^9/ L
- Peripheral blood smear (anisocytosis +1, Hypocromic +1)
- Reticulocyte 0.8%
- Electrolytes (Na+ 137 mmol/L, Cl- 113 mmol/L)
- BUN 2.9 mmol/L
- Creatinine 127 micromol /L
- Glucose 17.7 mmol/L
- AFB and EKG not yet performe because due to holiday at hospital in Kg Thom when patient arrived)
- CXR done please see in attachment

Completed today: BS 294 mg/dl

Assessment:

1. DMII with PNP
2. HTN
3. PTB?
4. Hypochomic Anemia?
5. CRF?

Plan: I would like to keep in the same treatment

1. Propranolol 40mg 1/2t po q8h for one month
2. Increase dose of Glibenclamide 5 mg 1t po q12h for

one month

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

4. Feso4/ Folic Acide 200/ 0.25mg 1t po qd

5. Send for TB management in local health center

6. DM and HTN education

Labs or Studies:

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

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

Examined by: Koy Somontha, RN **Date: May/05/05**

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

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Friday, May 06, 2005 8:48 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient # 01, Sath Rim, 48F (Taing Treuk)

From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Friday, May 06, 2005 1:21 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Patient # 01, Sath Rim, 48F (Taing Treuk)

Montha,

I agree that TB needs to be ruled out - She should go to Kampong Thom for AFBs, and if possible 'apical lordotic' views on chest x-ray to look at the lung apices better. Though difficult to read, it appears there may be changes in the L apical area on the CXR.

You mention increasing Glibenclamide, but it appears she is not on this drug. I would agree with increasing her Diamicron if she has this high of glucose and she is really taking the Diamicron as you list. Once a day may not be enough.

Nice job checking microalbumin and her feet. She appears to have some evidence of renal failure - though I am not familiar with the units you provided with the BUN and creatinine.

Finally, re anemia. May be secondary to anemia of chronic disease. Her MCV is low, would consider checking stool guaic.

Paul Heinzelmann, MD

Dear Montha:

I agree with your plan to increase the Diamecron and to refer the patient for TB testing. I would stop her gatifloxacin after 14 days. Given her diabetes, her BP is still higher than we would like it, and I would suggest adding a low-does of ACEI and checking her Cr and K at the next follow-up visit.

Thanks for your good work,

Jack

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Friday, May 06, 2005 8:54 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient # 01, Sath Rim, 48F (Taing Treuk)

Dear Montha:

I am not sure I understand about the gatifloxacin-- is the patient still taking it? To clarify my recommendations:

If the patient is currently taking gatifloxacin (now day 7), I would continue it for another week (total 14 days).

If she stopped taking it already, I would not re-start it.

Jack

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Thursday, May 05, 2005 8:33 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 02, Srey Hoeu, 44F (Sre Thom)

Dear all,

This is case number two with pictures.

Best regards

Montha

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

SOAP Note (Follow-Up)

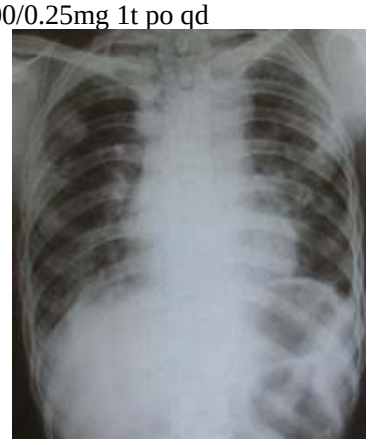
Patient Name & Village: Srey Hoeu, 44F (Sre Thom)

Subjective: 44F, returns for her follow up of PTB? Thyroid gland dysfunction? And Anemia? She feels much improve with her previous symptoms like decrease coughing at night, decrease palpitation, increase appetite, no fever, good sleep, no GI complain, no peripheral edema. But she still has SOB during coughing, chest pain for sometimes by radiating to the back and difficult to swallow food occationally.

Objective: look stable

Current Medications: she is on some medications as the following

- Clarithromycine 500mg 1t po q12h for 10 days from last trip
- Propranolo 40mg 1/4t po qd
- Feso4/folic acid 200/0.25mg 1t po qd
- MTV 1t po qd



Allergies: NKA

VS: BP 120/60 P 112 R 22 T 36.5C Wt 30kgs

PE (focused):

- **HEENT:** unremarkable
- **NECK:** goiter gland enlarge size about 4x5cm, (+) movable, smooth, not tender, no bruit
- **Lungs:** crackle on bilateral middle and lower lobes
- **Heart:** RRR, no murmur
- **Abdomen:** unremarkable
- **Extremities:** mild tremor on both hands, no peripheral edema.
- **Neuro exam:**
  - Cereballar function intact
  - Motor intact 5/5
  - Sensory intact
  - Reflet 2/2 but hyper reflexive on the left hand

Labs/Studies:

Previously completed: done CXR please look at through attachment

Completed today: BS 98mg/ dL

Assessment:
- PTB?
- Hyperthiroidism?

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

- Propranolo 40mg 1/4t po qd for one month
- Feso4/folic acid 200/0.25mg 1t po qd for one month
- MTV 1t po qd for one month
- Refer her to local health center for TB management

Labs or Studies: I want to draw blood for T4 and THS will be done at SHCH and Do AFB collection in local health center

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

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

Examined by: Koy Somontha, RN **Date: May/05/05**

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

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Friday, May 06, 2005 9:06 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient # 02, Srey Hoeu, 44F (Sre Thom)

Dear Montha:

The improvement in cough and no fever are good news. It is possible that she had a pneumonia that has been cured with the antibiotics, and that the remaining cough and CXR finding are a result of the previous pneumonia. However, given the high prevelance of TB, I agree with your plan to refer to the TB center.

I also agree with your plan to check thyroid function. As always, it would be helpful to know more about the chest pain-- how long does it last, does it get worse with exercise? If it gets worse with exercise, I would recommend an ECG.

I hope this is helpful

Jack

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Thursday, May 05, 2005 8:37 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 03, keo kun, 49F (Thnal Keng)

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 (Follow-Up)

Patient Name & Village: Keo kun, 49F (Thnal Keng)

Subjective: 49F, returns for her follow up of Hypoglicemia, and Anxiety disorder. She feels much better with her previous symptoms like no palpitation, no SOB, no chest pain, no cough, no fever, good sleep, good appetite, less dream at night. But in this 10 days, she has epigastric pain, pain like dullness and radiating to chest (substernal line) to throat, It's getting worse after meal and in the morning she has burping with sour taste very often. She has no diarrhea, no stool with blood.

Objective: look well

Current Medications: she is on some medications

- Amitriptilline 25mg 1t po qhs
- MTV 1t po qd

Allergies: NKA

VS: BP 100/50 P 86 R 20 T 36.5C Wt 46kgs

PE (focused):

- **HEENT:** unremarkable
- **Neck:** no JVD, no lymphnode palpable
- **Lungs:** clear both sides
- **Heart:** RRR, no murmur

- **Abdomen:** soft, flat, no tender, no pain during palpable, (+) BS for all four quardrants

- **Extremities:** no peripheral edema

Labs/Studies:

Previously completed: BS 90mg/dL

Completed today: BS 90mg/dL, Colo check negative

Assessment:

1. Hypoglycemie
2. Anxiety
3. Dyspepsia?
4. Gerd?
5. Parasititis?

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

1. Amitriptilline 25mg 1t po qhs for two months
2. MTV 1t po qd for two months
3. Ranitidine 150 mg 1t po q12h for two months
4. Mebendazole 100mg 1t po q12h for 3 days
5. Still encourage her to keep doing exercise, eat more fruit and vegetable and also follow Gerd education.

Labs or Studies:

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

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

Examined by: Koy Somontha, RN **Date: May/05/05**

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

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Friday, May 06, 2005 9:16 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher';

'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient # 03, keo kun, 49F (Thnal Keng)

Dear Montha:

I do not know how the previous diagnosis of hypoglycemia was made-- it is a rare problem for people not taking diabetes medications. In any case, I am pleased to hear that her symptoms have improved.

I agree with your plan for GERD education and a trial of ranitidine.

Jack

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Friday, May 06, 2005 7:09 PM
To: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Cc: Fiamma, Kathleen M.
Subject: RE: Patient # 03, keo kun, 49F (Thnal Keng)

Thank you for the followup case. I am glad to hear that some she has had improvement in some symptoms.

Her symptoms are suggestive of dyspepsia, Gastroesophageal reflux or parasitic infection.

Dietary suggestions and ranitidine are appropriate for acid based disorders.

Mebendazole is an appropriate for parasites.

Best of luck,

Paul Cusick MD

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Thursday, May 05, 2005 8:40 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 04, Prom Norn, 52F (Thnout Malou)

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

SOAP Note (Follow-Up)

Patient Name & Village: Prom Norn, 52F (Thnout Malou)

Subjective: 52F, returns for her follow up of Liver Cirrhosis with PHTN, Anemia, and GI bleeding. She still has asthenia, palpitation, poor appetite, but she has no fever, no cough, no SOB, no chest pain, no abdominal pain or enlarge, good passing stool, no peripheral edema.

Objective: look stable

Current Medications: she is on some medications as the following

- Propranolol 40mg 1/4t po q12h
- Furosemide 40mg 1/2t po qd
- H2. Pylori treatment for 10 days and go on by Omeprazole 20mg 1t po qd for another 20 days
- MTV 1t po qd
- Ferso4/ Folic Acide 200/0.25mg 1t po q12h

Allergies: NKA

VS: BP 110/60 P 80 R 20 T 36.5C Wt 40 kgs

PE (focused):

- **HEENT:** unremarkable, conjunctiva is pink color
- **Neck:** unremarkable
- **Lungs:** clear both sides
- **Heart:** RRR, no murmur
- **Abdomen:** soft, flat, no tender, (+) BS for all 4 quardrants
- **Extremities:** no peripheral edema

Labs/Studies:

Previously completed: result lab done on the April/ 07/05

- WBC 5x 10^9 /L, RBC 3.9x 1012/L, Hgb 10g/dL, Hct 31%, MCV 79, MCH25, MCHC 32, Platetels 80x 10^9/L Lym 1.2x 10^9/L, Mxd 1.1x 10^9/L, Neut 2.3x 10^9/L.
- Reticullocyte 0.4%
- Peripheral blood smear (microcytes +2, Hypocromic +1)
- Colo check positive

Completed today: none

Assessment:

1. Liver Cirrhosis with PHTN

2. GI bleeding (continuous medication)

3. Hypocromic microcytic anemia

Plan: I would like to keep her with the same treatment

- Propranolol 40mg 1/4t po q12h for two months
- Furosemide 40mg 1/2t po qd for two months
- Omeprazole 20mg 1t po qsh for two months
- MTV 1t po qd for two months
- Ferso4/ Folic Acide 200/0.25mg 1t po q12h for two months
- Encorage to eat more food and vegetable

Labs or Studies: none

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

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

Examined by: Koy Somontha, RN **Date: May/05/05**

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

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Thursday, May 05, 2005 2:25 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 04, Prom Norn, 52F (Thnout Malou)

So she has occult GI bleeding [positive stool guaiac test] with iron deficiency anemia [MCV 79] that responded to iron supplements [Hb improved from 9 to 10 in past month]. Has she had any previous gross GI bleeding before? Has she been endoscoped for both upper and lower GI tract to look for esophageal or rectal varices or peptic ulcer disease? In a patient with liver cirrhosis and portal hypertension and hypersplenism [low platelets], one presumes she has esophageal varices. These tend to cause acute massive bleeding, but I suppose small erosions could lend itself to small leaks. Clinically the portal hypertension seems well controlled with a flat abdomen without ascites [stable weight of 40 kg], but with the occult GI bleed, I suppose it is prudent to continue propranolol and furosemide to keep portal pressures low. If she does not have esophageal varices or ascites, I would stop propranolol and furosemide since these are used only for symptom control. Though liver cirrhosis is the main reason for fatigue, the low blood pressure from propranolol and furosemide could be contributing as well. I would continue with iron supplements as written.

I wonder why you gave her treatment for H. pylori. It is not the standard of care to presume everybody with occult GI bleeding has H. pylori bleeding gastritis especially when she has no symptoms of dyspepsia. I would stop omeprazole once you've finished your course of

empiric treatment for H. pylori.

Heng Soon Tan, M.D.

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Friday, May 06, 2005 9:19 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient # 04, Prom Norn, 52F (Thnout Malou)

Dear Montha:

I agree with your plan.

Jack

From: Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]
Sent: Thursday, May 05, 2005 8:44 PM
To: Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Laurie & Ed Bachrach; bhammond@partners.org; Kiri; Montha Koy; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng
Subject: Patient # 05, yim Sok Kin, 25M (Thnout Malou)

Dear all,

This is the last case 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 (Follow-Up)

Patient Name & Village: Yim Sok Kin, 25M (Thnout Malou)

Subjective: 25M, returns for his follow up of Liver Cirrhosis with PHTN, Anemia, and Dyspepsia, He feeds much improving with his previous symptoms like no fever, no jaundice, no SOB, no cough, no abdominal distention, no constipation, no peripheral edema, has good urine out put, no stool with blood, but he still has asthenia.

Objective: look well

Current Medications: she is on some medications as the following

- Propranolo 40mg 1/4t po q12
- Furosemide 40mg 1/2t po q12h

- Omeprazole 20mg 1t po qhs

Allergies: NKA

VS: BP 110/70 P 70 R 20 T 37C Wt 55kgs

PE (focused):

- **HEENT:** unremarkable
- **Lungs:** clear with both sides
- **Heart:** RRR, no murmur
- **Abdomen:** soft, flat, no tender, (+) BS for all 4 quadrants
- **Extremities:** no peripheral edema

Labs/Studies:

Previously completed: doe on April/ 07/05

- Na+ 136 mmol/L, Cl- 114 mmol/L, k+ 5 mmol/L, Creat 77 micromol/L, SGOT 56 U/L, SGPT 39U/L

Completed today: none

Assessment:

1. Liver Cirrhosis with PHTN
2. Anemia (improving)
3. Dyspepsia (improving)

Plan: I would like to keep in the same treatment but change from Omeprazole 20mg to Ranitidine 150mg 1t po q12h

- Propranolo 40mg 1/4t po q12 for two months
- Furosemide 40mg 1/2t po q12h for two months
- Ranitidine 150mg 1t po q12h for two months

Labs or Studies: none

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

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

Examined by: Koy Somontha, RN **Date: May/05/05**

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

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-----Original Message-----
From: Crocker, Jonathan T., M.D.
Sent: Thursday, May 05, 2005 2:37 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 05, yim Sok Kin, 25M (Thnout Malou)

Dear Koy,

I agree with your plan. If he doesn't need the omeprazole, but can keep his GERD symptoms controlled with Ranitidine, then give him the latter. Make sure he is not taking the second Lasix dose close to bedtime so that he is not having to wake up at night to urinate -- this could be causing him disrupted sleep and therefore "asthenia". Can you better described what you or he means by asthenia. By all accounts, it sounds like he is improving. His last hemoglobin was just slightly low, but not to the level that I would think it's causing his asthenia.

Regards,

Jon Crocker , M.D.

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Friday, May 06, 2005 9:21 AM
To: 'Telemedicine Cambodia'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'
Cc: 'Laurie & Ed Bachrach'; bhammond@partners.org; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'
Subject: RE: Patient # 05, yim Sok Kin, 25M (Thnout Malou)

Dear Montha:

I agree with your plan. Thanks for your good work and have a safe return to Phnom Penh.

Jack

Friday, May 6, 2005

Follow-up Report for Robib TM Clinic

There were 9 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 May 2005

I-Pou Lim Thang, 41F (Thnout Malou)

1-Diagnosis

a)- Hyperthyroidism

b)- Anxiety?

2-Treatment

a)- Propranolol 40mg 1/4t po q12 for 36 days

b)- Draw blood for TSH and free T4 which will be done at SHCH

II- Lim Sobophar, 21F (Ta Tong)

1-Diagnosis

a)- PUD?

b)- GI bleeding?

c)- Parasititis?

2- Treatment

a)- H2- pylori treatment for 10 days and go on by Omeprazole 20mg 1 t po qhs for another 20 days.

b)- Mebandazole 100mg 1t po q8h for 3 days

c)- Metochlopramide 10mg 1t po q8h for prn (Nuasea and Vomiting) for 7 day

d)- Gerd education

III-Pin Yen, 64F (Revieng Tbong)

1-Diagnosis

a)- HTN with Stroke

b)- DMII

c)- Anemia

2- Treatment

a)- Captopril 25mg 1t po qd for 36 days

b)- Propranolol 40mg 1/2t q12h for 36 days

c)- HCTZ 50mg 1/4t po qd for 36 days

d)- Feso4/Folate 200/0.25mg 2t po q12h for 36 days

e)- Mebendazole 100mg 1t po q12h for 5 days

f)- Glibenclamide 5mg 1t po q12h for 36 days

g)- ASA 300mg 1/4t po qd for 36 days

h)- Paracetamol 500mg 1t po q6h for prn (Headache, mucle pain)

i)- MTV 1t po qd for 36 days

j)- Drink water 1L/ day

k)- Do malaria smear, AFB, EKG on her own

IV- Chan Khem, 58F (Taing Treuk)

1-Diagnosis

a)- HTN

c)- Tension headache

2- Treatment

a)- HCTZ 50mg 1/2t po qd for 36 days

b)- MTV 1t po qd for 36 days

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

d)- Draw her blood for CBC, Lytes, Creat,

e)- Encourage her to drink 2L/day

V- Sath Rim, 48F (Taing Treuk)

1-Diagnosis

a)- DMII with PNP

b)- HTN

c)- PTB?

d)- Hypromic Anemia?

e)- CRF?

2- Treatment

a)- Propranolol 40mg 1/2t po q8h for 36 days

b)- Glibenclamide 5mg 1t po q12h for 36 days

c)- Amitriptilline 25mg 1t po qhs for 36 days

d)- Feso4/folic Acide 1t po qd for 36 days

e)- Captopril 25mg 1/4t po qd for 36 days

d)- Send for AFB and TB management in local Health Center

VI- Srey Hoeu, 44F (Sre Thom)

1- Diagnosis

a)- PTB?

b)- Hyperthyroidism?

2- Treatment

a)- Propranoll 40mg ¼t po qd for 36 days

b)- MTV 1t po qd for 36 days

c)- Draw blood for T4 and TSH which will be done at SHCH

d)- Refer for AFB and TB management in local health center

VII- Keo Kun, 49F (Thnal Keng)

1- Diagnosis

a)- Dyspepsia?

b)- GERD?

c)- Anxiety?

2- Treatment

a)- Ranitidine 300mg 1t po qhs for two months

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

c)- MTV 1t po qd for two months

d)- Amitriptyline 25mg 1t po qhs for two months

e)- GERD education and also keep doing exercise in every morning

VIII- Prom Norn, 52F (Thnout Malou)

1- Diagnosis

a)- Liver Cirrhosis + PHTN

b)- GI bleeding

c)- Hypochromic, Microcytic Anemia

2- Treatment

a)- Propranolol 40mg 1/4t po q12h for two months

b)- FeSO4/ Folic Acid 200/0.25mg 1t po q12h for two months

c)- MTV 1t po qd for two months

d)- Furosemide 40mg 1/2t po qd for two months

e)- Omeprazole 20mg 1t po qhs for one month (continuous)

f)- Encourage to eat more fruit and vegetable

IX-Yim Sok Kin, 25M (Thnout Malou)

1- Diagnosis

a)- Liver Cirrhosis with PHTN

b)- Anemia (Improving)

c)- Dyspepsia (Improving)

2- Treatment

a)- Propranolol 40mg 1/4t po q12h for two months

b)- Furosemide 40mg 1/2t po q12h for two months

c)- Ranitidine 300mg 1t po qhs for two months

Patient who came to refill medications:

I-SomThol, 57M (TaingTruek)

1- Diagnosis

a)- DMII with PNP

2- Treatment

a)- Glibenclamide 5mg 1t po q8h for two months

b)- Amitriptyline 25mg 1/2t po qhs for two months

II- Pang Sidoeun, 31F (Revieng Tbong)

1- Diagnosis

a)- HTN

b)- GI bleeding (Resolved)

2)- Treatment

a)- Propranolol 40mg 1/2t po q12h for two months

b)- HCTZ 50mg ¼ t po q12h for two months

c)- MTV 1t po qd for two months

III- Som An, 58F (Rovieng Tbong)

1- Diagnosis

a)- HTN

2- Treatment

a)- Propranolol 40mg 1/4t po q12h for two months

b)- HCTZ 50mg 1t po qd for two months

IV- Moeung Srey, 42F (Taing Treuk)

1- Diagnosis

a) HTN

2- Treatment

a)- Captopril 25mg 1/2t po q12h for two months

b)- keep doing exercise every morning

V- Leng Hak, 69M (Thnout Malou)

1- Diagnosis

a)- HTN with Stroke

2- Treatment

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

b)- MTV 1t po qd for two months

c)- Propranolol 40mg 1/2t po q8h for two months

d)- ASA 300mg ¼ t po qd for two months

e) Paracetamol 500mg 1t po q6h for prn (Headache)

VI- Pheng Roeung, 58F (thnout Malou)

1- Diagnosis

a)- Hyperthyroidism becomes Euthyroid

b)- HTN

2- Treatment

a)- Propranolol 40mg 1t po q12h for two months

b)- Methymazole 10mg ½ t po q12h for two months

c)- MTV 1t po qd for two months

VII- Lang Da, 45F (Thnout Malou)

1- Diagnosis

a)- HTN

b)- VHD? MR? MS?

2- Treatment

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

b)- Refer to Calmette hospital in Phnom Penh for heart ultrasound

VII- Nget Soeun, 58M (Thnout Malou)

1- Diagnosis

a)- Liver Chirrrosis

2- Treatment

a)- Propranolol 40mg ¼ t po q12h for two months

b)- Spironolactone 25mg 1t po qd for two months

c)- MTV 1t po qd for two months

IX- Muy Vun, 38M (Thnout Malou)

1- Diagnosis

a)- VHD (MR, MS)

2- Treatment

a)- Digoxin 0.25mg 1t po qd for two months

b)- ASA 300mg 1/4t po qd for two months

X- Sao Phal, 56F (Thnout Malou)

1- Diagnosis

a)- HTN

b)- DMII

2)- Treatment

a)- HCTZ 50mg 1t po qd for two months

b)- Glibenclamide 5mg ¼ t po qd for two months

XI- Eam Neut, 54F (Taing Treuk)

1- Diagnosis

a)- HTN

2- Treatment

a)- Propranolol 40mg 1/2t po qd for 36 days

b)- Paracetamol 500mg 1t po qw6h for prn (Headache)

XII- Svay Tevy, 41F (Thnout Malou)

1- Diagnosis

a)- DMII

b)- PNP?

2- Treatment

a)- Glibenclamide 5mg 1t po 12h for two months

The next Robib TM Clinic will be held on
June 6-10, 2005