

Robib *Telemedicine* Clinic

Preah Vihear Province

M A Y 2 0 1 3

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

On Monday, May 6, 2013, SHCH staffs PA Rithy, Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), May 7 & 8, 2013, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM CCH/MGH in Boston and Phnom Penh on Wednesday and Thursday, May 8 & 9, 2013.

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

The followings detail e-mails and replies to the medical inquiries communicated between Robib TM Clinic and their TM CCH/MGH in Phnom Penh and Boston:

From: [RobibTelemedicine](#)
To: [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savooun Chhun](#) ; [Robib School 1](#)
Sent: Monday, April 29, 2013 4:00 PM
Subject: Schedule for Robib Telemedicine Clinic May 2013

Dear all,

I would like to inform you that there will be Robib TM Clinic in May 2013 which starts from May 6 to 10, 2013.

The agenda for the trip is as following:

1. On Monday May 6, 2013, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday May 7, 2013, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as the word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday May 8, 2013, the activity is the same as on Tuesday
4. On Thursday May 9, 2013, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday May 10, 2013, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: [Robib Telemedicine](#)

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

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

Sent: Tuesday, May 07, 2013 4:07 PM

Subject: Robib TM Clinic May 2013, Case#1, Kim Sory, 5M

Dear all,

There are four new cases for first day of Robib TM clinic May 2013. This is the case number 1, Kim Sory, 5M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Kim Sory, 5M (Thkeng Village)

Chief Complaint (CC): Skin rash x 3 years

History of Present Illness (HPI): 5M was brought to consult with Telemedicine clinic complaining of skin rash which presented since he was 2-year old. His mother said the lesion was maculopapula with itchy sensation, no vesicle, no pustule and developed first to the feet and head. He scratched on the lesion, causing crust formation. He was treatment with PNC orally and cream application on the lesion, which has gone and reoccurred again and again. In this year, the lesion presented on other site at arms, body.

Past Medical History (PMH): Nephrotic syndrome diagnosed in October 2012 by referral hospital

Family History: Sister with eczema

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: / P: 80 R: 22 T: 36.5°C Wt: 18Kg

General: Stable

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



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

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

Skin/extremities: Maculopapula rash, lichenified plaques and crust formation on the feet, arms, elbows and head (see photos); no groin, axillary and neck lymph node palpable

Lab/study: None

Assessment:

1. Eczema

Plan:

1. Momethasone cream apply bid until the rash gone
2. Cetirizine 10mg 1/4t po qhs prn

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



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

Examined by: Nurse Sovann Peng

Date: May 7, 2013

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: Daniela Kroshinsky [mailto:dkroshinsky@gmail.com]

Sent: Wednesday, May 08, 2013 8:21 AM

To: Fiamma, Kathleen M.

Subject: Re:

Hi Nurse Peng,

I agree with the diagnosis and management plan. I would add a moisturizer all over the body at least once daily. The cetirizine can be dosed 10mg twice daily for itch. If this is not sufficient, please let me know and I can provide the next step in care.

Best,

Daniela Kroshinsky, MD

From: [Robib Telemedicine](#)

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

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

Sent: Tuesday, May 07, 2013 4:09 PM

Subject: Robib TM Clinic May 2013, Case#2, Sam Monorom, 28F

Dear all,

This is case number 2, Sam Monorom, 28F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Sam Monorom, 28F (Damnak Chen Village)

Chief Complaint (CC): Epigastric pain for 1y and burping with sour taste for 3months

History of Present Illness (HPI): 28F, primary nurse in local health center, presented with symptoms of epigastric pain, burning sensation, radiated to the scapula. The pain occurred when she was hungry and full eating. She got treatment with Cimetidine 200mg 1t bid for about 1w which made her feel better but the pain reoccurred in several days. In these 3 months, she developed burping with sour taste and got treatment with Omeprazole 20mg 1t po qd for 10d making her feel better but these symptoms recurred in several days. She denied of black/bloody stool, hematemesis, weight loss.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Married with one child, No cig smoking, casual EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstruation

PE:

Vital sign: BP: 107/66 P: 64 R: 20 T: 37°C Wt: 57Kg

General: Stable

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

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

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

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

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

Lab/study: None

Assessment:

1. GERD

Plan:

1. Omeprazole 20mg 1t po qhs for one month
2. Metoclopramide 10mg 1t po qhs for 10d
3. Mebendazole 500mg 1t po qhs once
4. GERD prevention education

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

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

Examined by: Nurse Sovann Peng

Date: May 7, 2013

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: [Cusick, Paul S.,M.D.](#)

To: [Fiamma, Kathleen M.](#) ; robibtelemed@gmail.com

Cc: rithychau@sihosp.org

Sent: Wednesday, May 08, 2013 3:21 AM

Subject: RE: Robib TM Clinic May 2013, Case#2, Sam Monorom, 28F

Thank you for the opportunity to help with this consult.

From your description and exam, it would appear that this young nurse has dyspepsia and/or gastroesophageal reflux symptoms (GERD).

She does not have any symptoms to suggest peptic ulcer disease.

Her symptoms sound reminiscent of gall bladder stones ((epigastric pain radiating to scapula) but does not describe biliary colic or fever or chills.

Your choice of a proton pump inhibitor and gastric emptying (metoclopramide) are excellent.

She needs dietary education.

I assume you are using mebendazole for general GI parasite treatment(ascaris?)

Thank you for your consult.

Paul

From: [Robib Telemedicine](#)

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

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

Sent: Tuesday, May 07, 2013 4:11 PM

Subject: Robib TM Clinic May 2013, Case#3, Seng Nimol, 19F

Dear all,

This is case number 3, Seng Nimol, 19F and photos.

Best regards,

Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Seng Nimol, 19F (Trapang Reusey Village)

Chief Complaint (CC): Neck mass x 2 years

History of Present Illness (HPI): 19F, 12 grades student, has noticed neck mass for 2 years without any symptoms. In this month, she developed symptoms of tremor, insomnia, weight loss about 6kg/1month with normal appetite and denied of hair loss, heat intolerance, and bowel movement change. She went to see doctor at private clinic, neck mass ultrasound done and told she has diffuse nodular goiter, and advised to seek further evaluation at

Phnom Penh.

Past Medical History (PMH): Unremarkable

Family History: Cousin with hyperthyroidism

Social History: Single, No cig smoking, no tobacco chewing, casual EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstruation, LMP on May 1, 2013

PE:

Vital sign: BP: 130/86 P: 100 R: 20 T: 36.5°C
Wt: 45Kg

General: Stable

HEENT: Neck mass about 2x3cm, soft, smooth, regular border, no tender, no bruit, no neck lymph node palpable; No oropharyngeal lesion, pink conjunctiva, no icterus

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

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



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

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

Lab/study: None

Assessment:

1. Diffuse goiter

Plan:

1. Draw blood for TSH and Free T4 at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: May 7, 2013

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: [Barbesino, Giuseppe, M.D.](#)

To: [Fiamma, Kathleen M.](#) ; robibtelemed@gmail.com ; rithychau@sihosp.org

Sent: Wednesday, May 08, 2013 2:19 AM

Subject: RE: Robib TM Clinic May 2013, Case#3, Seng Nimol, 19F

Hi:
It looks like a thyroid nodule and I agree with the plan of thyroid function tests. If the TSH and FT4 are normal, then other causes of tachycardia should be sought and a neck ultrasound to understand whether the mass is solid (and therefore need a biopsy) or cystic.

Giuseppe Barbesino, M.D.
Thyroid Associates - Thyroid Unit

From: [Robib Telemedicine](#)

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

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

Sent: Tuesday, May 07, 2013 4:13 PM

Subject: Robib TM Clinic May 2013, Case#4, Seung Rachana, 3F

Dear all,

This is the case number 4, Seung Rachana, 3F and photos. Please wait for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Seung Rachana, 3F (Polorkam Village)

Chief Complaint (CC): Skin lesion x 4 days

History of Present Illness (HPI): 3 year-old female was brought Telemedicine clinic by her mother complaining of vesicle lesion on the upper area of the chin in these 4 days. The vesicle ruptured spontaneously with crust formation, no itchy. The other few crust lesion on the body, buttock and wrist. She got treatment with traditional medicine application and oral. Her mother denied of insect bite, chemical contact, fever and lymphadenopathy noted.

Past Medical History (PMH): Unremarkable

Family History: No family member with skin lesion

Current Medications: Traditional medicine

Allergies: NKDA

PE:

Vital sign: BP: / P: 98 R: 22 T: 37°C Wt: 10.5Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck lymph node palpable

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

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

Skin: Vesicle and crust lesions on the upper area of the chin; one crust lesion on the body and other one on buttock (see photos); no lymph node of groin, axillary palpable

Lab/study: None

Assessment:

1. Chicken pox?

Plan:



1. Bacitracine Zn cream application on the lesion bid
2. Ibuprofen 50mg/1.25cc 3cc tid for 5days

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

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

Examined by: Nurse Sovann Peng

Date: May 7, 2013

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: Tran, Thanh-Nga T.,M.D.,Ph.D.

Sent: Tuesday, May 07, 2013 5:27 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic May 2013, Case#4, Seung Rachana, 3F

Hi Nurse Peng

Dr. Johnson and I think it's bullous impetigo
we can give her keflex (depending on body weight) 100mg/kg/day divided into 4 doses
if they don't have keflex, we can also do doxycycline or minocycline.

let me know!

thanks

thanh nga

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, May 08, 2013 2:55 PM

Subject: Robib TM Clinic May 2013, Case#5, Chan Thavon, 20F

Dear all,

There are three new cases for second day of Robib TM Clinic May 2013. This is case number 5, continued from yesterday, Chan Thavon, 20F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Chan Thavon, 20F (Bos Village)

Chief Complaint (CC): Neck lump x 1 year

History of Present Illness (HPI): 20F, farmer, noticed a bean-sized lump on the supero-anterior neck which appeared after she had a common cold. She went to have ultrasound done at private clinic and told it was a cyst then she was treated with two kinds of medicine taking orally bid for one week. A bout two months after, she has had pain of the lump with swelling, and fever, so she went to have check in the previous clinic and treated with other one week when the symptoms of swelling and fever done but the lump still persisted. She noticed the lump has increased in size but denied of pain, swelling, fever, lymphadenopathy.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Married with one child, No cig smoking, no EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstruation, LMP on April 9, 2013; no fever, no night sweating, no weight loss

PE:

Vital sign: BP: 97/58 P: 77 R: 20 T: 36.4°C Wt: 46Kg

General: Stable

HEENT: Mass about 1x1cm size on anterior-superior of the neck, firm, smooth surface, regular border, mobile on swallowing, no tender, no neck lymph node palpable; No oropharyngeal lesion, pink conjunctiva, no icterus

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

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

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



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

Lab/study: None

Assessment:

1. Thyroglossal duct cyst?

Plan:

1. Refer patient to Phnom Penh for surgical evaluation

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

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

Examined by: Nurse Sovann Peng

Date: May 8, 2013

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: Barbesino, Giuseppe, M.D.

Sent: Wednesday, May 08, 2013 10:36 AM

To: Fiamma, Kathleen M.; 'rithychau@sihosp.org'; 'robibtelemed@gmail.com'

Subject: RE: Robib TM Clinic May 2013, Case#5, Chan Thavon, 20F

Hello:

Yes I agree the most likely explanation is a thyroglossal duct cyst. The risk of malignancy in these underdeveloped thyroid remnants is unclear. Removal is probably a good idea.

Giuseppe Barbesino, M.D.

Thyroid Associates - Thyroid Unit

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, May 08, 2013 2:57 PM

Subject: Robib TM Clinic May 2013, Case#6, Lay Y, 52F

Dear all,

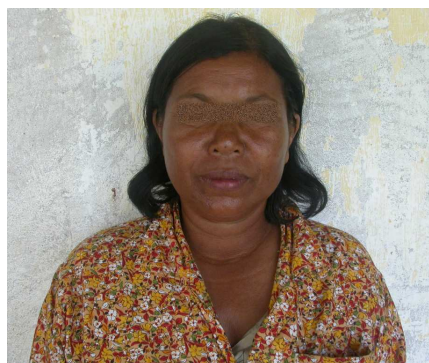
This is case number 6, Lay y, 52F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Lay Y, 52F (Taing Treuk Village)

Chief Complaint (CC): Left buttock pain radiated down to the foot for 8 months

History of Present Illness (HPI): 52F, farmer, presented with pain originated from left buttock, radiated down through thigh to foot. The pain usually occurred when walking for a while and became better with resting/massage. She took medicine bought from local pharmacy without consultation, the pain got better but reoccurred after finished the medicine for a few days. She denied

of trauma.

Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): 1y post menopause, no GI complaint, no oliguria, no dysuria

PE:

Vital sign: BP: 108/77 P: 96 R: 20 T: 36.5°C Wt: 52Kg

General: Stable

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

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

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

Lower back/Extremity: Positive straight leg raising on left leg; no spine deformity or tenderness; (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None

Assessment:

1. Sciatica (left side)

Plan:

1. Ibuprofen 200mg 2t po tid for 3 days then prn
2. Warm compression
3. Do regular exercise
4. Avoid prolong walking, sitting or standing

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

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

Examined by: Nurse Sovann Peng

Date: May 8, 2013

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: [Paul Heinzelmann](#)

To: [Robib Telemedicine](#) ; [Rithy Chau](#) ; [Fiamma, Kathleen M.](#)

Sent: Friday, May 10, 2013 3:01 AM

Subject: Re: Robib TM Clinic May 2013, Case#6, Lay Y, 52F

Sovann,

I agree with your assessment and plan, Sleeping with pillow under/between knees. I would not encourage back exercises until after her symptoms have improved however.

Nice work!

Thanks

Paul

Paul Heinzelmann, MD

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, May 08, 2013 3:01 PM

Subject: Robib TM Clinic May 2013, Case#7, Thun Thouvatt, 3M

This is the last case of Robib TM Clinic May 2013, Thun Thouvatt, 3M and photos. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly and give treatment to patients in that noon.

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

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Thun Thouvatt, 3M (Thkeng Village)

Chief Complaint (CC): Skin rash for 1 year

History of Present Illness (HPI): 3M was brought by his mother complaining of skin rash for one month. The rashes are small pustule which ruptured in a few days forming crust lesions. The rash presented most on the legs and a few on the head and also associated with itchy feeling. She was treated with Ampicillin bid and became a bit better. His mother said this lesion presented in the past year and healed completely with unknown name cream application.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: 3rd child among three siblings, no other with skin rash

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: / P: 100 R: 24 T: 36°C Wt: 12Kg

General: Stable

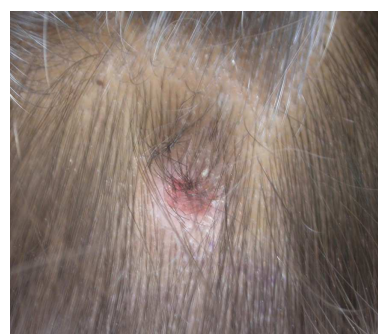
HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck lymph node palpable

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

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

Skin: Several pustule, crust, and complete healed scar on legs and few crust lesions on the head

Lab/study: None



Assessment:

1. Impetigo
2. Eczema?

Plan:

1. Bacitracin Zinc cream application bid on the lesions

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

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

Examined by: Nurse Sovann Peng

Date: May 8, 2013

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: [Heinzelmann, Paul J., M.D.](#)

To: [Fiamma, Kathleen M.](#) ; 'ph2065@yahoo.com'

Cc: robibtelemed@gmail.com ; rithychau@sihosp.org

Sent: Thursday, May 09, 2013 8:15 AM

Subject: RE: Robib TM Clinic May 2013, Case#7, Thun Thouvatta, 3M

Discrete itchy lesions on the lower legs suggest insect bites to me.

If a trial of low potency hydrocortisone twice per day hasn't been tried, that might be a first step. (avoid cream on on face/genitals) Also covering the legs to avoid further bites.

In a 3 year old - eczema and impetigo tend to affect the face more than the lower legs and that doesn't seem to be the case.

Thank you. Hope this helps.

Thursday, May 9, 2013

Follow-up Report for Robib TM Clinic

There were 7 new patients seen during this month Robib TM Clinic, and other 59 patients came for brief consult and medication refills, and 32 new patients seen by PA Rithy for minor problem without sending data. The data of all 7 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by CCH/MGH in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

NOTE: [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying on their own. Robib TM clinic **STILL** pays for transportation, accommodation, and other expenses for the patients visiting the clinic **IF** they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with

medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib Telemedicie Clinic May 2013

1. Kim Sory, 5M (Thkeng Village)

Diagnosis:

1. Eczema

Treatment:

1. Momethasone cream apply bid until the rash gone (#2)
2. Cetirizine 10mg 1/4t po qhs prn (#5)

2. Sam Monorom, 28F (Damnak Chen Village)

Diagnosis:

1. GERD

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. Metoclopramide 10mg 1t po qhs for 10d (#10)
3. Mebendazole 100mg 5t po qhs once (#5)
4. GERD prevention education

3. Seng Nimol, 19F (Trapang Reusey Village)

Diagnosis:

1. Diffuse goiter
2. Pharyngitis

Treatment:

1. Amoxicillin 500mg 1t po tid for 7d (#21)
2. Paracetamol 500mg 1t po qid for 5d (#20)
3. Draw blood for CBC, TSH and Free T4 at SHCH

Lab result on May 10, 2013

WBC	=10.4	[4 - 11x10 ⁹ /L]	TSH	=<0.005	[0.27 - 4.20]
RBC	=6.7	[3.9 - 5.5x10 ¹² /L]	Free T4	=>100	[12.00 - 22.00]
Hb	=10.9	[12.0 - 15.0g/dL]			
Ht	=39	[35 - 47%]			
MCV	=58	[80 - 100fl]			
MCH	=16	[25 - 35pg]			
MHCH	=28	[30 - 37%]			
Plt	=310	[150 - 450x10 ⁹ /L]			
Lymph	=2.9	[1.00 - 4.00x10 ⁹ /L]			
Mono	=2.1	[0.10 - 1.00x10 ⁹ /L]			
Neut	=5.4	[1.80 - 7.50x10 ⁹ /L]			

Remark: after the blood result came, she was dx with hyperthyroidism and Start Carbimazole 5mg 1t po tid. Recheck Free T4 in next two months

4. Seung Rachana, 3F (Polorkam Village)

Diagnosis:

1. Chicken pox?

Treatment:

1. Bacitracine Zn cream application on the lesion bid (#1)
2. Ibuprofen 50mg/1.25cc 3cc tid for 5days (#3)

5. Chan Thavon, 20F (Bos Village)

Diagnosis:

1. Thyroglossal duct cyst?

Treatment:

1. Refer patient to Phnom Penh for surgical evaluation

6. Lay Y, 52F (Taing Treuk Village)**Diagnosis:**

1. Sciatica (left side)

Treatment:

1. Ibuprofen 200mg 2t po tid for 3 days then prn (#50)
2. Warm compression
3. Do regular exercise
4. Avoid prolong walking, sitting or standing

7. Thun Thouvatt, 3M (Thkeng Village)**Diagnosis:**

1. Impetigo
2. Eczema?

Treatment:

1. Bacitracin Zinc cream application bid on the lesions (#2)

Patients who come for brief consult and refill medicine**1. Puth Lum, 75F (Taing Treuk Village)****Diagnosis:**

1. HTN
2. Osteoarthritis

Treatment:

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

2. Thoang Phin, 28M (O Village)**Diagnosis:**

1. Vitamin deficiency

Treatment:

1. MTV 1t po qd for two months (#60)

3. Sang Sameth, 30M (Bakdoang Village)**Diagnosis:**

1. Peritoneal Tuberculosis

Treatment:

1. Continue TB treatment from local health center

4. Kann Sok Noeun, 31F (Rovieng Tbong Village)**Diagnosis:**

1. Dyspepsia

Treatment:

1. Famotidine 40mg 1t po qhs for one month then follow up prn (#30)

5. Chan Oeung, 64M (Sangke Roang Village)**Diagnosis:**

1. Osteoarthritis
2. Gouty arthritis
3. Renal insufficiency

Treatment:

1. Allopurinol 100mg 2t po qd for two months (#120)
2. Paracetamol 500mg 1-2t po qid prn (#40)

6. Chhay Chanthy, 49F (Thnout Malou Village)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid for four months (buy)
2. Propranolol 40mg 1/4t po qd for four months (#30)

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

Diagnosis:

1. HTN
2. Right side stroke with left side weakness
3. DMII
4. Gouty arthritis
5. Chronic renal failure

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (#60)
2. Amlodipine 5mg 1t po qd for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)
4. Metformin 500mg 2t po qAM and 1t po qPM for two months (#100)
5. Glibenclamide 5mg 1t po bid for two months (buy)
6. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on May 10, 2013

Creat	=132	[53 - 97]
Gluc	=8.3	[4.1 - 6.1]
HbA1C	=8.3	[4.8 - 5.9]

8. Heng Chey, 73M (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

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

9. Kham Sary, 51M (Thnal Koang Village)

Diagnosis:

1. DMII

Treatment:

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

10. Keum Heng, 47F (Koh Lourng Village)

Diagnosis:

1. Hyperthyroidism
2. HTN

Treatment:

1. Carbimazole 5mg 1/2t po tid for two months (buy)
2. Propranolol 40mg 1t po bid for two months (#60)
3. Draw blood for Free T4 at SHCH

Lab result on May 10, 2013

Free T4=16.17 [12.0 - 22.0]

11. Kong Sam On, 56M (Thkeng Village)

Diagnosis:

1. HTN
2. DMII
3. Chronic renal failure (Creat: 269)
4. Hypertriglyceridemia
5. Arthritis

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformin 500mg 1t po bid for two months (#120)
3. Enalapril 5mg 1t po qd for two months (#60)
4. Amlodipine 5mg 2t po qd for two months (#120)
5. ASA 100mg 1t po qd for two months (#60)
6. Fenofibrate 100mg 1t po qd for two months (buy)
7. Draw blood for Creat, glucose, and HbA1C at SHCH

Lab result on May 10, 2013

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

12. Meas Ream, 88F (Taing Treuk Village)

Diagnosis:

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

Treatment:

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

13. Nung Chhun, 76F (Ta Tong Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 11/2t po bid for two months (#100)
2. Glibenclamide 5mg 1t po bid for two months (buy)
3. Captopril 25mg 1t po tid for two months (buy)
4. HCTZ 25mg 1t po qd for two months (#60)
5. ASA 100mg 1t po qd for two months (#60)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on May 10, 2013

Gluc =3.1 [4.1 - 6.1]
 HbA1C =8.6 [4.8 - 5.9]

14. Ny Ngek, 59F (Svay Pat Village)

Diagnosis:

1. DMII with PNP

2. HTN

Treatment:

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

15. Prum Norn, 59F (Thnout Malou Village)

Diagnosis:

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

Treatment:

1. Spironolactone 25mg 1t po qd for two months (#60)
2. Furosemide 40mg 1/2t po bid for two months (#60)
3. Paracetamol 500mg 1t po qid prn pain two months (#40)
4. Allopurinol 100mg 1t po qd for two months (#60)

16. Prum Pheum, 47F (Bakdoang Village)

Diagnosis:

1. DMII

Treatment:

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

Lab result on May 10, 2013

Gluc	=8.0	[4.1 - 6.1]
HbA1C	=7.2	[4.8 - 5.9]

17. Roth Ven, 54M (Thkeng Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

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

Lab result on May 10, 2013

Creat	=133	[53 - 97]
Gluc	=9.9	[4.1 - 6.1]
HbA1C	=9.2	[4.8 - 5.9]

18. Sao Phal, 64F (Thnout Malou Village)

Diagnosis:

1. HTN
2. Anxiety
3. Renal insufficiency

Treatment:

1. HCTZ 25mg 1t po qd for four months (#120)
2. Amitriptylin 25mg 1/2t po qhs for four months (#60)
3. Paracetamol 500mg 1t po qid prn pain/HA for four months (#50)
4. MTV 1t po qd for four months (#120)

19. Seng Yom, 45F (Damnak Chen Village)

Diagnosis:

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

Treatment:

1. Digoxin 0.25mg 1t po qd for two months (#60)
2. Propranolol 40mg 1/4t po qd for two months (#20)
3. Captopril 25mg 1/4t po qd for two months (buy)
4. Furosemide 40mg 1/2t qd for two months (#30)
5. ASA 100mg 1t qd for two months (#60)
6. Carbimazole 5mg 1/2t po tid for two months (#90)
7. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)
8. Draw blood for Free T4 at SHCH

Lab result on May 10, 2013

Free T4 = 45.40 [12.0 – 22.0]

20. Svay Tevy, 48F (Sre Thom Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

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

Lab result on May 10, 2013

Gluc = 12.0 [4.1 - 6.1]
HbA1C = 10.3 [4.8 – 5.9]

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

Diagnosis:

1. DMII

Treatment:

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

Lab result on May 10, 2013

Gluc =11.0 [4.1 - 6.1]
HbA1C =10.7 [4.8 – 5.9]

22. Un Chhorn, 47M (Taing Treuk Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

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

23. Un Rady, 51M (Rom Chek Village)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

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

24. Yin Hun, 76F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. Lisinopril 10mg 1t po qd for two months (#70)
2. HCTZ 25mg 2t po qd for two months (#120)

25. Yun Yeung, 75M (Doang Village)

Diagnosis:

1. HTN

Treatment:

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

26. Chan Vy, 54F (Taing Treuk Village)

Diagnosis:

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

Treatment:

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

27. Chum Chandy, 55F (Ta Tong Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for four months (#100)

28. Keum Kourn, 66F (Thkeng Village)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/2t po bid for four months (buy)
2. Carbimazole 5mg 1/2t po tid for four months (#110)
3. MTV 1t po qd for four months (#120)

29. Ream Sim, 58F (Thnal Keng Village)

Diagnosis:

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

Treatment:

1. Metformin 500mg 2t po bid for two months (#100)
2. Captopril 25mg 1/2t po bid for two months (buy)
3. Atenolol 50mg 1/2t po qd for two months (#30)
4. Paracetamol 500mg 1-2t po qid prn for two months (#40)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on May 10, 2013

Gluc	=6.5	[4.1 - 6.1]
HbA1C	=7.9	[4.8 - 5.9]

30. Heng Chan Ty, 52F (Ta Tong Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 2t po bid for four months (buy)
2. Propranolol 40mg ¼ t po bid for four months (#60)

31. Heng Naiseang, 64F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for four months (#160)
2. Captopril 25mg 1/2t po bid for four months (buy)

32. Lang Da, 52F (Thnout Malou Village)

Diagnosis:

1. HTN

Treatment:

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

33. Meas Lam Phy, 60M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for four months (#120)

34. Moeung Rin, 67F (Taing Treuk Village)

Diagnosis:

1. HTN
2. Osteoarthritis

Treatment:

1. HCTZ 25mg 1t po qd for four months (#90)
2. Atenolol 50mg 1/2t po qd for four months (buy)
3. Paracetamol 500mg 1-2t po qid prn pain for four months (#40)

35. Nung Sory, 62F (Thkeng Village)**Diagnosis:**

1. HTN

Treatment:

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

36. Prum Vandy, 50F (Taing Treuk Village)**Diagnosis:**

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)

Lab result on May 10, 2013

Free T4=19.66 [12.00 – 22.00]

37. Sam Khim, 50F (Taing Treuk Village)**Diagnosis:**

1. DMII

Treatment:

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

Lab result on May 10, 2013

Gluc =10.1 [4.1 - 6.1]
HbA1C =10.4 [4.8 – 5.9]

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

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1t po tid for two months (buy)
2. HCTZ 25mg 1t po qd for two months (#40)
3. Glibemclamide 5mg 1/2t bid for two months (#60)
4. Draw blood for Creat, glucose, and HbA1C at SHCH

Lab result on May 10, 2013

Creat =104 [53 – 97]
Gluc =6.0 [4.1 - 6.1]
HbA1C =6.0 [4.8 – 5.9]

39. Som Ka, 62M (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. Metformin 500mg 1t po bid for two months (#100)
2. Captopril 25mg 1/2t po bid for two months (buy)
3. Draw blood for glucose, and HbA1C at SHCH

Lab result on May 10, 2013

Gluc	=5.9	[4.1 - 6.1]
HbA1C	=5.5	[4.8 – 5.9]

40. Srey Ry, 63M (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#50)

41. Un Chhourn, 44M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

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

42. Yung Seum, 69F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

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

43. Mar Thean, 56M (Rom Chek Village)

Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid for four months (buy)
2. Glibenclamide 5mg 1t po bid for four months (#200)
3. ASA 100mg 1t po qd for four months (#120)
4. Simvastatin 20mg 1t po qhs for four months (#90)

44. Theum Sithath, 26F (Kampot Village)

Diagnosis:

1. Hyperthyroidism with nodular goiter

Treatment:

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

Lab result on May 10, 2013

Free T4	=14.06	[12.0 - 22.0]
---------	--------	---------------

45. Thourn Nhorn, 42F (Svay Pat Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

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

46. Pech Huy Keung, 51M (Rovieng Cheung Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

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

47. Preum Proy, 53M (Thnout Malou Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

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

Lab result on May 10, 2013

Gluc	=10.5	[4.1 - 6.1]
HbA1C	=7.5	[4.8 - 5.9]

48. Kin Yin, 37F (Bos Pey Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

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

49. Kun Ban, 57M (Thnal Keng Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for four months (#150)
2. Glibenclamide 5mg 1t po bid for four months (#200)
3. ASA 300mg 1/4t po qd for two months (#buy)

50. Thorng Khun, 46F (Thnout Malou Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Methimazole 5mg 2t po tid for two months (buy)

2. Propranolol 40mg 1/4t po bid for two months (#30)

51. Kong Soeun, 31M (Backdoang Village)

Diagnosis:

1. DMII

Treatment:

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

Lab result on May 10, 2013

Creat	=65	[53 - 97]
Gluc	=9.9	[4.1 - 6.1]
HbA1C	=6.1	[4.8 – 5.9]

52. Prum Chean, 50F (Sangke Roang Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM for two months (#100)
2. Draw blood for Creat, glucose and HbA1C at SHCH

Lab result on May 10, 2013

Creat	=91	[44 - 80]
Gluc	=14.5	[4.1 - 6.1]
HbA1C	=9.0	[4.8 – 5.9]

53. Chan Khem, 63F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for four months (#60)

54. Chan Khut, 64F (Sre Thom Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for four months (#60)

55. Chhim Bon, 73F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for four months (#70)
2. Paracetamol 500mg 1t po qid for four months (#30)

56. Sao Ky, 75F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. HCTZ 25mg 1t po qd for four months (#60)

57. Srey Thouk, 60F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg 1/2t po qd for four months (#30)
2. ASA 300mg 1/4t po qd for four months (buy)

58. Heng Pheary, 33F (Thkeng Village)

Diagnosis:

1. Asthma

Treatment:

1. Salbutamol Inhaler 2puffs po bid prn severe SOB for four months (#2)

59. Kong Soth, 64F (Bakdoang Village)

Diagnosis:

1. Dyspepsia

Treatment:

1. Famotidine 40mg 1t po qhs for one month (#30)

**The next Robib TM Clinic will be held on
July 8 - 12, 2013**