

Robib and Telemedicine

Robib Telemedicine Clinic October 2004

Report and photos compiled by Rithy Chau, Telemedicine Physician Assistant at SHCH

On Monday, October 4, 2004, SHCH staff, Nurse Koy Somontha and PA Rithy Chau traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following day, Tuesday, October 5, 2004, the Robib TM clinic opened to receive the patients for evaluations. There were 4 new cases and 6 follow-up patients. The patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on the next day.

On Thursday, October 7, 2004, replies from SHCH in Phnom Penh and the Partners Telemedicine in Boston were downloaded. Per advice from Boston, SHCH, and PA Rithy (on location), Nurse Montha managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, September 29, 2004 3:10 PM

To: Ruth Tootill; Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Gary Jacques; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: Robib Telemedicine for October 2004

Dear all,

I am writing to inform you about Robib Telemedicine for October, 2004.

Here is the agenda:

- 1- on 04/10/04 we travel from Phnom Penh to the village.
- 2- on 05/10/04 we do the clinic for whole day which will be started from 8 o'clock am.
- 3- on 06/10/04 we do data entry of patients and also send to PP and telepartner in Boston.
- 4- on 07/10/04 we will collect all the answers and do patient management to follow the instructions and then come back to PP.

Please, be aware that Mr. Chau Rithy will travel to the village with me for observing the project.

Thank you very much for your strong cooperation.

Best regards,

Montha

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, October 06, 2004 5:06 PM

To: Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Somontha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: Robib TM for October,2004

Dear all,

I am writing to inform you about Robib TM for October, 2004. For this month, we have 10 cases, amount those, there are 6 for follow up cases and 04 for new case.

Please, see my attachment one by one as the following.

Thank you very much for your strongly cooperation.

Best regards,

Montha

Do you Yahoo!?

Yahoo! Mail CNET Editors' Choice 2004. [Tell them what you think.](#) <a

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, October 06, 2004 5:10 PM

To: Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Somontha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: case# 0, Moeung Srey, 42F (Taing Treuk)

Dear all

This is patient number one with case and picture

Best regards,

Montha

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



Patient: Moeung Srey, 42F, Farmer (Taing Treuk)

Subject: 42F, comes back for her follow up of HTN. She feels much better with her previous symptoms like decreasing SOB, decrease palpitation, decrease blurred vision, decrease head numbness, decrease neck tension, no chest pain, no stool with blood or mucus, no cough, no fever, no nausea, but she has mild localized dull epigastric pain sometimes after meal.

Object: Look stable

VS: BP 120/60 P 68 R 20 T 36.5C Wt 62 kgs

HEENT: unremarkable

Neck: unremarkable

Lungs: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (+) BS, no HSM

Limbs: Unremarkable

Previous Labs/Studies: result of blood work done on 09/09/04

- TSH = 2.55 micro LU/ml - WBC= 1000000000/L -
Na= 135mmol/L - RBC= 44000000000/L - Creat
60mmol/L - Hgb= 9.0g/dl
- BUN= 1.1mmol/L - Hct= 26%
- Glycemie= 6 mmol/L - MCV= 59 fl
- MCH= 20 pg - MCHC= 35%
- Platelet count= 29300000000/L

Lab/Study Requests: none

Assessment:

1. HTN (Stable)
2. Dyspepsia?
3. Anemia due to Iron deficiency?

Plan: We would cover her with the following medicines for one month

1. Captopril 25mg 1/2t po q12
2. Fer/ folic acid 200/0.25mg 1t po qd
3. Multivitamine 1t po qd
4. Tums 1g 1t po qd

Comments: Do you agree with me? Please give me a good idea.

Examined by: Koy Somontha, RN **Date:** 05/10/04

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

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computer.

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

From: Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]

Sent: Wednesday, October 06, 2004 9:11 PM

To: tmrural@yahoo.com; tmed_rithy@online.com.kh; bhammond@partners.org

Subject: Patient: Moeung Srey, 42F, Farmer (Taing Treuk)

Dear Montha,

I think your assessment is quite good. It appears that the HTN is now controlled and continuing the captopril sounds like a good idea.

Based on the MCV it is likely that she has iron deficiency anemia. [Ideally we would want to get iron studies(ie. ferritin, TIBC) to back up that diagnosis and not treat accidentally treat a *thalassemia* with iron.] I am somewhat concerned about her abdominal pain - especially in light of his anemia. An upper GI bleed (ie ulcer) could be causing the pain and be the cause of the anemia. You mentioned no presence of dark stools, but a history of vaginal bleeding and a test for occult blood in the stool would also be important for ruling that out. Finally, because of a high incidence of H. pylori, empirical treatment with triple/quadruple drugs may become a good option if the abdominal pain has been persistent [I am not certain how long she has had pain](eg amoxicillin 1 gram/clarithromycin 500mg/ and proton pump inhibitor(ie omeprazole 20mg) all BID for 2 weeks, OR 2. bismuth QID/tetracycline 500 QID/metronidazole 500mg TID/omeprazole 20 BID....or other combo)

Best wishes,

Paul Heinzelmann, MD

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, October 06, 2004 5:15 PM

To: Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Somontha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: case# 02, Pheng Roeung, 58F (Thnout Malou)

Dear all

This is patient number two with case and picture

Best regards,

Montha

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

Patient: Pheng Roeung, 58F (Thnout Malou)



Subject: 58F, she returns for her follow up of Euthyroid; she feels much better with her previous symptoms like decreased palpitation, decreased SOB, no cough, no fever, no stool with blood or mucus. She also has epigastric pain after meal and it radiate to left side of abdomen, this pain can be subsided by using Antiacid. + heartburn; no increased burping, no N/V, no palpitation, no SOB; no bloody or black stool, no mucus.

Object: look Stable

VS: BP 140/60 P 78 R 20 T 36.5C Wt ?

HEENT: Unremarkable

Neck: no JVD, Goiter gland not increase size

Lungs: Clear both sides

Heart: RRR, no murmur

Abodomen: Soft, flat, no tender, (+) BS, no HSM

Limbs: Unremarkable

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Euthyroid
2. Dyspepsia/GERD?

Plan: keep the same medicines for one month like

1. Carbimazole 5mg 1t po q12
2. Propranolol 40mg 1/4t po q12
3. Ranitidine 150mg 1t po q12 for one month

Comments: Do you agree with me? Please, give me a good idea.

Examined by: Koy Somontha, RN **Date:** 04/10/04

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

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

From: Hammond, Brian D.

Sent: Wednesday, October 06, 2004 9:24 AM

To: Tan, Heng Soon,M.D.

Subject: FW: case# 02, Pheng Roeung, 58F (Thnout Malou)

Dear Dr Tan:

Thank you for taking the time to help with these cases. I have three more I'd like to send your way today. If you could have responses back to me by 5:30 PM, that would be wonderful.

Sincerely,

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Hammond, Brian D. [mailto:BHAMMOND@PARTNERS.ORG]
Sent: Wednesday, October 06, 2004 9:33 PM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: case# 02, Pheng Roeung, 58F (Thnout Malou)

Dr. Tan's consultation appears below.

Sincerely,

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Tan, Heng Soon,M.D.
Sent: Wednesday, October 06, 2004 9:27 AM
To: Hammond, Brian D.
Subject: RE: case# 02, Pheng Roeung, 58F (Thnout Malou)

Carbimazole can be used for a year for maintenance before discontinuing for hyperthyroidism. Propranolol can be stopped if she is no longer symptomatic. Can we check serology for H. pylori infection? That may be more cost effective than just empirically treating her with antibiotics.

HS

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

From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, October 06, 2004 5:19 PM
To: Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Somontha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: case# 03, Eam Neut, 53M (Taing Treuk)

Dear all

This is patient number three with case and picture

Best regards,

Montha

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



Patient: Eam Neut, 53F, farmer (Taing Treuk)

Subject: 53F, return for her follow up of Stable HTN and Left Knee Artralgia; she still has mild localized head ache on the top of head, slight neck tension; her left knee has now improved; she has no cough, no chest pain, no SOB, no fever, no vomit, no GI complain, no dizziness, no syncope, no peripheral edema.

Object: look stable

VS: BP 130/80 P 80 R 20 T 36.5C Wt 55 kgs

HEENT: Unremarkable

Neck: No JVD, no lymphadenopathy, no goiter seen

Lungs: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (+) BS, no HSM

Limbs: no edema

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. HTN
2. Left Knee Artralgia

Plan: I would like to keep the same drugs from last month.

1. HCTZ 40mg 1/2t po q12
2. Captopril 25mg 1/4t po qd
3. Paracetamol 500mg 1t po q6 for (PRN)

Comments: Do you agree with me? Please, give me a god idea.

Examined by: Koy Somontha, RN **Date:** 05/10/04

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

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

From: Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]
Sent: Wednesday, October 06, 2004 9:25 PM
To: tmrural@yahoo.com; tmed_rithy@online.com.kh; bhammond@partners.org
Subject:

Dear Montha,

This sounds good. Her BP is acceptable. I would do as you suggested.

Her headache sounds to be of mild to moderate severity but would monitor as needed.

Best

Paul Heinzelmann, MD

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

From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, October 06, 2004 5:23 PM
To: Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Somontha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: case# 04, Sao Phal, 55F (Thnout Malou)

Dear all

This is patient number four with case and picture

Best regards,

Montha

Robib Telemedicine Clinic

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



Patient: Sao Phal, 55F, farmer (Thnout Malou)

Subject: 55F, returns for her follow up of DMII with PNP, Controlled HTN, GERD. She still has SOB on exertion after walking for 10 mins, malaise, blurred vision, mild epigastric pain, nausea for sometimes. But she has no chest pain, no cough, no fever, no stool with blood, no peripheral edema.

Object: look stable

VS: BP 110/60 P 88 R 20 T 36.5C Wt 55 kgs

HEENT: mild pale on conjunctiva, others are unremarkable

Neck: No JVD, no goiter seen, no lymph node

Lungs: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tenderness, (+) BS, no pain during palpation

Limbs: No peripheral edema

Previous Labs/Studies: result of blood work done on 09/09/04

- Na= 111mmol/L
- Glycemia= 6.0 mmol/L
- WBC= 9000000000/L
- RBC= 300000000000/L
- Hgb = 8.8g/dl
- Hct= 25%
- MCV= 83 fl
- MCH= 29 pg
- MCHC= 35%
- Platelets= 33500000000/L

Lab/Study Requests: none

Assessment:

1. DMII with PNP
2. Controlled HTN
3. GERD
4. Anemia due to Iron deficiency?

Plan: I would like to keep the same medicines but ask to add Iron/Folic Acid and multivitamin for one month as the following.

1. Diamecron 80mg 1/2t po qd
2. HCTZ 50mg 1/2t po qd
3. Amitriptyline 25mg 1t po qhs
4. Iron/ Folic Acid 200/0.25mg 1t po qd
5. Multivitamin 1t po qd
6. Omeprazole 20mg 1t po qhs

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

Examined by: Koy Somontha, RN **Date:** 05/10/04

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

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

From: Hammond, Brian D.

To: Tan, Heng Soon, M.D.

Sent: 10/6/04 9:26 AM

Subject: FW: case# 04, Sao Phal, 55F (Thnout Malou)

Dear Dr. Tan:

This is the second case. Again, thank you for your help!

Sincerely,

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Hammond, Brian D. [mailto:BHAMMOND@PARTNERS.ORG]

Sent: Thursday, October 07, 2004 3:25 AM

To: 'tmrural@yahoo.com'

Cc: 'tmed_rithy@online.com.kh'

Subject: FW: case# 04, Sao Phal, 55F (Thnout Malou)

Please find Dr. Tan's consultation below.

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Tan, Heng Soon, M.D.

Sent: Wednesday, October 06, 2004 4:19 PM

To: Hammond, Brian D.

Subject: RE: case# 04, Sao Phal, 55F (Thnout Malou)

Check her stool by rectal examination for guaiac testing and microscopic examination for ova

and parasites to see whether she has occult gastrointestinal bleeding or worm infestation. At her age, I would not just attribute anemia to nutritional deficiency or worm infestation. Serum iron would be helpful to confirm iron deficiency anemia. If she does have occult GI bleed, consider colonoscopy and UGI endoscopy to look for source of bleeding. With history of GERD, perhaps she has a peptic ulcer disease, erosive gastritis or gastric malignancy as cause of bleeding. Has she lost appetite and weight? I agree with iron replacement, but 3 tablets will be more effective than just one tablet.

Recheck CBC in 6 weeks to see whether she is responding. Even if she does respond, above diagnostic testing is still important to carry out.

HS

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, October 06, 2004 5:27 PM

To: Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Somontha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: case# 05, Hour Channa, 18F (Thnout Malou)

Dear all

This is patient number five with case and picture

Best regards,

Montha

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



Patient: Hour Channa, 18F, farmer (Thnout Malou)

Subject: 18F, returns for her follow up of tension headache and Dyspepsia. She still has mild headache on the bilateral temporal area and top area of head, and accompany by dizzy for sometimes. She also has diarrhea in last 3 days ago but now has stopped only problem with bloating and mild epigastric pain; no fever, no cough, no N/V, no SOB, no CP, no palpitation, no syncope; no aurora with HA. No upper respiratory c/o. Drinks <1/d water.

Object: look stable

VS: BP 100/60 P 80 R 20 T 36.5C Wt 52 kgs

HEENT: normocephalic, PERRLA & EOMI, TMs clear.
Normal visual acuity. No sinus tenderness.

Neck: no goiter seen, no lymphadenopathy, no JVD

Lungs: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (+) SB, no HSM

Limbs: Unremarkable

Neuro Exam: Unremarkable

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Tension Headache
2. Dyspepsia
3. Anxiety?

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

1. Ibuprofen 400mg 1t po q12 (PRN)
2. Tums 1g 1t po q12 (PRN)
3. Do exercise every morning
4. fluid 2L/d

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

Examined by: Koy Somontha, RN **Date:** 05/10/04

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

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

From: Hammond, Brian D.

To: Tan, Heng Soon, M.D.

Sent: 10/6/04 9:32 AM

Subject: FW: case# 05, Hour Channa, 18F (Thnout Malou)

Dear Dr. Tan:

This is the 3rd case. I just got your response to the first one. Thank you for your expeditiousness!

Sincerely,

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Hammond, Brian D. [mailto:BHAMMOND@PARTNERS.ORG]

Sent: Thursday, October 07, 2004 3:43 AM

To: 'tmrural@yahoo.com'

Cc: 'tmed_rithy@online.com.kh'

Subject: FW: case# 05, Hour Channa, 18F (Thnout Malou)

Please find Dr. Tan's opinion below.

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Tan, Heng Soon,M.D.

Sent: Wednesday, October 06, 2004 4:26 PM

To: Hammond, Brian D.

Subject: RE: case# 05, Hour Channa, 18F (Thnout Malou)

Tension headaches may well be a mild form of migraine headaches without visual aura. In any case, searching for triggers could be useful: is there recent stress? lack of sleep? alcohol use? food intolerance? If she has epigastric pain, ibuprofen may worsen dyspepsia. Acetoaminophen may be safer in this situation. If a mood disorder has precipitated chronic headaches, consider low dose amitriptyline like 10-25 mg qd for headache prophylaxis. As for bowel symptoms, acute diarrhea may trigger mild GI malabsorption for a few days. A full liquid diet advancing to carbohydrates and avoiding dairy and fats initially will help bowels to regain normal function. She may not need Tums if dyspepsia is not chronic or recurrent.

HS

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, October 06, 2004 5:35 PM

To: Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Somontha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: case# 06,Chhim Siborn, 30F (Thnout Malou)

Dear all

This is patient number six with case and picture.

Best regards,

Montha

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



Patient: Chhim Siborn, 30F, farmer(Thnout Malou)

CC: Epigastric pain on and off for one month.

HPI: 30F, farmer, she gets stabbing pain on epigastric area x 1 month, radiating to central chest like heartburn, and accompany by burping. Pain increased after meal, and also can be subsided by taking some antacid like Maalox. No fever, no N/V, no cough, no CP, no palpitation, no weight loss, no diarrhea, no black or bloody stool, no mucus in stool, no change of appetite.

PMH: Unremarkable

SH: no smoking, no alcohol drinking

FH: Unremarkable

Allergies: NKA

ROS: no weight loss, no fever, no cough, no SOB, o palpitation, no chest pain, no stool with blood or mucus, no peripheral edema

Current Medication: None

PE:

VS: BP 110/50 P 80 R 20 T 36.5C Wt 40kgs

Gen: look stable

HEENT: Unremarkable

Chest: CTA both sides, no crackle, no wheezing; HRRR, no murmur

Abd: Soft, flat, no tender, (+) BS, no HSM.

MS/Neuro: unremarkable

Other:

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. GERD?

2. Parasititis?

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

1. Omeprazole 20mg 1t po q12 for one month
2. Mebendazole 100mg 1t po q12 for 3 days
3. Metochlopramide 10mg 1t po q8 for (PRN)

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

Examined by: Koy Somontha, RN **Date:** 05/10/04

lease send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh.

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

From: Hammond, Brian D.
Sent: Wednesday, October 06, 2004 9:42 AM
To: Ryan, Edward T.,M.D.
Subject: FW: case# 06,Chhim Siborn, 30F (Thnout Malou)

Dear Dr. Ryan:

Thank you for taking the time to consult on Cambodia cases. I will be sending you one more case. If you could have your responses back to me by 5:30 PM, that would be wonderful.

Sincerely,

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Hammond, Brian D. [mailto:BHAMMOND@PARTNERS.ORG]
Sent: Thursday, October 07, 2004 3:45 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: case# 06,Chhim Siborn, 30F (Thnout Malou)

Please find Dr. Ryan's opinion below.

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Ryan, Edward T.,M.D.
Sent: Wednesday, October 06, 2004 4:27 PM
To: Hammond, Brian D.
Subject: RE: case# 06,Chhim Siborn, 30F (Thnout Malou)

I agree with plan. if does not improve, would consider anti-helicobacter treatment

Edward T. Ryan, M.D., DTM&H
Tropical & Geographic Medicine Center
Division of Infectious Diseases
Massachusetts General Hospital
Jackson 504
55 Fruit Street
Boston, Massachusetts 02114 USA

Administrative Office Tel: 617 726 6175
Administrative Office Fax: 617 726 7416
Patient Care Office Tel: 617 724 1934
Patient Care Office Fax: 617 726 7653
Email: etryan@partners.org or ryane@helix.mgh.harvard.edu

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, October 06, 2004 6:48 PM

To: Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: case# 07, Lay Neung, 35F (Sleing Tourl)

Dear all

This is patient number seven with case and picture.

Best regards,

Montha

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



Patient: Lay Neung, 35F, farmer (Sleing Tourl)

Subject: 35F, returns for her follow up of Euthyroid. She feels much better with her previous symptoms with decreasing SOB, neck tension, chest tightness, but increased appetite. She still has mild palpitation and malaise.

Object: look stable

VS: BP 120/60 P 80 R 20 T36.5C Wt 49 Kgs

HEENT: Unremarkable

Neck: No JVD, goiter gland is the same size.

Lungs: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (+) BS

Limbs: Unremarkable

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Euthyroid

Plan: keep the same treatment

1. Propranolol 40mg 1/4t po q12
2. Multivitamin 1t po qd

Comments: Do you agree with me? Please, give me a good idea.

Examined by: Koy Somontha, RN **Date:** 05/10/04

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

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

From: Hammond, Brian D.

To: Tan, Heng Soon, M.D.

Sent: 10/6/04 9:35 AM

Subject: FW: case# 07, Lay Neung, 35F (Sleing Tourl)

Dear Dr. Tan:

Here's the 4th case.

Sincerely,

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Hammond, Brian D. [mailto:BHAMMOND@PARTNERS.ORG]

Sent: Thursday, October 07, 2004 3:48 AM

To: 'tmrural@yahoo.com'

Cc: 'tmed_rithy@online.com.kh'

Subject: FW: case# 07, Lay Neung, 35F (Sleing Tourl)

Please find Dr. Tan's opinion below.

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Tan, Heng Soon,M.D.

Sent: Wednesday, October 06, 2004 4:32 PM

To: Hammond, Brian D.

Subject: RE: case# 07, Lay Neung, 35F (Sleing Tourl)

I'm afraid I don't have the previous past history. Was she hyperthyroid by TSH and T4 studies? Was it considered thyroiditis or Graves disease? Thyroiditis presents with transient hyperthyroidism with firm slightly enlarged thryoid gland sometimes postpartum and can be treated just with propranolol. Graves disease presents with sustained hyperthyroidism with larger softer thyroid gland sometimes with vascular bruit and may need antithyroid drugs in addition to propranolol. Distinction between the two can only be made with certainty by radioiodine uptake studies, but I doubt you have access to this test.

HS

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

From: hopestaff@online.com.kh [mailto:hopestaff@online.com.kh]

Sent: Friday, October 08, 2004 8:41 AM

To: TM Team

Cc: Heather Brandling Bennett; bhammond@PARTNERS.ORG; Rithy Chau; Kathy

Fiamma; Glenn Geeting; Paul Heinzelmann; Paul J. M.D. Heinzelmann;

Joseph Kvedar; Jack Middlebrook; Thero Noun; Seda Seng; Laurie & Ed

Bachrach; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: Re: case# 07, Lay Neung, 35F (Sleing Tourl)

Dear all,

this is a small euthyroid goiter. Please advice her to take enough iodine slat.

No operation indicated yet.

Please take pictures of these patients without coverage of the neck area.

Thanks

Dr. Cornelia Haener
General surgeon
SHCH

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, October 06, 2004 6:53 PM

To: Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: case# 08, Chum Phay, 54M (Ta Tong)

Dear all

This is patient number eight with case and picture.

Best regards,

Montha

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



Patient: Chum Phay, 54M, farmer (Ta Tong)

CC: malaise, epigastric pain on and off for two months

HPI: 54M, farmer, in last two months he got vomiting with blood one time about 300ml and also black stool x 1wk. That time he went to visit local clinic to deal with this problem, they give him some medications of IV, IM, PO so on. His condition becomes better from day to day. Now he still has malaise, palpitation and SOB on exertion during climbing one flight of stairs, dizziness, and localized, dull epigastric pain which occurred after meals, but can be relieved by antacid occasionally. No recent N/V, no more black stool, no fever, no diarrhea, no CP, no wt loss.

PMH: Malaria 20 years ago

SH: Smoke cigarette 12 cig /day for 25 years, and drink alcohol on and off for 20 years about 200ml to 300ml/day. No more smoke and EtOH past 2 months.

FH: Unremarkable

Allergies: NKA

ROS: no weight loss, no fever, no cough, no chest pain, no stool with blood, no peripheral edema.

Current Medications: Use traditional medicine for two weeks to cover his Epigastric pain and malaise.

PE:

VS: BP 90/40 P 88 R 20 T 36.5C Wt 45 kgs

Gen: look pale, no tachypneic, no diaphoretic

HEENT: pale conjunctiva, no JVD, no lymphadenopathy, no goiter

Chest: CTA both sides. HRRR, no murmur

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

MS/Neuro: no peripheral edema.

Other:

Previous Labs/Studies: none

Lab/Study Requests: none (We have no Colocheck test)

Assessment:

1. GI Bleed 2nd to PUD?
2. Anemic due to GI bleed?
3. Parasititis?

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

1. Give H. pylori eradication for ten days and then go on Omeprazole 20mg 1t o qhs for another month.
2. Fe/ Folic Acid 200/0.25mg 1t po qd for one month
3. Multivitamin 1t o qd for one month
4. Mebendazole 100mg 1t po qd for 3 days.
5. Metochlopramide 10mg 1t po q8 for (PRN)

Comments: Do you agree with me? Please, give me a good idea.

Examined by: Koy Somontha, RN **Date:** 05/10/04

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

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

From: Hammond, Brian D.
Sent: Wednesday, October 06, 2004 9:54 AM
To: Ryan, Edward T.,M.D.
Subject: FW: case# 08, Chum Phay, 54M (Ta Tong)

Dear Dr. Ryan:

Here's the second case. Thank you again!

Sincerely,

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Hammond, Brian D. [mailto:BHAMMOND@PARTNERS.ORG]
Sent: Thursday, October 07, 2004 3:32 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: case# 08, Chum Phay, 54M (Ta Tong)

Please find Dr. Ryan's comment below.

Brian Hammond
Program Coordination
Partners Telemedicine

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

From: Ryan, Edward T.,M.D.
Sent: Wednesday, October 06, 2004 4:24 PM
To: Hammond, Brian D.
Subject: RE: case# 08, Chum Phay, 54M (Ta Tong)

I agree with the plan

Edward T. Ryan, M.D., DTM&H
Tropical & Geographic Medicine Center
Division of Infectious Diseases
Massachusetts General Hospital
Jackson 504
55 Fruit Street
Boston, Massachusetts 02114 USA

Administrative Office Tel: 617 726 6175
Administrative Office Fax: 617 726 7416
Patient Care Office Tel: 617 724 1934
Patient Care Office Fax: 617 726 7653
Email: etryan@partners.org or ryane@helix.mgh.harvard.edu

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, October 06, 2004 6:58 PM

To: Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: case# 09, Prum Savoeun, 36F (Thnout Malou)

Dear all

This is patient number nine with case and picture.

Best regards,

Montha

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



Patient: Prum Savoeun, 36F, farmer (Thnout Malou)

CC: Malaise for 8 days.

HPI: 36F, farmer, she got malaria ten days ago with (+2) of falciparum ring form. She was covered with a complete course of malaria drugs. Now she has general malaise, slight headache, dizziness for sometimes, poor appetite, but she has no fever, no cough, no SOB, and has good urine out put.

PMH: Unremarkable

SH: No smoke, no alcohol drinking

FH: Unremarkable

Allergies: NKA

ROS: No weight loss, no fever, no SOB, no cough, no chest pain, no GI complains, no peripheral edema.

Current Medicine: Took Malaria drugs ten days ago

PE:

VS: BP 80/40 P 68 R 20 T 36.5C Wt 47kgs

Gen: Look Weak

HEENT: no oropharyngeal lesions, but mild pale on conjunctiva

Neck: no JVD, no lymphnode, no goiter seen

Chest: CTA both sides. HRRR, no murmur

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

MS/Neuro: Unremarkable

Other:

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Anemia due to Malaria infection?

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

1. Fe/ Folic Acide 200/0.25mg 1t po qd for one month
2. Multivitamine 1t po qd for one month
3. Encourage her to eat more food, vegetable and also drink more water.
4. Para 500mg 1 po q6h prn

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

Examined by: Koy Somontha, RN **Date:** 05/10/04

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

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

From: Paul [mailto:ph2065@yahoo.com]

Sent: Thursday, October 07, 2004 5:35 AM

To: tmrural@yahoo.com; tmed_rithy@online.com.kh; bhammond@partners.org

Subject: Patient: Prum Savoeun, 36F, farmer (Thnout Malou)

Dear Montha,

Unfortunately, we don't know what malaria drugs she was taking. It is likely that malaria in the region is chloroquine -resistant, so preferably she has taken something such as the following:

1. quinine sulfate 650mg TID plus doxycycline 100mg BID each for one week

or

2. Atovaquone/proguanil 1gm/400mg once per day for 3 days

3. Artusenate 4mg/kg/d for three days with mefloquine (750mg x1 then 500mg 12 hours later)

Asking her how frequently she took her meds and for how long may give us some idea. Knowing this will tell us if she was treated properly and if any of her current symptoms are side effects of the medicine.

As you know malaria by p falciparum can be severe and though relapses don't occur anemia is common, and partial treatment may result in recurrent attacks.

Because she is ambulatory and we assume she received a complete and appropriate treatment, supportive care is likely to be of most benefit. Her BP is quite low and fluid replacement would be important to counter hypovolemia-associated dizziness, and we don't know about her renal function. A CBC, electrolytes and creatinine/BUN, glucose could provide a more complete picture if she worsens - as could a repeat blood smear if fever returns.

I think your plan sounds good for now.

I think basic lab testing capability would add great benefit to the work you are doing.

Best Wishes,

Paul Heinzelmann, MD

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, October 06, 2004 7:14 PM

To: TM Project; Heather Brandling Bennett; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Glenn Geeting; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Seda Seng; Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: case # 10, Pang Sidoeun, 31F (Revieng Tbong)

Dear all,

this is the last case and picture.

Best regards,

Montha

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

Patient: Pang Sidoeun, 31F, farmer (Thnout Malou)

CC: Headache and blurred vision for 2 months



HPI: 31F, farmer, she just knows she has mild HTN in last month by checking at local clinic. They gave her some HTN medications but she doesn't know the name of drug. She takes the drug when her condition is not well. Now she has localized headache at occipital area, it also accompanies by blurred vision, dizzy for sometimes, and poor sleep. No N/V, no tinnitus, no fever, no SOB, no CP, no palpitation, no GI or GU c/o.

PMH: unremarkable

SH: Unremarkable

FH: Unremarkable

Allergies: NKA

ROS: no weight loss, no fever, no SOB, no running nose, no chest pain, no cough, no vomit, no GI complains.

Current Medication: Just took unknown HTN medications on and off for one month

PE:

VS: BP 150/80 P 80 R 20 T 36.5C Wt 35 Kgs

Gen: look Stable

HEENT: Normocephalic, PERRLA & EOMI, TM's clear, normal hearing, normal vision.

Neck: No goiter seen, no JVD, no lymphadenopathy.

Chest: CTA both sides. HRRR, no murmur

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

MS/Neuro: Unremarkable

Other:

Previous Labs/Studies: none

Lab/Study Requests: None

Assessment:

1. Mild HTN
2. Headache

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

1. HCTZ 50mg 1/2t po qd for one month
2. Paracetamol 500mg 1t po q6 for (PRN)

Comments: Do you agree with me? Please, give me a good idea.

Examined by: Koy Somontha, RN **Date:** 05/10/04

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

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

From: Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]

Sent: Thursday, October 07, 2004 1:02 AM

To: tmed_rithy@online.com.kh; Tmed 1; brian Hammond; Janine Miller

Subject: Patient: Pang Sidoeun, 31F, farmer (Thnout Malou)

1. Confirmation of hypertension is based on the initial visit, plus two follow-up visits with at least two blood pressure measures at each visit.
2. Standardized blood pressure measurement techniques should be employed when confirming an initially elevated blood pressure (BP) and for all subsequent measures during follow-up and treatment for hypertension.

***I dont know if you're sayng that she was previously diagnosed with hypertension by another doctor. If you feel she does indeed have real HTN then as follows ***

3. A thiazide-type diuretic could be considered as you mentioned. initial therapy in most patients with uncomplicated hypertension. (**eg HCTZ 50 mg. 1/2t po qd for one month**)

But because of her relatively young age, secondary causes of hypertension should be considered. To rule these out however, initial lab screen would include 12-lead electrocardiogram (ECG), urinalysis, blood glucose, hematocrit, serum sodium, potassium, creatinine (or blood urea nitrogen [BUN]), calcium, and lipid profile (total cholesterol, high density lipoprotein [HDL]-cholesterol, and triglycerides).

I don't think bp of 150/80 is likely the casue of headaches and blurred vision. A visual acuity test would be helpful... poor eyesight can give you headaches and poor vision. Others causes to rule out cataract, glaucoma. Also, tension headache can be occipital.

Most risk factors for essential hypertension are related to poor health habits. About half of all people with mild hypertension can control their condition by adopting healthy habits. Here are some lifestyle changes for people with hypertension:

- **Lose weight (if overweight only)** - Maintain normal body weight (body mass index 18.5 - 24.9 kg/m²). The most effective non-drug method of lowering blood pressure. Weight loss can also enhance the blood pressure lowering effect of anti-hypertensive drugs.
- **Exercise** - even 30 to 45 minutes of mild to moderate aerobic exercise such as brisk walking or cycling four times a week can nudge your blood pressure down a few points, particularly if you↓ re also losing weight. Even people with normal blood pressure who do not exercise and are "out of shape" have a 20 to 50% higher risk of developing hypertension than more active people have.
- **Limit alcohol intake** - Alcohol raises your blood pressure even if you don↑ t have hypertension and reduces your heart↑ s pumping ability.
- **Eat a low-fat, high-fruit and -vegetable diet** - A recent study found people with hypertension lowered their blood pressure by 11.5 mm Hg systolic and 5.5 mm Hg diastolic through diet alone.
- **Limit salt intake** - Not everyone needs to restrict salt intake. HoweverIndividual response of blood pressure to salt intake differs widely and is difficult to measure.
- **Don↑ t smoke** - Cigarette smoking doesn↑ t cause hypertension, but is a major risk factor for cardiovascular disease.

Best wishes

Paul Heinzelmann, MD & Janine Miller, MD

Thursday, October 7, 2004

Follow-up Report for Robib TM Clinic

There were 10 patients seen during this month Robib TM Clinic (and other patients came for medication refills only). The data of all cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, 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.]

1- Lay Neung, 35F (Sleing Tourl)

Diagnosis

a)- Euthyroid

Treatment plan

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

b)- B-complex 1t po qd for one month

c)- Eat Iodine salt

2- Chhim Siborn, 30F (Thnout Malou)

Diagnosis

a)- GERD?

b)- Parasititis?

Treatment plan

a)- Omeprazole 20mg 2t po qhs for one month

b)- Metochlopramide 10mg 1t po q12h prn

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

3- Pheng Roeung, 58F (Thnout Malou)

Diagnosis

a)- Euthyroid

b)- Dyspepsia

Treatment plan

a)- Carbimazole 5mg 1t po q12h for one month

b)- Propranolol 40mg ¼t po q12h for one month

c)- Tums 1g 1t po q12h for one month

4- Eam Neut, 53F (Taing Treuk)

Diagnosis

a)- HTN

b)- Left Knee Arthralgia

Treatment plan

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

b)- Paracetamol 500mg 1t po q6 prn

5- Moeung Srey, 42F (Taing Treuk)

Diagnosis

a)- HTN

b)- Anemia due to Iron Deficiency?

c)- Dyspepsia?

Treatment plan

a)- Propranolol 40mg ¼t po q12h for one month

b)- Fe 200mg 1t po qd for one month

c)- Multivitamin 1t po qd for one month

d)- H. Pylori treatment for 10 days

e)- Metochlopramide 10mg 1t qd for (PRN)

6- Pang Sidoeun, 31F (Thnout Malou)

Diagnosis

a)- Mild HTN

b)- Tension Headache

Treatment plan

a)- HCTZ 50ng ½t po qd for one month

b)- Paracetamol 500mg 1t po qd prn

7- Sao Phal, 55F (Thnout Malou)

Diagnosis

- a)- DMII with PNP
- b)- Controlled HTN
- c)- GERD
- d)- Anemia due to Iron deficiency?

Treatment plan

- a)- Diamecron 80mg 1/2t po qd for one month
- b)- HCTZ 50mg ½t po qd for one month
- c)- Amitriptyline 25mg 1t po qhs for one month
- d)- Fe 200mg 1t po qd for one month
- e)- Omeprazole 20mg 1t po qhs for one month

8- Chum Phay, 54M (Ta Tong)

Diagnosis

- a)- GI bleeding?
- b)- Anemia due to GI bleeding?
- c)- Parasititis?

Treatment plan

- a)- H. Pylori treatment for 10 days and then continuous Omeprazole 20mg 1t po qhs for 1 month.
- b)- Fe 200mg 1t po qd for one month
- c)- Multivitamin 1t po qd for one month
- d)- Mebendazole 100mg 1t po q12h for 3 days

9- Hourn Channa, 18F (Thnout Malou)

Diagnosis

- a)- Tension Headache
- b)- Dyspepsia
- c)- Anxiety

Treatment plan

- a)- Ibuprofen 400mg 1t po q12h prn
- b)- Tums 1g 1t po q12 prn

c)- Do exercise every morning

10- Lay Neung, 35F (Sleing Tourl)

Diagnosis

a)- Euthyroid

Treatment plan

a)- Propranolol 40mg ¼t po q12h for one month

b)- Multivitamin 1t po qd for one month

Patients who came to refill medications

1- Nget Soeun, 56M (Thnout Malou)

Diagnosis

a)- Liver Cirrhosis

Treatment Plan

a)- Spironolactone 50mg ½t po qd for one month

b)- Propranolol 40mg ¼t po qd for one month

2- Som Deum, 68F (Thnout Malou)

Diagnosis

a)- Polyarthritis

Treatment plan

a)- Chloroquine 250mg 1t po q12h for one month

b)- Nabumetone 750mg 1t po q12h for (PRN)

3- Tan Kim Horn, 56F (Thnout Malou)

Diagnosis

a)- DMII

b)- Dyspepsia

Treatment plan

a)- Diamecron 80mg ½t po qd for one month

b)- Cimetidine 400mg 1t po q12h for one month

4- Som Thol, 55M (Taing Treuk)

Diagnosis

a)- DMII with PNP

Treatment plan

- a)- Diamecron 80mg 1t po q8h for one month
- b)- Amitriptyline 25mg 1t po q12h for one month

5- Mui Vun, 38M (Thnout Malou)

Diagnosis

- a)- VHS (MR, MS)

Treatment plan

- a)- Digoxin 0.25mg 1t po qd for one month
- b)- ASA 500mg ¼t po qd for one month
- c)- Metochlopramide 10mg 1t po qd prn

6- Chhay Chanthly, 43F (Thnout Malou)

Diagnosis

- a)- Euthyroid

Treatment plan

- a)- Fe 200mg 1t po qd for one month
- b)- Multivitamin 1t po qd for one month

7- Pen Vanna, 38F (Thnout Malou)

Diagnosis

- a)- Stable HTN

Treatment plan

- a)- HCTZ 50mg ½t po q12h for one month
- b)- Tums 1g 1t po q12h for one month

8- Tho Chanthly, 37F (Thnout Malou)

Diagnosis

- a)- Hyperthyroidism

Treatment plan

- a)- Carbimazole 5mg 1t po qd for two months
- b)- Propranolol 40mg 1/4t po qd for two months