

Robib *Telemedicine* Clinic

Preah Vihear Province

S E P T E M B E R 2 0 1 3

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

On Monday, September 2, 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), September 3 & 4, 2013, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases and 2 follow up case 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, September 4 & 5, 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: [Robib Telemedicine](#)

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

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Robib School 1](#) ; [Savooun Chhun](#)

Sent: Monday, August 26, 2013 1:28 PM

Subject: Schedule for Robib Telemedicine clinic September 2013

Dear all,

I would like to inform you that there will be Robib TM Clinic in September 2013 which starts from September 2 to 6, 2013.

The agenda for the trip is as following:

1. On Monday September 2, 2013, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday September 3, 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 and sent to both partners in Boston and Phnom Penh.
3. On Wednesday September 4, 2013, the activity is the same as on Tuesday
4. On Thursday September 5, 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 September 6, 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, September 03, 2013 7:22 PM

Subject: Robib TM Clinic September 2013, Case#1, Bon Yearn, 49F

Dear all,

There are four new and one follow up cases for first day of Robib TM clinic September 2013. This is case number 1, Bon Yearn, 49F 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: Bon Yearn, 49F (Rom Chek Village)

Chief Complaint (CC): Polyuria x 6months

History of Present Illness (HPI): 49F, farmer, presented with polyuria, polypha, fatigue, and denied of cough, SOB, hematuria, dysuria, numbness/tingling. She went to consult at private clinic, blood sugar tested with result 200mg/dl and diagnosed with DMII. She was treated with few kinds of medicine (unknown name) taking bid for one month. Then she got treatment with traditional medicine instead until now because was financial reason.

Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Epigastric burning pain after full eating, radiation to the back, no burping, no black/bloody stool

PE:

Vital sign: BP: 118/69 P: 85 R: 18 T: 37°C Wt: 53Kg

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, 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:

FBS: 180mg/dl

U/A: normal

Assessment:

1. DMII
2. Dyspepsia

Plan:

1. Metformin 500mg 1t po qhs
2. Famotidine 40mg 1t po qhs for one month
3. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH
4. Educate on diabetic diet, do regular exercise and foot care

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: September 3, 2013

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

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

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

Cc: rithychau@sihosp.org

Sent: Wednesday, September 04, 2013 8:40 PM

Subject: RE: Robib TM Clinic September 2013, Case#1, Bon Yearn, 49F

Thank you for the opportunity to consult.

From your description of Bon Yearn and the data of the elevated blood sugars, it sounds like she has developed Adult Onset Diabetes Type 2. Your plan to treat her with lifestyle changes (diet and education) as well as metformin is a sound plan.

She also describes dyspepsia or acid reflux symptoms. Education and dietary changes along with famotadine are the appropriate approaches.

Best of luck

Paul Cusick

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, September 03, 2013 7:25 PM
Subject: Robib TM Clinic September 2013, Case#2, Chourb Srey Mach, 9F

This is case number 2, Chourb Srey Mach, 9F 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: Chourb Srey Mach 9F (Kampot Village)

Chief Complaint (CC): Skin rash x 5months

History of Present Illness (HPI): 9F, grade 3 student, presented with maculopapular rash on the head and pruritus, no vesicle, no pustule. She scratched then it became crust formation. A few months later, the rash spread to body and extremities (see photos). Her mother brought her to consult with local health care worker and she was treated with IM injection every week for one month with oral medicine but the rash still persisted. Her mother denied of chemical contact or insect bite.

Past Medical History (PMH): Unremarkable

Family History: Father with rash on the head, elbow and body (Psoriasis??)

Social History: Second child among three children; sibling without skin rash/lesion

Current Medications: Traditional medicine (has just applied on rash in these few days)



Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: / P: 100 R: 20 T: 36.5°C Wt: 21Kg

General: Stable

HEENT: 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

Skin: Most Maculopapular rashes on the body, extremities, few on armpit, groin, and finger web, crust lesion on the head, no vesicle, no pustule (see photos)

Lab/study: None

Assessment:

1. Impetigo
2. Scabies?
3. Psoriasis??

Plan:

1. Augmentin 457mg 1t po tid for 7d
2. Diphenhydramin 12.5mg/ml 10ml tid prn
3. Albendazole 400mg 1/2t po bid x 5d
4. Benzyl benzoate application on the rash
5. Draw blood for CBC, Lyte, Creat, Transaminase, RPR, ESR, HBsAg, HCV ab 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
September 3, 2013

Date:

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

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From: "Schalock, Peter C.,M.D." <PSCHALOCK@PARTNERS.ORG>
Date: September 3, 2013, 6:13:29 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Subject: Re: Robib TM Clinic September 2013, Case#2, Chourb Srey Mach, 9F

The presentation of this rash looks like guttate psoriasis. I certainly agree with the differential diagnosis and the planned treatment, with the addition of a moderate or intermediate potency topical steroid. Treating any infection that is present is important. Guttate psoriasis may present in those with skin or other local infections.

Peter C. Schalock, MD

From: [Robib Telemedicine](#)
To: [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, September 03, 2013 7:27 PM
Subject: Robib TM Clinic September 2013, Case#3, Muth Khourn, 16F

Dear all,

This is case number 3, Muth Khourn, 16F 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: Muth Khourn, 16F (Pal Hal Village)

Chief Complaint (CC): Face swelling x 3months

History of Present Illness (HPI): 16F, grade 9 student, presented with symptoms of face swelling in morning, abdominal distension then extremities swelling in one week. She took medicine bought from local pharmacy taking for 3d but her symptoms still persisted then she was brought to consult at private clinic and diagnosed with nephrotic syndrome. She was treated with three kinds of medicine (taking 8t po qd, other two taking 1t po qd). She became better without extremity edema,

abdominal distension but still complaint of face swelling and noticed of lip numbness and finger spasm on/off.

Past Medical History (PMH): Unremarkable

Family History: Two siblings with heart disease and died about 7y when they are around 10y of age

Social History: forth child among seven

Current Medications: As above

Allergies: NKDA

Review of Systems (ROS): Menarche at 13y, LMP July 24, 2013; hair loss, joint pain and popular rash on face

PE:

Vital sign: BP: 124/96 P: 110 R: 20 T: 37°C Wt: 50Kg

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, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

U/A: protein 3+, blood 4+

Assessment:

1. Nephrotic syndrome

Plan:

1. Taper prednisolone 5mg 6t po qd for 1mon then 4t po qd for other 1mon
2. ASA 100mg 1t po qd
3. Draw blood for CBC, Lyte, BUN, Creat, tot chole, Albumin, protein, transaminase, HBsAg, HCV ab, Ca2+ 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: September 3, 2013

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

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No answer replied

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, September 03, 2013 7:28 PM

Subject: Robib TM Clinic September 2013, Case#4, Sourn Chroch, 40M

Dear all,

This is case number 4, Sourn Chroch, 40M 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: Sourn Chroch, 40M (Sre Village, Reab Roy)

Chief Complaint (CC): Polydypsia and Polyuria x 3 months

History of Present Illness (HPI): 40M, farmer, presented with polydypsia, polyuria and fatigue but denied of fever, cough, chest pain, GI complaint, hematuria, dysuria, numbness/tingling. About two months later, he went to consult at private clinic with blood sugar: high and diagnosed with DMII. He was treated with 4 kinds of medicine (unknown name) po bid for 10d. Now he became better with less polyuria, polydypsia.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking cig 1pack/d, stopped 3months; casual EtOH

Current Medications: 4 kinds of medicine (unknown name), ran out for 1w

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: 114/81 P: 87 R: 18 T: 36.5°C Wt: 46Kg

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, 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:

RBS: 361mg/dl (after drinking 2L water, RBS: 246mg/dl)

U/A: glucose 4+, no protein, no ketone

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. ASA 100mg 1t po qd
3. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH
4. Educate on diabetic diet, do regular exercise and foot care

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

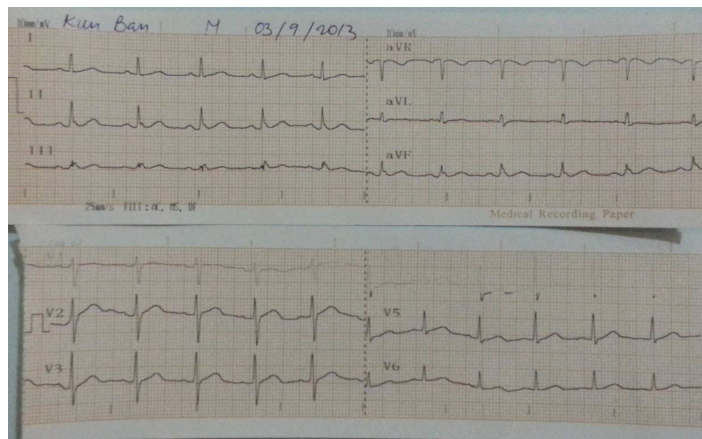
Date: September 3, 2013

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

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No answer replied

From: [Robib Telemedicine](#)
To: [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#)
Cc: [Bernie Krisher](#) ; [Thero So Noun](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, September 03, 2013 7:30 PM
Subject: Robib TM clinic September 2013, Case#5, Kun Ban, 57M



Dear all,

This is case number 5, Kun Ban, 57M (follow up case) 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 Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note



Name/Age/Sex/Village: Kun Ban, 57M (Thnal Keng Village)

Subjective: 57M, chief of local health center, was seen in January 2011 and diagnosed with DMII and treated with Metformin 500mg 1t po bid and ASA 300mg 1/4t po qd and in March 2013. Glibenclamide 5mg 1t po bid was added to above treatment. In August 2013, he presented with symptoms of fever, chill, decreased urine output with amber color and mild pain right upper quadrant, no cough, no SOB, no chest pain, no nausea, no vomiting, no extremities edema. The malaria smear was tested with negative result. He had got injection with Cetriaxone 2g IV for 5 days but above symptoms still persisted then he went for consultation at private clinic in Kg Thom Province and told he had liver and GI problem and treated with few kinds of medicine (unknown name) taking bid for 2d. His condition became worse with still fever, fatigue, poor appetite, and SOB, he was brought to provincial referral hospital and was referred to Phnom Penh for further evaluation and treatment. On admission to hospital in Phnom Penh, he was told of having infection of urinary system (unknown sites) and treated over there for one week then was discharged home. Now he become better without fever, SOB, but still complained of fatigue, polyuria, poor appetite, and insomnia.

Medications:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. ASA 300mg 1/4t po qd

Allergies: NKDA

Objective:

Vitals: BP: 114/86 P: 82 R: 18 T: 37.4°C Wt: 74Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, 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 leg edema, (+) dorsalis pedis and posterior tibial pulse, no foot wound

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

Lab/study:

RBS: 207mg/dl; 2hour later RBS: 137mg/dl

U/A: normal

EKG attached

Lab result on March 2013

Creat: 71

Gluc=8.9

HbA1C=8.5

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. ASA 300mg 1/4t po qd
4. MTV 1t po qd
5. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG, Transaminase, HbA1C 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: September 3, 2013

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

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No answer replied

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, September 04, 2013 5:14 PM

Subject: Robib TM Clinic September 2013, Case#6, Me Soborey, 18F

Dear all,

There are four new and one follow up cases for second day of Robib TM Clinic September 2013. This is case number 6, continuing from yesterday, Me Soborey, 18F 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: Me Soborey, 18F (Damnak Chen Village)

Chief Complaint (CC): Neck mass x 10 years

History of Present Illness (HPI): 18F, farmer, presented with 10y history of neck mass about 2x3cm size without symptoms of dysphagia, heat intolerance, tremor, insomnia, palpitation, hair loss, diarrhea. She was advised from her relative with goiter who has received treatment from Telemedicine for Hyperthyroidism for consulting on her neck mass.

Past Medical History (PMH): Unremarkable

Family History: Mother, Aunt and cousin with goiter

Social History: Single, No cig smoking, no EtOH

Current Medications: None

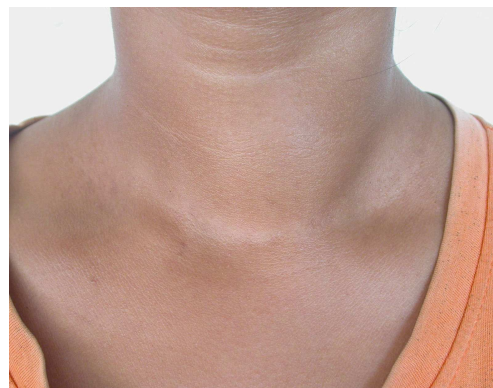
Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on August 30, 2013

PE:

Vital sign: BP: 103/81 P: 103 R: 18 T: 36.4°C Wt: 49Kg

General: Stable



HEENT: On left antero-lateral neck, mass about 2x3cm size, smooth, soft, regular border, mobile on swallowing, no tender, no bruit, no 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 tremor

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

Lab/study: None

Assessment:

1. Goiter

Plan:

1. Draw blood for TSH 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: September 4, 2013

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

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No answer replied

From: [Robib Telemedicine](#)
To: [Kathy Fiamma](#) ; [Kruy Lim](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, September 04, 2013 5:16 PM
Subject: Robib TM Clinic September 2013, Case#7, Phalla Kumpheak, 8F

Dear all,

This is case number 7, Phalla Kumpheak, 8F 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: Phalla Kumpheak, 8F (Pal Hal Village)

Chief Complaint (CC): SOB on exertion x 5months

History of Present Illness (HPI): 8F, grade 3 student, was brought to Telmedicine complaining of SOB on exertion (she frequently complained of dyspnea after long distance working or playing with other kids). Her mother denied of cough, syncope, cyanosis, orthopnea, edema. She said her two first babies died, one died when she was 7-month pregnancy, and other one died during delivery with foot presentation. The patient is third child among four children.

Past Medical History (PMH): She was admitted to hospital several times due to fever, and diarrhea (unknown diagnosis) when she was 1-3y

Family History: None

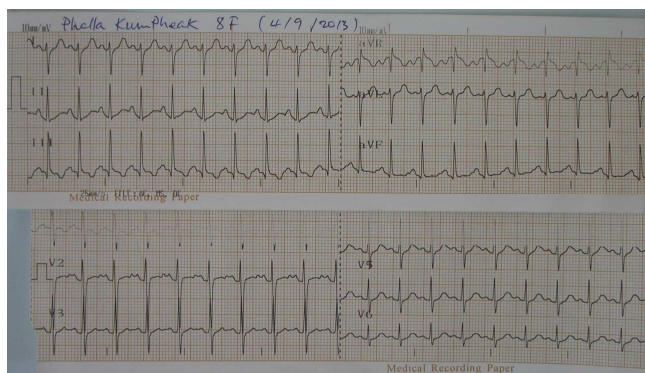
Social History: Complete national immunization

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:



Vital sign: BP: / P: 140 R: 22 T: 37°C Wt: 20Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus

Chest: CTA bilaterally, no rales, no rhonchi; H Tachycardia, RR, no murmur

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

Extremity/Skin: No legs edema, no lesion/rashes, no finer nail clubbing

Lab/study:

EKG:

Assessment:

1. Tachycardia
2. Heart disease??

Plan:

1. Send patient to Kg Thom referral hospital for CXR

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: September 4, 2013

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

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From: "Benavidez, Oscar J.,M.D." <OJBENAVIDEZ@PARTNERS.ORG>

Date: September 4, 2013, 6:00:01 PM EDT

To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>

Subject: RE: Robib TM Clinic September 2013, Case#7, Phalla Kumpheak,

The dyspnea on exertion is somewhat non-specific. I cannot tell what the symptoms are caused by with the current data: There is no murmur on the physical examination however the EKG has some non-specific findings.

I would obtain an oxygen saturation and chest X-ray.

Should the saturations be below 95% or the heart appear large - I would refer for an echocardiogram.

There was also some mention of blood work - hemoglobin - if that was sent and if it was abnormally elevated I would refer for echocardiogram.

I hope this helps and hope the child does better. Please let me know if they need any further help.

take care,

Oscar

Oscar J. Benavidez, M.D., M.P.P.
Chief, Division of Pediatric-Congenital Cardiology
Massachusetts General Hospital
Harvard Medical School
175 Cambridge Street, 5th floor
Boston, MA 02114

From: [Robib Telemedicine](#)
To: [Kruy Lim](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kathy Fiamma](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, September 04, 2013 5:17 PM
Subject: Robib TM clinic September 2013, Case#8, Sean Mao, 36F

Dear all,

This is case number 8, Sean Mao, 36F 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: Sean Mao, 36F (O Village)

Chief Complaint (CC): Vertigo on/off for 5 years

History of Present Illness (HPI): 36F, farmer, presented symptoms of vertigo which first presented about 2w after second baby delivery. It occurred with lying supine, got better with left lateral decubitus position and associated with nausea/vomiting, diaphoresis. She got treatment from local health care worker with IM injection and oral (unknown name medicine) that made her vertigo gone in 5–7d. She said the vertigo presented every month and occurred about 10d after menstruation. She denied of trauma, syncope history.

Past Medical History (PMH): She report on lower extremities numbness and weakness (unable to walk but can move the legs) after she delivered first baby who is 9y old now. Unknown cause because she got treatment only from local health care worker and was able to walk in one later. Normal delivery of two babies at home with traditional midwife.

Family History: None

Social History: No cig smoking, no tobacco chewing, Alcohol drinking about 1L during delivery of each child

Current Medications: Oral contraceptive (4y use)

Allergies: NKDA

Review of Systems (ROS): regular menstrual period; lower back pain with radiation to the left leg. It occurred about 2w when she bended down and turned to normal position with hearing click sound at the back

PE:

Vital sign: BP: 101/83 P: 86 R: 20 T: 37°C Wt: 43Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable; Ear exam with normal canal mucosa, intact tympanic membrane

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

CN II – XII: intact

Able to do Finger to nose test, Romberg test and walk on toes and heel

Lab/study:

RBS: 82mg/dl (about 5h after breakfast)

U/A: leukocyte 2+, protein trace

Assessment:

1. Vertigo
2. UTI
3. Sciatica

Plan:

1. MTV 1t po qd
2. Ciprofloxacin 500mg 1t po bid for 5d
3. Ibuprofen 200mg 2t po tid for 5d
4. Warmth compression on lower back
5. Draw blood for Lyte, BUN, Creat, Tot chole, TG, Ca²⁺, Mg²⁺ 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: September 4, 2013

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

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

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

Cc: 'rithychau@sihosp.org'

Sent: Tuesday, September 10, 2013 4:15 AM

Subject: RE: Robib TM clinic September 2013, Case#8, Sean Mao, 36F

Terribly sorry as I did not see this second case.

I agree with your assessment that this is positional vertigo.

He back pain also sounds like it could be sciatic or nerve root irritation.

Urinalysis looks like a UTI.

I agree with your treatment plans.

Best

Paul

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, September 04, 2013 5:18 PM

Subject: Robib TM clinic September 2013, Case#9, So Cheang, 65M

Dear all,

This is case number 9, So Cheang, 65M and photo.

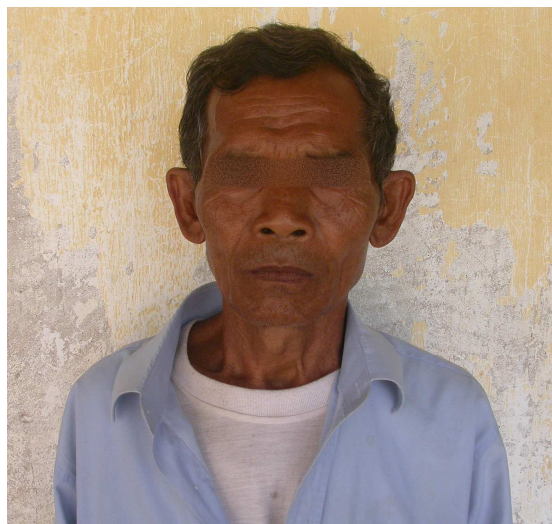
Best regards,

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: So Cheang, 65M (Beung Village)

Chief Complaint (CC): Insomnia, and neck tension x 6months

History of Present Illness (HPI): 65M, farmer, presented with symptoms of insomnia (difficult to go to bed again when he was awake) and associated with palpitation, neck tension, and frontal pressure HA. He denied of nausea, vomiting, cough, SOB, edema. He never sought medical consultation but only took medicine bought from local pharmacy.

Past Medical History (PMH): PTB with complete treatment in 1990

Family History: None

Social History: Smoking 5cig/d, stopped 10y; casual EtOH, stopped 10y

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: 150/105 (both arms) P: 70 R: 20 T: 37°C Wt: 46Kg

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/rash

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

Lab/study:

RBS: 85mg/dl (about 5h after breakfast)
U/A: normal

Assessment:

1. HTN

Plan:

1. Hydrochlorothiazide 25mg 1/2t po qd
2. Draw blood for Lyte, BUN, Creat, tot chole, and TG at SHCH
3. Do regular exercise

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: September 4, 2013

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

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From: "Tan, Heng Soon,M.D." <HTAN@PARTNERS.ORG>

Date: September 4, 2013, 7:41:28 PM EDT

To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>

Subject: RE: Robib TM clinic September 2013, Case#9, So Cheang, 65M

He is clearly hypertensive but with such high blood pressure, hydrochlorothiazide alone will not control it. I would add captopril 25 mg twice a day right from the outset.

His symptoms of insomnia, headache and palpitation suggests anxiety disorder. Exploring his psychosocial history may reveal sources of anxiety. Without thyromegaly and tachycardia, hyperthyroidism is less likely.

Heng Soon

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, September 04, 2013 5:23 PM

Subject: Robib TM Clinic September 2013, Case#10, Meas Lam Phy, 61M

Dear all,

This is the last case of Robib TM Clinic September 2013, case number 10, Meas Lam Phy, 61M (follow up case). Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly for patients who will come to receive treatment on that afternoon.

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

SOAP Note



Name/Age/Sex/Village: Meas Lam Phy, 61M (Thnout Malou Village)

Subjective: 61M was seen in December 2009 with diagnosis of DMII and treated with Metformin 500mg 1t po bid. Blood test was done on October 2012: Gluc: 7.9, HbA1C:6.2 and March 2013: Gluc: 9.1, HbA1C:8.2. On August 2, 2013, he noticed of small pustule formation on left sole with pruritus. Five days after, he noticed pustule lesion has enlarged with pain, warmth and swelling of whole foot, fever, palpable tender groin lymph node. He was admitted to provincial hospital for 4days and got treatment with aspiration of the pus, oral medicine and IV fluid. Then when his foot became less swelling, pain, and

fever, he was discharged. He continued treatment with Ceftriaxone 1g IV bid at home for 2weeks then Ampicillin 500mg 1t po tid about 1week until now. The wound still drains the discharge but he denied of fever, pain.



Current Medications:

1. Metformin 500mg 1t po bid
2. Ampicillin 500mg 1t po tid

Allergies: NKDA

Objective:

PE:

Vital sign: BP: 109/84 P: 82 R: 18 T: 36.5°C Wt: 54Kg

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

Left foot: wound about 3x4cm on the sole with drainage, no foul odor, mild pain, darkening of dorsum skin (see photos); positive dorsalis pedis and posterior tibial pulse



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

Lab/study:

RBS: FBS: 98mg/dl

Assessment:

1. DMII
2. Chronic infected wound on left foot (Osteomyelitis??)

Plan:

1. Metformin 500mg 1t po bid
2. Augmentin 625mg 1t po tid for 10d
3. Ibuprofen 200mg 2t po tid for 5d
3. Daily wound cleaning
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C and get pus for culture and antibiogram at SHCH
5. Refer to SHCH 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: September 4, 2013

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

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No answer replied

From: [Robib Telemedicine](#)

To: [Kathy Fiamma](#)

Cc: [Rithy Chau](#)

Sent: Friday, September 06, 2013 8:16 PM

Subject: Robib Telemedicine September 2013 case replied

Dear Kathy,

I have received the answer of four cases for Telemedicine September 2013 from you. Below are the cases which reply is not yet received:

Case#3, Muth Khourn, 16F

Case#4, Sourn Chroch, 40M

Case#5, Kun Ban, 57M

Case#6, Me Soborey, 18F

Case#8, Sean Mao, 36F

Case#10, Meas Lam Phy, 61M

Please send me the reply of remaining cases.

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

Best regards,
Sovann

Thursday, September 5, 2013

Follow-up Report for Robib TM Clinic

There were 8 new patients and 2 follow up patient seen during this month Robib TM Clinic, and other 49 patients came for brief consult and medication refills, and 67 new patients seen by PA Rithy for minor problem without sending data. The data of all 10 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 Telemedicic Clinic September 2013

1. Bon Yearn, 49F (Rom Chek Village)

Diagnosis:

1. DMII
2. Dyspepsia

Treatment:

1. Metformin 500mg 1t po qhs (#50)
2. Famotidine 40mg 1t po qhs for one month (#30)
3. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH
4. Educate on diabetic diet, do regular exercise and foot care

Lab result on September 6, 2013

Na	=136	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	=103	[95 - 110]
BUN	=2.4	[0.8 - 3.9]
Creat	=44	[44 - 80]
Gluc	=7.9	[4.1 - 6.1]
HbA1C	=9.1	[<5.7]

2. Chourb Srey Mach 9F (Kampot Village)

Diagnosis:

1. Impetigo
2. Scabies
3. Guttate Psoriasis

Treatment:

1. Augmentin 457mg 1t po tid for 7d (#20)
2. Diphenhydramin 12.5mg/5ml 10ml tid prn (#2)
3. Albendazole 400mg 1/2t po bid x 5d (#5)
4. Desoximetasone 0.05% apply bid (#2)
5. Draw blood for CBC, Lyte, Creat, Transaminase, RPR, ESR, HBsAg, HCV ab and RPR at SHCH
6. Refer patient to Pediatric hospital in Siem Reap for further evaluation and management

Lab result on September 6, 2013

WBC	= 6.1	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10 ¹² /L]	K	=3.8	[3.5 - 5.0]
Hb	=13.2	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=41	[35 - 47%]	Creat	=52	[44 - 80]
MCV	=79	[80 - 100fl]	AST	=20	[<32]
MCH	=25	[25 - 35pg]	ALT	=13	[<33]
MHCH	=32	[30 - 37%]	Glucose	=3.7	[4.2 - 6.4]
Plt	=287	[150 - 450x10 ⁹ /L]	Ca2+	=1.28	[1.12 - 1.32]
Lymph	=1.7	[1.00 - 4.00x10 ⁹ /L]	HBsAg	= Non-reactive	
Mono	=0.5	[0.10 - 1.00x10 ⁹ /L]	HCV	= Non-reactive	
Neut	=3.9	[1.80 - 7.50x10 ⁹ /L]	RPR (Syphilis)	= Non-reactive	
ESR	=13	[0 - 25]			

3. Muth Khourn, 16F (Pal Hal Village)

Diagnosis:

1. Nephrotic syndrome

Treatment:

1. Taper prednisolone 5mg 6t po qd for 1mon then 4t po qd for other 1mon (#200)
2. Captopril 25mg 1/4t po qd (buy)
3. ASA 100mg 1t po qd (#60)
4. Albendazole 400mg 1t po bid (#10)
5. Draw blood for CBC, Lyte, BUN, Creat, tot chole, Albumin, protein, transaminase, HBsAg, HCV ab, Ca2+ and RPR at SHCH

Lab result on September 6, 2013

WBC	=21.63	[4 - 11x10 ⁹ /L]	Na	=126	[135 - 145]
RBC	=3.3	[3.9 - 5.5x10 ¹² /L]	K	=3.1	[3.5 - 5.0]
Hb	=8.5	[12.0 - 15.0g/dL]	Cl	=92	[95 - 110]
Ht	=26	[35 - 47%]	BUN	=9.0	[<8.3]
MCV	=77	[80 - 100fl]	Creat	=151	[44 - 80]
MCH	=26	[25 - 35pg]	Ca2+	=1.16	[1.12 - 1.32]
MHCH	=33	[30 - 37%]	T. Chol	=21.7	[<5.7]
Plt	=667	[150 - 450x10 ⁹ /L]	Albumin	=16	[38 - 51]
Lymph	=7.27	[0.20 - 4.40x10 ⁹ /L]	Protein	=37	[66 - 87]
Mono	=1.23	[0.10 - 0.80x10 ⁹ /L]	AST	=22	[<32]
Neut	=13.00	[2.00 - 8.00x10 ⁹ /L]	ALT	=6	[<33]
Eo#	=0.10	[0.08 - 0.40]	HBsAg	= Non-reactive	
Baso#	=0.03	[0.02 - 0.10]	HCVAb	= Non-reactive	
			RPR (syphilis)	= Non-reactive	

Remark: Add Simvastatin 20mg 1t po qhs

4. Sourn Chroch, 40M (Sre Village, Reab Roy)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#100)
2. ASA 100mg 1t po qd (#60)
3. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH
4. Educate on diabetic diet, do regular exercise and foot care

Lab result on September 6, 2013

Na	=136	[135 - 145]
K	=3.5	[3.5 - 5.0]

Cl	=100	[95 - 110]
BUN	=3.3	[<8.3]
Creat	=66	[53 - 97]
Gluc	=11.1	[4.1 - 6.1]
HbA1C	=14.2	[4.8 - 5.9]

Remark: Add Glibenclamide 5mg 1/2t po bid

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#100)
2. Glibenclamide 5mg 1t po bid for two months (buy)
3. ASA 300mg 1/4t po qd for two months (buy)
4. MTV 1t po qd for two months (#60)
5. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG, Transaminase, HbA1C at SHCH

Lab result on September 6, 2013

Na	=137	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=104	[95 - 110]
BUN	=1.8	[<8.3]
Creat	=87	[53 - 97]
Gluc	=9.0	[4.1 - 6.1]
T. Chol	=4.9	[<5.7]
TG	=3.4	[<1.71]
AST	=28	[<40]
ALT	=21	[<41]
HbA1C	=5.5	[4.8 - 5.9]

Remark: Add Fenofibrate 100mg 1t po qd

6. Me Soborey, 18F (Damnak Chen Village)

Diagnosis:

1. Goiter

Treatment:

1. Draw blood for TSH and Free T4 at SHCH

Lab result on September 6, 2013

TSH	=0.007	[0.27 - 4.20]
Free T4	=17.69	[12.0 - 22.0]

7. Phalla Kumpheak, 8F (Pal Hal Village)

Diagnosis:

1. Tachycardia
2. Heart disease??

Treatment:

1. Draw blood for CBC, lyte, creat, TSH at SHCH

Lab result on September 6, 2013

WBC	=9.3	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=12.2	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]

Ht	=39	[35 - 47%]	Creat	=35	[44 - 80]
MCV	=76	[80 - 100fl]	TSH	=2.43	[0.27 - 4.20]
MCH	=24	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=395	[150 - 450x10 ⁹ /L]			
Lymph	=3.9	[1.00 - 4.00x10 ⁹ /L]			
Mono	=1.9	[0.10 - 1.00x10 ⁹ /L]			
Neut	=3.5	[1.80 - 7.50x10 ⁹ /L]			

8. Sean Mao, 36F (O Village)

Diagnosis:

1. Vertigo
2. UTI
3. Sciatica

Treatment:

1. MTV 1t po qd (#60)
2. Ciprofloxacin 500mg 1t po bid for 5d (#10)
3. Ibuprofen 200mg 2t po tid for 5d (#30)
4. Warmth compression on lower back
5. Draw blood for Lyte, BUN, Creat, Tot chole, TG, Ca²⁺, Mg²⁺ at SHCH

Lab result on September 6, 2013

Na	=137	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=2.7	[0.8 - 3.9]
Creat	=61	[44 - 80]
T. Chol	=5.4	[<5.7]
TG	=3.2	[<1.71]
Ca ²⁺	=1.24	[1.12 - 1.32]
Mg ²⁺	=0.78	[0.66 - 1.07]

Remark: Add Fenofibrate 100mg 1t po qd

9. So Cheang, 65M (Beung Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd (#70)
2. Draw blood for Lyte, BUN, Creat, tot chole, and TG at SHCH
3. Do regular exercise

Lab result on September 6, 2013

Na	=135	[135 - 145]
K	=3.1	[3.5 - 5.0]
Cl	=96	[95 - 110]
BUN	=2.4	[<8.3]
Creat	=66	[53 - 97]
T. Chol	=3.6	[<5.7]
TG	=0.9	[<1.71]

10. Meas Lam Phy, 61M (Thnout Malou Village)

Diagnosis:

1. DMII
2. Chronic infected wound on left foot (Osteomyelitis??)

Treatment:

1. Metformin 500mg 1t po bid (#)
2. Augmentin 625mg 1t po tid for 10d (#30)
3. Ibuprofen 200mg 2t po tid for 5d (#30)
4. Daily wound cleaning
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C and get pus for culture and antibiogram at SHCH
6. Refer to SHCH for surgical evaluation

Lab result on September 6, 2013

WBC	=6.0	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=4.3	[4.6 - 6.0x10 ¹² /L]	K	=3.8	[3.5 - 5.0]
Hb	=12.9	[14.0 - 16.0g/dL]	Cl	=104	[95 - 110]
Ht	=39	[42 - 52%]	BUN	=1.8	[0.8 - 3.9]
MCV	=92	[80 - 100fl]	Creat	=66	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=7.1	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	HbA1C	=7.1	[4.8 - 5.9]
Plt	=146	[150 - 450x10 ⁹ /L]			
Lymph	=2.3	[1.00 - 4.00x10 ⁹ /L]			

Patients who come for brief consult and refill medicine**1. Bun Nareth, 51F (Taing Treuk Village)****Diagnosis:**

1. Arthritis/arthralgia of right knee due to disproportion of leg length

Treatment:

1. Paracetamol 500mg 1-2t po qid prn (#30)

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

1. Osteoarthritis
2. Gouty arthritis
3. Renal insufficiency
4. HTN
5. Tinea

Treatment:

1. Allopurinol 100mg 2t po qd for two months (#120)
2. Paracetamol 500mg 1-2t po qid prn (#40)
3. Captopril 25mg 1t po bid for two months (buy)
4. Clotrimazole cream apply bid (#1)

3. Chan Vy, 54F (Taing Treuk Village)**Diagnosis:**

1. DMII
2. HTN
3. 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 DM diet and foot care

4. Chourn Sichun, 39F (Thkeng Village)**Diagnosis:**

1. Dyspepsia

Treatment:

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

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

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for four months (#120)
2. Captopril 25mg 1/2t po bid for four months (buy)

6. Keum Heng, 47F (Koh Lournng 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 Tot chole, TG and Free T4 at SHCH

Lab result on September 6, 2013

T. Chol	=4.1	[<5.7]
TG	=1.9	[<1.71]
Free T4	=14.38	[12.0 - 22.0]

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

Diagnosis:

1. DMII

Treatment:

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

Lab result on September 6, 2013

Gluc	=6.4	[4.1 - 6.1]
HbA1C	=7.5	[4.8 - 5.9]

8. Kim Yat, 32F (Sre Thom Village)

Diagnosis:

1. Anemia
2. Elevated BP

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)
2. MTV 1t po qd for two months (#60)
3. Draw blood for CBC, Lyte, Creat, tot chole, TG, TSH and Free T4 at SHCH

Lab result on September 6, 2013

WBC	=6.2	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10 ¹² /L]	K	=3.5	[3.5 - 5.0]
Hb	=10.0	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=34	[35 - 47%]	Creat	=133	[44 - 80]
MCV	=72	[80 - 100fl]	T. Chol	=4.3	[<5.7]
MCH	=22	[25 - 35pg]	TG	=2.0	[<1.71]
MHCH	=30	[30 - 37%]	TSH	=0.22	[0.27 - 4.20]
Plt	=261	[150 - 450x10 ⁹ /L]	Free T4	=27.26	[12.0 - 22.0]
Lymph	=1.2	[1.00 - 4.00x10 ⁹ /L]			

Mono =0.3 [0.10 - 1.00x10⁹/L]
Neut =4.7 [1.80 - 7.50x10⁹/L]

Remark: Add Propyl thiouracyl 100mcg 1/2t po qd

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

Diagnosis:

1. HTN
2. DMII
3. Chronic renal failure (Creat: 410)
4. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Pioglitazone 15mg 1t po qd for two months (#70)
3. Atenolol 50mg 1t po qd for two months (#30)
4. Amlodipine 5mg 2t po qd for two months (#120)
5. ASA 100mg 1t po qd for two months (#60)
6. FeSO₄/Folate 200/0.4mg 1t po bid for two months (#120)

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

Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid for two months (buy)
2. Glibenclamide 5mg 2t po bid for two months (#120)
3. ASA 100mg 1t po qd for two months (#60)
4. Simvastatin 20mg 1t po qhs for two months (#60)
5. Draw blood for Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on September 6, 2013

Gluc =22.9 [4.1 - 6.1]
T. Chol =3.9 [<5.7]
TG =2.1 [<1.71]
HbA1C =17.4 [4.8 - 5.9]

Remark: Stop Simvastatin

11. 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)
2. MTV 1t po qd for four months (#120)

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

Diagnosis:

1. DMII with PNP
2. HTN

Treatment:

1. Glibenclamide 5mg 1t bid for two months (#120)
2. Captopril 25mg 1/2t bid for two months (buy)
3. Draw blood for glucose, tot chole, and HbA1C at SHCH

Lab result on September 6, 2013

Gluc	=4.3	[4.1 - 6.1]
T. Chol	=9.3	[<5.7]
HbA1C	=6.0	[4.8 – 5.9]

13. Pech Huy Keung, 51M (Rovieng Cheung 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 1t 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 September 6, 2013

Gluc	=6.1	[4.1 - 6.1]
HbA1C	=9.3	[4.8 – 5.9]

Remark: Increase Metformin 500mg 3t qAM and 2t qPM

14. 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 four months (#120)
2. Furosemide 40mg 1/2t po bid for four months (#120)
3. Paracetamol 500mg 1t po qid prn pain four months (#40)
4. Allopurinol 100mg 1t po qd for four months (#120)
5. MTV 1t po qd for four months (#120)
6. FeSO4/Folate 200/0.4mg 1t po qd for four months (#120)

15. Prum Reth, 56F (Thnout Malou Village)

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1/2t po bid for two months (buy)
2. MTV 1t po qd for two months (#60)
3. Eat low salt/fats diet, do regular exercise

16. Prum Rin, 33F (Rovieng Tbong Village)

Diagnosis:

1. Epilepsy

Treatment:

1. Carbamazepine 200mg 1/2t po bid for two months (#60)
2. Paracetamol 500mg 1t po qid prn HA/fever for two months (#30)

17. 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)

18. 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. Furosemide 40mg 1/2t qd for two months (#30)
4. ASA 100mg 1t qd for two months (#60)
5. Carbimazole 5mg 1/2t po tid for two months (#100)
6. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)
7. Draw blood for Free T4 at SHCH

Lab result on September 6, 2013

Free T4 = 31.54 [12.0 – 22.0]

19. Sok Chou, 61F (Sre Thom Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#200)

20. Theum Sithath, 26F (Kampot Village)

Diagnosis:

1. Hypothyroidism due to Carbimazole

Treatment:

1. Carbimazole 5mg 1t po qd for two months (buy)
2. Draw blood for FreeT4 at SHCH

Lab result on September 6, 2013

Free T4=11.91 [12.0 - 22.0]

21. 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)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

Lab result on September 6, 2013

Gluc =6.9 [4.1 - 6.1]
HbA1C =6.1 [4.8 – 5.9]

23. Un Chhorn, 47M (Taing Treuk 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 (#120)
3. Captopril 25mg 1/2t po bid for four months (buy)
4. Draw blood for glucose and HbA1C at SHCH

Lab result on September 6, 2013

Gluc =9.5 [4.1 - 6.1]
HbA1C =8.0 [4.8 – 5.9]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t po bid for two months (#150)
2. Captopril 25mg 1/2t po bid for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)
4. Draw blood for glucose, TG and HbA1C at SHCH

Lab result on September 6, 2013

Gluc =4.8 [4.1 - 6.1]
TG =4.0 [<1.7]
HbA1C =6.1 [4.8 – 5.9]

25. Uy Noang, 62M (Thnout Malou Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

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

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

Diagnosis:

1. HTN

Treatment:

1. Lisinopril 5mg 2t po qd for two months (#140)

2. HCTZ 25mg 2t po qd for two months (#120)

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

Diagnosis:

1. HTN

Treatment:

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

28. Yun Yeung, 75M (Doang Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. HTN
2. Sciatica

Treatment:

1. HCTZ 25mg 1t po qd for four months (#80)
2. Ibuprofen 200mg 3t po tid for 5days (#50)

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

Diagnosis:

1. HTN

Treatment:

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

31. 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)

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

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for four months (#80)
2. Paracetamol 500mg 1t po qid for four months (#30)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#100)
2. Draw blood for glucose and HbA1C at SHCH

Lab result on September 6, 2013

Gluc =7.4 [4.1 - 6.1]

HbA1C =7.5 [4.8 – 5.9]

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 2t po bid for two months (buy)
2. Propranolol 40mg ¼ t po qd for two months (#20)
3. Draw blood for FreeT4 at SHCH

Lab result on September 6, 2013

Free T4=11.23 [12.0 - 22.0]

35. Heng Chey, 73M (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

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

36. Heng Pheary, 33F (Thkeng Village)

Diagnosis:

1. Asthma

Treatment:

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

37. Keum Kourn, 66F (Thkeng Village)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (buy)
2. Carbimazole 5mg 1/2t po tid for two months (buy)
3. MTV 1t po qd for two months (#60)
4. Draw blood for FreeT4 at SHCH

Lab result on September 6, 2013

Free T4=28.90 [12.0 - 22.0]

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)
3. Draw blood for FreeT4 at SHCH

Lab result on September 6, 2013

Free T4=37.57 [12.0 - 22.0]

39. Kul Keung, 68F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

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

40. 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)

41. Nung Sory, 62F (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

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

42. 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)

43. Ros Yeth, 60M (Thnout Malou Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#200)
2. Metformin 500mg 2t po bid for four months (#200)
3. Captopril 25mg 1t po bid for four months (buy)
4. Amlodipine 5mg 1t po qd for four months (#60)

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

Diagnosis

1. HTN

Treatment

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

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

Diagnosis:

1. Diffuse goiter
2. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for two months (#100)
2. Draw blood for Free T4 at SHCH

Lab result on September 6, 2013

Free T4=7.29 [12.00 – 22.00]

Remark: reduce Carbimazole 5mg 1/2t po tid

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

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg 1/2t po qd for four months (#30)
2. ASA 100mg 1t po qd for four months (#120)

48. Tann Sou Hoang, 53F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for four months (#150)
2. Captopril 25mg 1/4t po bid for four months (buy)
3. ASA 300mg 1/4t po qd for four months (buy)

49. Un Chhourn, 44M (Taing Treuk 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. ASA 100mg 1t po qd for two months (#60)
4. Draw blood for glucose and HbA1C at SHCH

Lab result on September 6, 2013

Gluc =9.2 [4.1 - 6.1]
HbA1C =8.1 [4.8 – 5.9]

Remark: Add Metformin 500mg 1t po qAM

**The next Robib TM Clinic will be held on
November 4 - 8, 2013**