

Robib *Telemedicine* Clinic

Preah Vihear Province

S E P T E M B E R 2 0 0 8

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

On Monday, September 01, 2008, SHCH staff, PA Rithy, and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), September 02 & 03, 2008, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, September 03 & 04, 2008.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, SHCH, Nurse Sovann 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 Nurse Peng Sovann at SHCH who compiled and sent for website publishing.

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

From: Robib Telemed

Date: Aug 25, 2008 7:31 AM

Subject: Schedule for Robib TM Clinic September 2008

To: Rithy Chau; Kruy Lim; Cornelia Haener; "Paul J. M.D. Heinzlmann"; Joseph Kvedar; Kathy Fiamma

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Sochea Monn; Peou Ouk; Sam Oeurn Lanh

Dear all,

I would like to inform you that Robib TM Clinic for September 2008 will be starting on September 01 to September 05, 2008.

The agenda for the clinic is as following:

1. On Monday September 01, 2008, we start the trip from Phnom Penh to Rovieng, Preah Vihea province.
2. On Tuesday September 02, 2008, the clinic opens to see the patient for the whole morning, then in the afternoon the patient data will be typed up into the computer and send to both partners in Boston and Phnom Penh.
3. On Wednesday September 03, 2008, the same as on Tuesday
4. On Thursday September 04, 2008, all the replies from both partners will be downloaded then make treatment plan accordingly and prepare the medication for the patients in afternoon.
5. On Friday September 05, 2008, draw the blood from the patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: Robib Telemed

Date: Sep 2, 2008 9:04 PM

Subject: Robib TM Clinic September 2008, Case#1, Nung Bopha, 45F (Rovieng Cheung Village)

To: Rithy Chau; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruy Lim;

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

Today is the first day for Robib TM clinic September 2008, there are two new cases. This is the case number 1, Nung Bopha, 45F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Nung Bopha, 45F (Rovieng Cheung Village)

Chief Complaint (CC): polyuria and fatigue x 4y

History of Present Illness (HPI): 45F, housewife, came to us complaining of polyuria and fatigue x 4y. She presented with the symptoms of fatigue, polyuria, polyphagia, blurred vision, HA and vaginal discharge with fishy smell,

She went to provincial hospital and blood test done with glucose 250mg/dl and treated with Diamicon 5mg 1t po qd and some other medicine for vaginal discharge. Since then she has taken Diamicon 5mg 1t qd for a few months and blood sugar checked with result over 200mg/dl then increasing Diamicon to 2t qd. Her blood sugar became controlled for a few months then the physician told her to decrease to Diamicon 1t qd. She denied of fever, cough, chest pain, nausea, vomiting, hematuria, dysuria, edema, numbness and tingling.

Past Medical History (PMH): Unremarkable

Family History: Mother with HTN

Social History: No alcohol drinking, no smoking, two children

Current Medications: Diamicon 5mg 1t po qd

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on August 20, 2008

PE:

Vitals: BP: 133/102 P: 94 R: 20 T: 37°C Wt: 59Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, 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 scar

Extremity/Skin: No edema, no rash, no foot wound

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

Lab/study: RBS: 411mg/dl; UA: Gluc 4+

Assessment:

1. DMII

Plan:

1. Diamicron 5mg 1t po bid for one month
2. Captopril 25mg 1/4t po bid for one month
3. ASA 300mg 1/4t po qd for one month
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, gluc, and 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 02, 2008

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

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From: Fang, Leslie S.,M.D.

Sent: Tuesday, September 02, 2008 10:21 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic September 2008, Case#1, Nung Bopha, 45F (Rovieng Cheung Village)

I do agree that the diabetes is still under poor control and that the increase in medication is reasonable

I also agree that ACEI such as captopril is reasonable for the elevated blood pressure
I suspect that higher doses of captopril may be necessary for optimal control of her blood pressure

Leslie Fang, MD

From: Robib Telemed

Date: Sep 2, 2008 9:08 PM

Subject: Robib TM Clinic September 2008, Case#2, Pov Ratt, 53F (Rovieng Tbong Village)

To: Rithy Chau; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruey Lim

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the case number 2, Pov Ratt, 53F and photos. Please waiting for other cases 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

History and Physical

Name/Age/Sex/Village: Pov Ratt, 53F (Rovieng Tbong Village)



Chief Complaint (CC): Both legs tension and pain x 5 months

History of Present Illness (HPI): 53F presented with the symptoms of palpitation, fatigue, neck tension, diaphoresis, she bought medicine from pharmacy, taking for a few days but her symptoms

seem not better. Two weeks later she developed with swelling of both legs, body and face and pain of both legs, she went to local private clinic and was treated with Furosemide for 2d and Penicillin for 2 weeks, her swelling became better.

On August 11, 2008, she went to private clinic at Preah Vihear province, and abdominal ultrasound, CXR done and treated her with some medicine (unknown name), Now she became better but still complaint of tension and pain of both legs. She denied of fever, cough, chest pain, orthopnea, oliguria, hematuria, dysuria, nausea, vomiting, stool with blood or mucus.



Past Medical History (PMH): Unremarkable, no surgical history

Family History: None

Social History: No alcohol drinking, no smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): 10y post menopause

PE:

Vitals: BP: 103/67 P: 69 R: 20 T: 37°C Wt: 49Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, 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 scar

Extremity/Skin: 1+ pitting edema, (+) dorsalis pedis, popliteal veins dilated

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

Lab/study: UA: normal

Abdominal ultrasound conclusion: normal
CXR attached (done on August 11, 2008)

Assessment:

1. Muscle tension of both legs
2. CHF??
3. RF??

Plan:

1. Paracetamol 500mg 1t po qid prn pain/fever for one month
2. Draw blood for CBC, Lyte, BUN, Creat, gluc 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 02, 2008

Please send all replies to robitelemed@gmail.com and cc: to tmed_rithy@online.com.kh.



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No answer replied

From: Robib Telemed

Date: Sep 3, 2008 8:48 PM

Subject: Robib TM Clinic for September 2008, Case#3, Prum Srey, 68M (Ta Tong Village)

To: Rithy Chau; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruy Lim; Cornelia Haener; tourphot@yahoo.com

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

Today is the second day for Robib TM Clinic September 2008, there are five new cases. This is the case number 3, continue from yesterday, Prum Srey, 68M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Prum Srey, 68M (Ta Tong Village)



Chief Complaint (CC): Left hand burning wound x 12d

History of Present Illness (HPI): 68M, with PMH of seizure, came to us complaining of left hand burning wound. When he found something to eat at the kitchen, he became seizure with unconsciousness and his hand on the fire in the cooker and no one see him. After he wakes up himseft then his relatives see his hand burning. He was brought to local health center, cleaned and treated with IV fluid, IV and oral medicine for 10d. During staying in the health center he also presented with five times seizure in one day.

Past Medical History (PMH): 3y history of seizure with unconsciousness, no foaming from the mouth, no precipating symptoms/sign before seizure. He doesn't know what happened to him when he has seizure, and complaint of HA, fatigue after each seizure. No history trauma before seizure

Family History: None

Social History: No alcohol drinking, smoking 2cig/d for 10y, stopped for 10y

Current Medications: 3 types of medicine (unknown name) three times a day

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 113/70 P: 100 R: 20 T: 37°C Wt: 37Kg

General: Look stable

HEENT: No oropharyngeal lesion, pale conjunctiva, 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 scar

Extremity/Skin: Left hand burning wound on the dorsum with necrotising tissue white color and black, mild tender, finger sensation intact

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

Rectal Exam: good sphincter tone, smooth, no mass palpable, (-) colocheck

Lab/study: RBS: 134mg/dl; Hb: 8g/dl

Assessment:

1. Left hand infected burning wound
2. Seizure
3. Anemia

Plan:

1. Refer this patient to SHCH for surgical consultation
2. Cephalexin 250mg 2t po tid for 14d
3. Naproxen 375mg 1t po bid prn pain for one month
4. Paracetamol 500mg 1t qid prn pain for one month
5. MTV 1t po qd for one month
6. FeSO4/Folate 200/0.25mg 1t po bid for one month
7. Clean the wound with antiseptic solution and NSS
8. Draw blood for CBC, Lyte, BUN, Creat, gluc, LFT 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 03, 2008

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

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From: Tourphot Sin <tourphot@yahoo.com>

Date: Sep 4, 2008 8:30 AM

Subject: Re: Robib TM Clinic for September 2008, Case#3, Prum Srey, 68M (Ta Tong Village)

To: Robib Telemed <robibtelemed@gmail.com>

Dear Sovan,

For this patient need to put splint of hand ,hand elevation,physiotherapy, antibiotic, daily dressing ,Debridement if it is not improve possible to do skin graft or muscle flap and take long time to stay in hospital if still not better will end up with amputation. Pt smoke?age 68 , nutrition enough? Blood pressure? there are factors for healing wound if you want bring pt to SHCH you have to prepare who take care, support pt food during to stay in hospital transportation

i look forward to hearing from you by calling if necessary.

best regards

phot

From: Sheridan, Robert L., Burn Unit

Sent: Wednesday, September 03, 2008 7:29 PM

To: Fiamma, Kathleen M.

Subject: Re: Robib TM Clinic for September 2008, Case#3, Prum Srey, 68M (Ta Tong Village)

I agree that this looks like a full-thickness hand burn that might be best managed with surgery.

Robert Sheridan, MD

From: Robib Telemed

Date: Sep 3, 2008 9:24 PM

Subject: Robib TM Clinic September 2008, Case#4, Chheang Keo, 8M (Damnak Chen Village)

To: Rithy Chau; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruey Lim;

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the case number 4, Chheang Keo, 8M and photos.

Best regards,

Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Chheang Keo, 8M (Damnak Chen Village)

Chief Complaint (CC): Abdominal distension x 2weeks

History of Present Illness (HPI): 8M, brought to us by his mother, complaining of abdominal distension. First he presented with the symptoms of fever, upper abdominal pain, and HA, his mother asked local medical healer to see him and treated with IV fluid infusion for 2d, then his abdomen became gradually distended, swelling of face and both legs. So he was brought to local health center (negative malaria smear) and diagnosed with dengue fever and treated with IV fluid, some oral medicine (unknown name) for 5d. Now his swelling of the face and legs became better but he still presented with abdominal distension, abdominal pain. His mum denied of oliguria, hematuria, stool with blood or mucus.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Grade I student

Current Medications: 4 kinds of oral medicine taking tid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 90/48 P: 90 R: 24 T: 37.5°C Wt: 19Kg

General: Look sick

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

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

Abd: Soft, no tender, (+) BS, distended, liver about 10cm long, no splenomegaly, no scar, no abdominal peripheral vein enlargement

Extremity/Skin: Puffy of the feet, no pitting edema, no rash, no lesion, (+) dorsalis pedis pulse

Rectal exam: Good spincter tone, smooth, no mass palpable, (-) colcheck

Lab/study: UA protein trace

Assessment:

1. Parasititis
2. Nephritis??
3. Hepatitis??

Plan:

1. Albendazole 200mg 1/2t po bid for 5d
2. MTV 1t po qd for one month
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Albumin, protein, Tot cholesterol, LFT 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 03, 2008

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From: Ryan, Edward T., M.D.

Sent: Wednesday, September 03, 2008 3:02 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic September 2008, Case#4, Chheang Keo, 8M (Damnak Chen Village)

[long list of possible](#)

[agree with plan](#)

[would treat parasite and evaluate liver, kidney, CBC then regroup.](#)

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

From: Robib Telemed

Date: Sep 3, 2008 9:30 PM

Subject: Robib TM Clinic September 2008, Case#5, Chhim Bonn, 71F (Taing Treuk Village)

To: Rithy Chau; Kruey Lim; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 5, Chhim Bonn, 71F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Chhim Bon, 71F (Taing Treuk Village)

Chief Complaint (CC): HA, dizziness x 3y

History of Present Illness (HPI): 71F presented with the symptoms of HA, neck tension, fatigue, dizziness, blurred vision, she bought medicine from local pharmacy without consultation when she presented with above symptoms. Her symptoms seem not better. In last year because of persistent symptoms, she went private local clinic and BP taken (150/?) and treated with some unknown name medicines but she still presented with HA, neck tension, fatigue. She denied of fever, cough, chest pain, nausea, vomiting, stool with blood or mucus, hematuria, dysuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No alcohol drinking, no smoking, six children

Current Medications: Traditional medicine for HTN

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 146/85 (both sides) P: 68 R: 20 T: 37°C Wt: 46Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, 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 scar

Extremity/Skin: No edema, no rash, no lesion

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

Lab/study: None

Assessment:

1. HTN

Plan:

1. HCTZ 12.5mg 1t po qd for one month
2. Eat low Na+ diet and do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, gluc 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 03, 2008

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

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

Date: Sep 4, 2008 9:34 AM

Subject: RE: Robib TM Clinic September 2008, Case#5, Chhim Bonn, 71F (Taing Treuk Village)

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

Cc: tmed_rithy@online.com.kh

Thank you for your consultation.

It is clear that she has hypertension and that the HCTZ may help to treat this with diet.

It is not clear if the headaches are from hypertension, neck pain or other causes.

Sometimes, placing a warm cloth over the neck can relieve the symptoms of muscular tension and headache.

This is also easily done in most villages by heating water (over stove or fire) and placing a cloth in the warm/hot water. The patient must be careful not to burn or scald themselves.

It will be interesting to see how her headaches and blood pressure respond to the treatment.

Paul Cusick

From: Robib Telemed

Date: Sep 3, 2008 9:37 PM

Subject: Robib TM clinic September 2008, Case#6, Chum Heng, 69F (Damnak Chen Village)

To: Rithy Chau; Kruy Lim; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the case number 6, Chum Heng, 69F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Chum Heng, 69F (Damnak Chen Village)

Chief Complaint (CC): Joint pain x 4y

History of Present Illness (HPI): 69F presented with the symptoms of left metatarsal-phalangeal joint of bit toe with pain, redness, swelling, warmth, stiffness. The symptoms had been worse in morning and better in the afternoon, she bought medicine from local pharmacy to reliev pain. This joint pain developed some times a year, two years later, the joint pain developed to left middle PIP, and left knee, left shoulder but no swelling and redness, stiffness. She didn't have any consultation for this problem just bought medicine from local pharmacy for the pain. She denied of joint problem on the right side.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: No alcohol drinking, no smoking, five children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 102/72 P: 94 R: 20 T: 37°C Wt: 51Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, 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 scar

Extremity/Skin: Deformity of left middle finger PIP joint and tophy of the left metatarsal joint, slight tenderness, no inflammatory sign, other joints are intact

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

Lab/study: None

Assessment:

1. Arthritis

Plan:

1. Paracetamol 500mg 1t po qid prn pain for one month
2. Naproxen 375mg 1t po bid prn severe pain for one month
3. Warmth compression to relieve pain

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 03, 2008

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No answer replied



From: Robib Telemed

Date: Sep 3, 2008 9:42 PM

Subject: Robib TM Clinic September 2008, Case#7, Pin Chhourn, 62F (Thnal Keng Village)

To: Rithy Chau; Krui Lim; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for Robib TM Clinic September 2008, Pin Chhourn, 62F and photo. Please reply to the case before Thursday 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 Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Pin Chhourn, 62F (Thnal Keng Village)



Chief Complaint (CC): HA, neck tension x 3y

History of Present Illness (HPI): 62F presented with the symptoms of HA, neck tension, dizziness, blurred vision, muscle pain, falling down, she went to local private clinic, BP taken many days, it was from 180/? to 220/?, she was treated with injection medicine and Nifedipine 20mg 1t bid. She didn't take this medicine as prescribed because she has no money to buy. Now she still presented with symptoms of HA, neck tension, fatigue, and muscle pain. She denied of fever, cough, chest pain, nausea, vomiting, stool with blood or mucus, oliguria, dysuria, edema.

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

Family History: None

Social History: No alcohol drinking, no smoking

Current Medications: Nifedipine 20mg bid when she presented with the symptoms and Paracetamol 500mg

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: (R) 169/102, (L) 195/100 P: 112 R: 20 T: 37°C Wt: 39Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, 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 scar

Extremity/Skin: No edema, no rash, no lesion

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

Lab/study: UA protein trace

Assessment:

1. Severe HTN

Plan:

1. Atenolol 50mg 1/2t po bid for one month
2. Eat low Na+ diet and do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc 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 03, 2008

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

Date: Sep 4, 2008 9:29 AM

Subject: RE: Robib TM Clinic September 2008, Case#7, Pin Chhourn, 62F (Thnal Keng Village)

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

Cc: tmed_rithy@online.com.kh

Thank you for the consult.

It is clear that she has very high blood pressure. It is likely chronic.

Her exam does not suggest cardiomegaly from Left ventricular hypertrophy or ischemia.

I agree with dietary changes and to start atenolol for both blood pressure and heart rate control.

An EKG would be useful if available to look for Left ventricular hypertrophy and possible ischemic changes.

Thank you.

Paul Cusick

From: Robib Telemed <robibtelemed@gmail.com>
Date: Sep 4, 2008 9:05 PM
Subject: Robib TM clinic September 2008 cases received
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau

Dear Kathy,

I have received reply of five cases from you for this month. Below are the cases I have received:

Case#1, Nung Bopha, 45F
Case#3, Prum Srey, 68M
Case#4, Chheang Keo, 8M
Case#5, Chhim Bon, 71F
Case#7, Pin Chhoun, 62F

Please send me the remaining cases. Thank you very much for your reply to the case in this month.

Best regards,
Sovann

Thursday, September 04, 2008

Follow-up Report for Robib TM Clinic

There were 7 new patients seen during this month Robib TM Clinic , other 47 patients came for medication refills only, and 42 patients seen by PA Rithy for minor problem. The data of all 7 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.]

Treatment Plan for Robib TM Clinic September 2008

1. Nung Bopha, 45F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Diamicon 5mg 1t po bid for one month (buy)
2. Captopril 25mg 1/4t po bid for one month (#20)
3. ASA 300mg 1/4t po qd for one month (#10)
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, gluc, and HbA1C at SHCH

Lab result on September 05, 2008

WBC	=6.7	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	=13.9	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=43	[35 - 47%]	BUN	=1.6	[0.8 - 3.9]
MCV	=82	[80 - 100fl]	Creat	=52	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=16.0	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=255	[150 - 450x10 ⁹ /L]			
Lym	=2.3	[1.0 - 4.0x10 ⁹ /L]			
HbA1C	=11.5	[4 - 6]			

2. Pov Ratt, 53F (Rovieng Tbong Village)

Diagnosis:

1. Muscle tension of both legs
2. CHF??

Treatment:

1. Paracetamol 500mg 1t po qid prn pain/fever for one month (#50)
2. Draw blood for CBC, Lyte, BUN, Creat, gluc at SHCH

Lab result on September 05, 2008

WBC	=5.9	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10 ¹² /L]	K	=4.3	[3.5 - 5.0]
Hb	=13.2	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=42	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=67	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=4.3	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=194	[150 - 450x10 ⁹ /L]			
Lym	=2.9	[1.0 - 4.0x10 ⁹ /L]			

3. Prum Srey, 68M (Ta Tong Village)

Diagnosis:

1. Left hand infected burning wound
2. Seizure

3. Anemia

Treatment:

1. Refer this patient to SHCH for surgical consultation
2. Cephalexin 250mg 2t po tid for 14d (#80)
3. Naproxen 375mg 1t po bid prn pain for one month (#30)
4. Paracetamol 500mg 1t qid prn pain for one month (#30)
5. MTV 1t po qd for one month (#30)
6. FeSO4/Folate 200/0.25mg 1t po bid for one month (#60)
7. Clean the wound every day
8. Draw blood for CBC, Lyte, BUN, Creat, gluc, LFT at SHCH

Lab result on September 05, 2008

WBC	=6.8	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=2.4	[4.6 - 6.0x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	=6.5	[14.0 - 16.0g/dL]	Cl	=109	[95 - 110]
Ht	=22	[42 - 52%]	BUN	=2.4	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=91	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	SGOT	=52	[<37]
Plt	=85	[150 - 450x10 ⁹ /L]	SGPT	=28	[<42]
Lym	=1.8	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.7	[0.1 - 1.0x10 ⁹ /L]			
Neut	=4.3	[1.8 - 7.5x10 ⁹ /L]			

4. Chheang Keo, 8M (Damnak Chen Village)

Diagnosis:

1. Parasititis
2. Nephritis??
3. Hepatitis??

Treatment:

1. Albendazole 200mg 1/2t po bid for 5d (#5)
2. MTV 1t po qd for one month (#40)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Albumin, protein, Tot cholesterol, LFT at SHCH

Lab result on september 5, 2008

WBC	=10.4	[4 - 11x10 ⁹ /L]	Na	=142	[135 - 145]
RBC	=4.4	[4.6 - 6.0x10 ¹² /L]	K	=3.2	[3.5 - 5.0]
Hb	=9.0	[14.0 - 16.0g/dL]	Cl	=109	[95 - 110]
Ht	=30	[42 - 52%]	BUN	=1.1	[0.8 - 3.9]
MCV	=67	[80 - 100fl]	Creat	=39	[53 - 97]
MCH	=20	[25 - 35pg]	Gluc	=4.2	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=3.3	[<5.7]
Plt	=504	[150 - 450x10 ⁹ /L]	Albu	=36	[38 - 54]
Lym	=4.6	[1.0 - 4.0x10 ⁹ /L]	Prote	=75	[66 - 87]
Mxd	=1.4	[0.1 - 1.0x10 ⁹ /L]	SGOT	=99	[<37]
Neut	=4.4	[1.8 - 7.5x10 ⁹ /L]	SGPT	=56	[<42]

5. Chhim Bon, 71F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for one month (#80)
2. Eat low Na+ diet and do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, gluc at SHCH

Lab result on September 05, 2008

WBC	=4.4	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
RBC	=5.3	[3.9 - 5.5x10 ¹² /L]	K	=4.5	[3.5 - 5.0]
Hb	=12.0	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=72	[80 - 100fl]	Creat	=64	[44 - 80]
MCH	=23	[25 - 35pg]	Gluc	=4.4	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=264	[150 - 450x10 ⁹ /L]			
Lym	=2.4	[1.0 - 4.0x10 ⁹ /L]			

6. Chum Heng, 69F (Damnak Chen Village)

Diagnosis:

1. Arthritis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for one month (#30)
2. Naproxen 375mg 1t po bid prn severe pain for one month (#30)
3. Warmth compression to relieve pain

7. Pin Chhourn, 62F (Thnal Keng Village)

Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#40)
2. Eat low Na+ diet and do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on September 05, 2008

WBC	=7.0	[4 - 11x10 ⁹ /L]	Na	=147	[135 - 145]
RBC	=3.8	[3.9 - 5.5x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	=9.8	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=32	[35 - 47%]	BUN	=3.1	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=114	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=4.4	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=378	[150 - 450x10 ⁹ /L]			
Lym	=1.9	[1.0 - 4.0x10 ⁹ /L]			

Patients who came for follow up and refill medication

1. Ban Lay, 34F (Koh Pon Village)

Diagnosis:

1. Diffuse goiter
2. Hyperthyroidism

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (# 60tab)
2. Carbimazole 5mg 2t po tid for two months (#360tab)

2. Be Kim Ke, 54M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (#180)
2. Captopril 25mg 1/4t po qd for three months (#23)
3. ASA 300mg 1/4t po qd for three months (#25)

3. Chan Khem, 58F (Taing Treuk Village)

Diagnosis

1. HTN

Treatment

1. HCTZ 12.5mg 2t po qd for four months (# 240)

4. Chan Thoeun, 50F (Sralou Srong Village)

Diagnosis:

1. Mild to moderate Aortic regurgitation
2. Anemia

Treatment:

1. Captopril 25mg 1/4t po bid for one month (# 20tab)
2. ASA 300mg 1/4t po qd for one month (# 10tab)
3. FeSO4/Folate 200/0.25mg 1t po qd for one month (#40tab)
4. MTV 1t po qd for one month (#40tab)

5. Chea Kimheng, 34F (Taing Treuk Village)

Diagnosis:

1. ASD by 2D echo on August 2008

Treatment:

1. ASA 300mg 1/4t po qd for one month (#8)
2. Atenolol 50mg 1/2t po qd for one month (#15)

6. Chheak Leangkry, 65F (Rovieng Cheung)

Diagnosis

1. DMII with PNP
2. HTN

Treatment

1. Metformin 500mg 2t po qhs for three months (#180)
2. Glibenclamide 5mg 1t po bid for three months (#180)
3. Captopril 25mg 1/2t po bid for three months (#90)
4. Amitriptyline 25mg 1t po qhs for three months (#90)

7. Chheuk Norn, 53F (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for three months (# 360)
2. Metformin 500mg 2t po qhs for three months (#180)
3. Captopril 25mg 1/4t po qd for three months (#25)
4. ASA 300mg 1/4t po qd for three months (# 25)

8. Chhin Chheut, 13M (Trapang Reusey Village)

Diagnosis:

1. Bilateral Lower extremity muscle weakness
2. Cachexia
3. Nephrotic Syndrome

Treatment:

1. Prednisolone 5mg 3t po qd for one month (#90)
2. Captopril 25mg 1/4t po qd for one month (#8)

3. MTV 1t po bid for one month (#60)

9. Chin Thary, 27F (Rovieng Cheung Village)

Diagnosis:

1. DMII
2. Obesity
3. GERD

Treatment:

1. Glibenclamide 5mg 1t po qAM for two months (# 60tab)
2. Metformin 500mg 1t po qPM for two months (# 60tab)
3. Captopril 25mg 1/4t po qd for two months (# 15tab)
4. ASA 300mg 1/4t po qd for two months (# 15tab)
5. Omeprazole 20mg 1t po qhs for one month (buy)
6. Review on diabetic diet, foot care and regular exercise

10. Em Thavy, 36F (Thnal Keng Village)

Diagnosis:

1. Diffuse Goiter
2. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 2t po tid for two months (#360)
2. Propranolol 40mg 1/4t po bid for two months (#30)

11. Heng Pheary, 30F (Thkeng Village)

Diagnosis:

1. Asthma

Treatment:

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

12. Kong Nareun, 31F (Taing Treuk Village)

Diagnosis:

1. Moderate MS with severe TR
2. Severe pulmonary HTN
3. Biatrium dilated in size

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (# 60)
2. Furosemide 40mg 1/2t po bid for two months (# 60)
3. ASA 300mg 1/4t po qd for two months (# 15)

13. Keth Chourn, 55M (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (# 180)

14. Kul Chheung, 78F (Taing Treuk)

Diagnosis:

1. HTN
2. COPD

Treatment:

1. HCTZ 50mg 1/2t po qd
2. Salbutamol inhaler 2puffs prn SOB (#2vials)

15. Kul Keung, 61F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. HCTZ 50mg ½ t po qd for three months (# 57)
2. ASA 300mg ¼ t po qd for three months (# 23)
3. Captopril 25mg ¼ t po qd for three months (#23)
4. Glibenclamide 5mg 1t po bid for three months (#180)

16. Lay Lai, 28F (Taing Treuk Village)**Diagnosis:**

1. Post partum cardiomegaly?

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (# 60)

17. Meas Ream, 74F (Taing Treuk Village)**Diagnosis:**

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

Treatment:

1. HCTZ 12.5mg 2t po qd for two months (# 120tab)
2. ASA 300mg 1/4t po qd for two months (# 15tab)
3. MTV 1t po qd for two months (# 60tab)

18. Neth Ratt, 37M (Otalauk Village)**Diagnosis:**

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (#120)
3. MTV 1t po qd for one month (# 30)
4. FeSO4/Vit C 120/500mg 1t po qd for one month (# 30)

19. Nung Chhun, 70F (Ta Tong Village)**Diagnosis:**

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (# 180)
2. Metformin 500mg 2t po qhs for three months (#180)
3. Captopril 25mg 1/4t po bid for three months (# 45)
4. ASA 300mg 1/4t po qd for three months (# 23)

20. Ov Lay, 73F (Thnout Malou Village)**Diagnosis:**

1. Dyspepsia
2. Parasititis

Treatment:

1. Famotidine 10mg 2t po qhs for one month (# 60tab)

21. Pang Sideoun, 31F (Rovieng Tbong Village)**Diagnosis:**

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for two months (#120)

22. Phim Sichin, 35F (Taing Treuk Village)

Diagnosis:

1. DMII
2. LVH
3. Cardiomegaly
4. TR/MS
5. Thalassemia
6. Cachexia

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. ASA 300mg 1/4t po qd for one month (#10)
5. MTV 1t po bid for one month (#60)

23. Pou Limthang, 42F (Thnout Malou Village)

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1/2t po tid for two months (#100)

24. Prum Norn, 56F (Thnout Malou Village)

Diagnosis:

1. Liver cirrhosis with PHTN
2. HTN
3. Hypochromic Microcytic Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure
6. Insomnia

Treatment:

1. Spironolactone 25mg 1t po qd for two months (#50)
2. FeSO₄/Vit C 500/105mg 1t po bid for two months (#120)
3. Folic acid 5mg 1t po qd for two months (#60)
4. MTV 1t po qd for two month (#60)
5. Diphenhydramin 5mg 1t po qhs (#30)

25. Prum Moeun, 56M (Bakdoang Village)

Diagnosis:

1. HTN
2. PVC
3. Atrial Fibrillation?

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (# 60)
2. ASA 300mg 1/4t po qd for two months (# 15)

26. Rim Sopheap, 32F (Doang Village)

Diagnosis:

1. Dilated Cardiomyopathy with EF 32% with increase RHD
2. Dyspepsia

Treatment:

1. Captopril 25mg 1/4t po bid for two months (#30)
2. ASA 300mg 1/4t po qd for two months (#15)

3. MTV 1t po qd for two months (#60)
4. Mg/Al(OH)₃ 250/120mg 2t chew bid prn (#50)

27. Ros Im, 53F (Taing Treuk Village)

Diagnosis:

1. Euthyroid goiter
2. Dyspepsia
3. Paratititis

Treatment:

1. Famotidine 10mg 2t po qhs for one month (#60)
2. Mebendazole 100mg 5t po qhs once (#5)

28. Ros Oeun, 50F (Thnout Malou Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1 1/2t po bid for two months (# 180)
2. Metformin 500mg 2t po bid for two months (# 240)
3. Captopril 25mg 1/2t po bid for two months (# 60)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. Draw blood for Gluc, HbA1C at SHCH

Lab result on September 05, 2008

Gluc	=4.0	[4.2 - 6.4]
HbA1C	=6.0	[4 - 6]

29. Ros Yeth, 55M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for one month (# 30)
2. Captopril 25mg 1/4t po qd for one month (#8)
3. Draw blood for Gluc, HbA1C at SHCH

Lab result on September 05, 2008

Gluc	=9.0	[4.2 - 6.4]
HbA1C	=6.1	[4 - 6]

30. Sath Rim, 51F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII with PNP
3. Renal Failure
4. Anemia

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (# 240)
2. Atenolol 50mg 1t po bid for two months (# 120)
3. Nifedipine 10mg 1t po bid for two months (# 120)
4. Amitriptylin 25mg 1t po qhs for two months (# 60)
5. FeSO₄/Vit C 500/105mg 1t po qd for two months (# 60)
6. Folic Acid 5mg 1t po qd for two months (#60)
7. ASA 300mg 1/4t po qd for two months (#15)

31. Say Soeun, 67F (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (# 180)
2. Metformin 500mg 2t po qhs for three months (# 180)
3. Captopril 25mg 1t po bid for three months (# 180)
4. HCTZ 12.5mg 2t po qd for three months (# 180)
5. ASA 300mg ¼t po qd for three months (# 23)
6. MTV 1t po qd for three months (# 90)

32. Sim Sovannchanpidor, 11M (Rovieng Cheung Village)

Diagnosis:

1. Eczema

Treatment:

1. Cephalexin 250mg 1t po tid for 7d (#21tab)
2. Citirizine 10mg 1t po qd prn (# 20tab)
3. Mometasone furoate apply bid (#2tubes)

33. So On, 80F (Thnout Malou Village)

Diagnosis:

1. HTN
2. Joint pain
3. Anemia

Treatment:

1. HCTZ 12.5mg 2t po po qd for two months (# 120tab)
2. Paracetamol 500mg 1t po qid prn pain/fever for two months (# 30tab)
3. MTV 1t po qd for two months (#60tab)
4. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60tab)

34. So Sok San, 24F (Thnal Keng Village)

Diagnosis:

1. Nephrotic Syndrome
2. Anemia

Treatment:

1. Prednisolone 5mg 3t po qd for one month (#90)
2. Captopril 25mg 1/4t po bid for one month (#15)
3. MTV 1t po qd for one month (#30)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)

35. Som Thol, 57M (Taing Treuk Village) (Check BS)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid for three months (# 360)
2. Metformin 500mg 2t po qhs for three months (# 180)
3. Captopril 25mg 1/4t po qd for three months (#23)
3. ASA 300mg ¼t po qd for three months (# 23)
4. Amitriptyline 25mg 1t po qhs for three months (#90)

36. Som An, 50F (Rovieng Tbong)

Diagnosis

1. HTN

Treatment

1. Atenolol 50mg 1/2t po bid for four months (# 120)
2. HCTZ 12.5mg 4t po qd for four months (# 480)

37. Srey Hom, 62F (Taing Treuk Village)**Diagnosis:**

1. HTN
2. DMII with PNP
3. Renal Failure

Treatment:

1. Glibenclamide 5mg 1 1/2t po bid for three months (# 270)
2. Nifedipine 10mg 1t po bid for three months (# 180)
3. ASA 300mg 1/4t po qd for three months (# 23)
4. Amitriptylin 25mg 1/2t po qhs for three months (# 45)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for three months (#90)
6. MTV 1t po qd for three months (#90)

38. Svay Tevy, 42F (Thnout Malou Village)**Diagnosis:**

1. MDII

Treatment:

1. Glibenclamide 5mg 2t po bid for three months (# 360)
2. Metformin 500mg 2t po qhs for three months (# 180)
3. Captopril 25mg 1/4t po qd for three months (# 23)
4. ASA 300mg 1/4t po qd for three months (# 23)

39. Tann Kin Horn, 51F (Thnout Malou Village)**Diagnosis**

1. DMII

Treatment

1. Glibenclamide 5mg 2t po bid for two months (# 240)
2. Metformin 500mg 1t po qhs for two months (# 60)
3. Captopril 25mg 1/4t po qd for two months (# 15)
4. ASA 300mg 1/4t po qd for two months (#15)

40. Tann Sopha Nary, 22F (Thnout Malou Village)**Diagnosis**

1. Euthyroid Goiter

Treatment

1. Carbimazole 5mg 1/2t po tid for two months (# 100)

41. Teav Vandy, 63F (Rovieng Cheung Village)**Diagnosis:**

1. HTN
2. CHF??

Treatment:

1. HCTZ 12.5mg 2t po qd for one month (# 80tab)

42. Thon Mai, 78M (Boeung Village)**Diagnosis:**

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)

2. Metformin 500mg 1t po qhs for one month (#30)
3. Captopril 25mg 1/4t po qd for one month (#8)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on September 05, 2008

Na	=144	[135 - 145]
K	=3.6	[3.5 - 5.0]
Cl	=109	[95 - 110]
Creat	=93	[53 - 97]
Gluc	=3.8	[4.2 - 6.4]
HbA1C	=7.0	[4 - 6]

43. Thorng Phorn, 36F (Bakdoang Village)

Diagnosis:

1. Peripheral neuropathy due to Vit deficiency?
2. Pott's Disease?

Treatment:

1. MTV 1t po qd for two months (#60)
2. Paracetamol 500mg 1t po qid prn pain/fever (#50)

44. Thorng Khourn, 70F (Bak Dong Village)

Diagnosis:

1. Liver Cirrhosis
2. Hepatitis C
3. Hypochromic Microcytic Anemia
4. Euthyroid Goiter (Nodular)

Treatment:

1. Spironolactone 50mg 1/2t po bid for one month (# 30)
2. FeSO4/Vit C 500/105mg 1t po qd for one month (# 30)
3. MTV 1t po bid for one month (# 30)

45. Thorng Thun, 63M (Koh Pon Village)

Diagnosis:

1. Left foot infected wound

Treatment:

1. Augmentin 875mg 1t po bid x 14d (# 28tab)
2. Naproxen 375mg 1t po bid prn pain (# 30tab)
3. Paracetamol 500mg 1t po qid prn pain (# 30tab)
4. Immobilize and elevate foot
5. Smoking cessation

46. Un Chhourn, 40M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Captopril 25mg 1/4t po qd for one month (# 8)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on September 05, 2008

Gluc =3.6 [4.2 - 6.4]
HbA1C =7.4 [4 - 6]

47. Uy Noang, 55M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#80)

**The next Robib TM Clinic will be held on
October 06-10, 2008**