

Robib *Telemedicine* Clinic

Preah Vihear Province

N O V E M B E R 2 0 1 3

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

On Monday, November 4, 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), November 5 & 6, 2013, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new cases and 1 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, November 6 & 7, 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: [Rithy Chau](#) ; [Kruy Lim](#) ; [Cornelia Haener](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

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

Sent: Wednesday, October 30, 2013 12:48 PM

Subject: Schedule for Robib Telemedicine Clinic November 2013

Dear all,

I would like to inform you that there will be Robib TM Clinic in November 2013 which starts from November 4 to 8, 2013.

The agenda for the trip is as following:

1. On Monday November 4, 2013, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday November 5, 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 November 6, 2013, the activity is the same as on Tuesday
4. On Thursday November 7, 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 November 8, 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: [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

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

Sent: Tuesday, November 05, 2013 7:02 PM

Subject: Robib TM clinic November 2013, Case#1, Pang Soeun, 53M

Dear all,

There are four new cases and one follow up case of Robib TM clinic in November 2013. This is case number 1, Pang Soeun, 53M 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



Pang Soeun, 53M (Face)

Name/Age/Sex/Village: Pang Soeun, 53M (Sre Village)

Chief Complaint (CC): Rectal bleeding x 10 days

History of Present Illness (HPI): 53M, farmer, presented with bright red rectal bleeding in the past year when he went to seek care at referral hospital and got treatment there for 2 weeks with two units of blood transfusion and Injection and oral medicine. In these 10d, he noticed of bright red bleeding whenever he passed stool. He denied of pain, itchy.

Past Surgical History (PMH): Left BKA due to mine explosion at Preah Kosamak hospital in 1987

Family History: None

Social History: No cig smoking, casual EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): No fever, no dizziness, no fatigue

PE:

Vital sign: BP: 115/72 P: 80 R: 20 T: 36°C Wt: 43Kg

General: Stable

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

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

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

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

Rectal Exam: Normal anal appearance, no lesion, no protruded mass, Good sphincter tone, unsmooth mucosal surface at palpable at right anterior of rectum, no mass, polyp, no blood seen on examined glove, positive homocult

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

Lab/study: None

Assessment:

1. Internal hemorrhoid (ruptured)

Plan:

1. Increase fiber diet
2. Draw blood for CBC, Lyte, BUN, Creat 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: November 5, 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: November 6, 2013 at 4:10:27 PM EST

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

Subject: RE: Robib TM clinic November 2013, Case#1, Pang Soeun, 53M

It may well be a bleeding internal hemorrhoid but direct visualization would be necessary to come to this conclusion. He needs at the very least an anoscopic examination to confirm the diagnosis. You need to rule out a rectal cancer that is bleeding actively to cause him to require 2 units of blood transfusion last year. Other possibilities include an arteriovenous malformation in the colon. Preferably given his age and the positive hemocult test, screening colonoscopy should be arranged. Sigmoidoscopy could be considered alternatively if colonoscopy is not easily available to at least rule out left sided colonic polyps or cancer.

For treatment for internal bleeding hemorrhoid, use hydrocortisone suppositories to stop the bleeding. Dietary fiber and sufficient fluids are more to prevent further congestion in hemorrhoidal veins. Checking hemogram is a good idea to make sure he is not anemic again.

Heng Soon Tan, MD

From: [Robib Telemedicine](#)
To: [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, November 05, 2013 7:04 PM
Subject: Robib TM clinic November 2013, Case#2, So Cheang, 65M

Dear all,

This is case number 2, So Cheang, 65M and photos.

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: So Cheang, 65M (Beung Village)

Subjective: 65M was seen in September 2013 and diagnosed with HTN, treated with HCTZ 25mg 1t po qd. On October 28, 2013, he presented with symptoms of stabbing pain on RUQ with radiation to epigastric area. This pain occurred about an hour after eating and associated with fever, amber color urine. He went to consult at private clinic in Preah Vihear province and told he had liver and stomach problem and treated with several kinds of medicine (unknown name) taking bid. Several days later, he became better with less abdominal pain, better appetite but noticed of yellow eyes and itchy without skin rash/lesion.

Current Medications:

1. Four kinds of medicine (unknown name) po bid
2. HCTZ 25mg 1t po qd



Allergies: NKDA

PE:

Vital sign: BP: 102/64 P: 64 R: 20 T: 37°C Wt: 45Kg

General: Stable

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

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

Abd: Mild tender on RUQ, Soft, no distension, (+) BS, hepatomegaly, no splenomegaly, no surgical scar, negative murphy's sign

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

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

Lab/study:

U/A: Bilirubin 3+, no protein, no blood, no glucose

Assessment:

1. HTN
2. Hepatitis?

Plan:

1. HCTZ 25mg 1t po qd
2. MTV 1t po qd
3. Draw blood for CBC, Lyte, BUN, Creat, Transaminase, HBV Ag, 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

Date: November 5, 2013

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

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From: [Smulders-Meyer, Olga,M.D.](mailto:Smulders-Meyer,Olga,M.D.)

To: [Fiamma, Kathleen M.](mailto:Fiamma,Kathleen.M.)

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

Sent: Thursday, November 07, 2013 4:57 AM

Subject: RE: Robib TM clinic November 2013, Case#2, So Cheang, 65M

The patient is a 65 year old male with a 10 day history of intermittent pain in the right upper quadrant associated with eating. Now he also presents with painless icterus. Often this is a worrisome sign. The yellow eyes mean that his Bilirubin level is elevated and that is most often caused by obstruction in the gallbladder or near the papillary area or the pancreas. It could be the classic presentation of pancreatic cancer. If he had a lot of pain associated with the Icterus, he could have gallstones that are stuck, causing intermittent mild Cholecystitis.

His large liver could be suggestive of a malignancy as well.

The pt is unlikely to have hepatitis at this point. He needs to have his liver function tests done and if the Alkaline Phosphatase is much more elevated than the OT/PT level, then that points towards an obstructive picture of some kind, rather than to Hepatitis. With Hepatitis, the transaminases are much higher than the Alk. Phos. I wonder if he has had some weight loss as well.

The itchy skin fits the obstruction picture, the Cholestasis, as increased Bilirubin causes itchiness in general.

I agree with checking CBC to assess whether he is anemic, transaminases as well as Alkaline Phosphatase, Amylase and with Hepatitis B and C serologies.

The most important test he needs is an abdominal ultrasound, focusing on the right upper quadrant.

I do not think that starting him in HCTZ had anything to do with this. In fact I would stop it as his BP is low and if he is sick, which I suspect he is, he will have less to eat and lose more weight and his BP will drop even more. Just stop it immediately.

Hope this was helpful.

With Kind regards,

Olga Smulders- Meyer 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, November 05, 2013 7:06 PM

Subject: Robib TM clinic November 2013, Case#3, Som Hom, 77M

Dear all,

This is case number 3, Som Hom, 77M 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



Som Hom, 77M (Face)

Name/Age/Sex/Village: Som Hom, 77M (Chhnourn Village)

Chief Complaint (CC): Polyuria x 1 year

History of Present Illness (HPI): 77M, farmer, presented with symptoms of polyuria, polyphagia, fatigue, and noticed the ants around his urine. He got treatment with traditional medicine without medical consultation. Above symptoms still persisted so he comes to consult today. He denied of chest pain, SOB, Cough, dysuria, oliguria, numbness/tingling.

Past Medical History (PMH): Unremarkable

Family History: Brother with DMII, Stroke

Social History: Smoking 3cig per day for over 20y, stopped 2y; casual EtOH, stopped 2y

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: 112/75 P: 83 R: 20 T: 36.5°C Wt: 41Kg

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: 214mg/dl
U/A: glucose 2+, protein trace

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Captopril 25mg 1/4t po qd
3. ASA 100mg 1t po qd
4. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH
5. Educate on diabetic diet, foot care and 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: November 5, 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, November 05, 2013 7:08 PM

Subject: Robib TM clinic November 2013, Case#4, Thourn Lumphoeun, 30F

Dear all,

This is case number 4, Thourn Lumphoeun, 30F 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



Thourn Lumphoeun, 30F (Face)

Name/Age/Sex/Village: Thourn Lumphoeun, 30F (Anlung Svay Village)

Chief Complaint (CC): Palpitation and dizziness x 1 year

History of Present Illness (HPI): 30F, farmer, presented with symptoms of palpitation (fast beating heart), dizziness in early morning (get up), insomnia, heat intolerance. She consulted at private clinic in Preah Vihear province and got treatment with two kinds of medicine po bid for one month but not better. She denied of GI problem, fever, chest pain, tremor, social problem.

Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications: Injection contraceptive every three months

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: 123/90 P: 137 R: 20 T: 37°C Wt: 47Kg
BP: 94/74 P: 109 (after taking Propranolol 40mg 1/4t)

General: Stable

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

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

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

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

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

Lab/study:

Blood Sugar: 98mg/dl

Assessment:

1. Tachycardia due to Thyroid disorder??

Plan:

1. Propranolol 40mg 1/4t po bid
2. Draw blood for CBC, Lyte, BUN, Creat, 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: November 5, 2013

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

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

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

Sent: Thursday, November 07, 2013 4:12 AM

Subject: RE: Robib TM clinic November 2013, Case#4, Thourn Lumphoeun, 30F

I agree with plan, but would:

- a) give propranolol 10 mg four times a day.
 - b) should also increase the dose progressively until heart rate stably below 90 bpm.
- best

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

From: [Robib Telemedicine](#)

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

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

Sent: Tuesday, November 05, 2013 7:11 PM

Subject: Robib TM clinic November 2013, Case#5, Yin Kheum, 55F

Dear all,

This is the last case of first day of Robib TM clinic November 2013, Case number 5, Yin Kheum, 55F. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Yin Kheum, 55F (Face)

Name/Age/Sex/Village: Yin Kheum, 55F (Chhnourn Village)

Chief Complaint (CC): Dizziness x 2 years

History of Present Illness (HPI): 55F, farmer, presented with symptoms of dizziness which occurred frequently when she got up in the morning and associated with fatigue, palpitation, HA, and neck tension. She got blood pressure checked 150/? and got treatment with Antihypertensive (unknown name) 1t po qd for several days. Since then she has taken antihypertensive when she felt unwell. She denied of fever, SOB, Chest pain, dysuria, hematuria, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Tobacco chewing, no EtOH

Current Medications: Antihypertensive 1t po qd prn (unknown name medicine)

Allergies: NKDA

Review of Systems (ROS): 10 years post menopause

PE:

Vital sign: BP: 154/94 (both arms) P: 80 R: 20 T: 37°C Wt: 59Kg

General: Stable

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

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

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

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

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

Lab/study:

Blood Sugar: 92mg/dl
U/A: normal

Assessment:

1. HTN

Plan:

1. HCTZ 25mg 1t po qd
2. Draw blood for Lyte, BUN, Creat, Tot chole, 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: November 5, 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](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

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

Sent: Wednesday, November 06, 2013 3:48 PM

Subject: Robib TM Clinic November 2013, Case#6, Thorn Sopheap, 37F

Dear all,

There are three new cases for second day of Robib TM clinic November 2013. This is case number 6, continued from yesterday, Thorn Sopheap, 37F 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: Thorn Sopheap, 37F (Backdoang Village)

Chief Complaint (CC): Skin rash x 1 month

History of Present Illness (HPI): 37F, farmer, presented with one month history of generalized skin itching, she scratched then the crust lesion developed. She bought medicine from local pharmacy without medical consultation but the itchy and skin lesion still persist so she come to consult with TM clinic today. She denied of insect bite, chemical contact.

Past Surgical History (PSH): She had motorbike accident in February 2012 and diagnosed with compound fracture of right shoulder, had surgery at Khmer-Soviet Friendship hospital in Phnom Penh.

Family History: None

Social History: No cig smoking; casual EtOH; 5 children

Current Medications: Oral contraceptive

Allergies: NKDA

Review of Systems (ROS): Limited range of motion of right shoulder

PE:

Vital sign: BP: 104/76 P: 73 R: 18 T: 37°C Wt: 70Kg

General: Stable

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

Right Shoulder: Limited Range of motion (<30degree angle) due to pain and stiff, complete healed surgical scar about 10cm

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

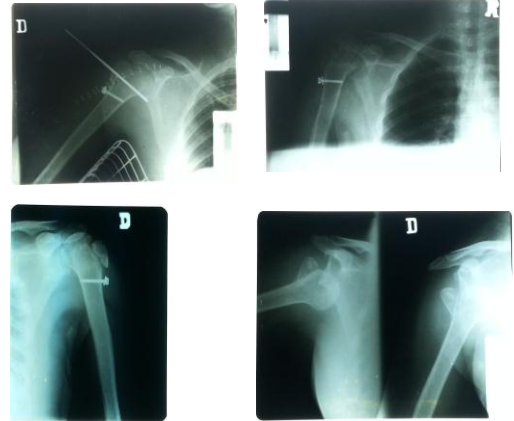
Skin: Crust lesions on the upper anterior wall of chest, back, legs (see photos); no vesicle, no pustule



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

Lab/study:

X-Ray of right shoulder: attached



Assessment:

1. Skin allergy
2. Eczema
3. Limited Shoulder motion post trauma/surgery

Plan:

1. Cetirizine 10mg 1t po qhs prn itchy
2. Paracetamol 500mg 1t po qir prn pain
3. Refer to SHCH for further surgical evaluation of right shoulder
4. Physiotherapy of the right shoulder

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: November 6, 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: [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)

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

Sent: Wednesday, November 06, 2013 3:49 PM

Subject: Robib TM Clinic November 2013, Case#7, Khun Eang, 55M

Dear all,

This is case nummber 7, Khun Eang, 55M 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



Khun Eang, 55M (Face)

Name/Age/Sex/Village: Khun Eang, 55M (Bos Pey Village)

Chief Complaint (CC): Fatigue x 2months

History of Present Illness (HPI): 55M, farmer, presented with symptoms of fatigue, polyuria, polyphagia, he went to consult at private clinic and blood sugar checked with result over 200mg/dl. He was treated with 2 kinds of medicine taking bid for 3days then he has continued treatment with traditional medicine because he had no money to buy medicine. He denied of blurred vision, numbness/tingling, foot wound, dysuria, hematuria.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 10cig/day for over 20y; Casual EtOH

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: 138/75 P: 93 R: 18 T: 36°C Wt: 55Kg

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: 203mg/dl

U/A: no leukocyte, no blood, no protein, no glucose

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. ASA 100mg 1t po qd
4. Draw blood for Lyte, BUN, Creat, Gluc, tot chole, TG, HbA1C at SHCH
5. Educate on diabetic diet, foot care, and 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: November 6, 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.

Sent: Wednesday, November 06, 2013 4:22 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic November 2013, Case#7, Khun Eang, 55M

That was a good summary for a patient presenting with hyperglycemic symptoms for diabetes. I'll just add some comments for completeness.

It is interesting there is no family history of diabetes.

He is not overweight yet he has developed diabetes.

Physical exam should include funduscopy to rule out retinal changes.

Urine microalbumin testing if available.

Smoking is an important cardiovascular risk in diabetes: he needs to understand this is the singularly most important risk factor he can control.

Blood pressure is slightly high: aim for less than 130/80. The captopril should do it.

For the blood lipids, check LDL cholesterol: it should be lowered with statins down to less than 100 mg/dl.

He'll be lucky if metformin alone can control his blood sugar of 203 mg/dl. He may need a small dose of glipizide at next follow up in a month.

Would he be able to afford the medicine you are currently prescribing?

Good luck with him.

From: [Robib Telemedicine](#)
To: [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, November 06, 2013 3:52 PM
Subject: Robib TM Clinic November 2013, Case#8, Prum Pri, 45M

Dear all,

This is the last case of Robib TM clinic November 2013, Prum Pri, 45M and photo. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly to provide treatment to patients in 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

History and Physical



Name/Age/Sex/Village: Prum Pri, 45M (Rom Chek Village)

Chief Complaint (CC): Palpitation x 4 months

History of Present Illness (HPI): 45M, 5 grade teacher, presented with symptoms of palpitation (heart beating fast), excessive sweating, moist skin, insomnia, heat intolerance and weight loss 10kg/4mon. He denied of cough, SOB, chest pain, dizziness, dysuria, hematuria, oliguria, legs edema. He consulted at private clinic and was told having heart disease and treated with few kinds of medicine (unknown name) which made him a bit better but palpitation and insomnia still persist. He finished all the medicine for 10d.

Past Medical History (PMH): Unremarkable

Family History: no family member with HTN, DMII, Heart disease, goiter

Social History: No cig smoking; casual EtOH

Current Medications: None

Allergies: NKDA



Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: 159/103 P: 90 R: 18 T: 36.5°C Wt: 50Kg

General: Stable

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

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, 2+ systolic murmur at tricuspid area

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

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

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

Lab/study:

EKG: attached

Assessment:

1. Valvulo-heart disease?
2. Thyroid disorder?

Plan:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH
2. Sent 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: November 6, 2013

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

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From: Barbesino, Giuseppe.M.D.

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

Sent: Thursday, November 07, 2013 3:58 AM

Subject: RE: Robib TM Clinic November 2013, Case#8, Prum Pri, 45M

I agree that many of the symptoms could indicate hyperthyroidism, so TSH is a good starting point.

Thursday, November 7, 2013

Follow-up Report for Robib TM Clinic

There were 7 new patients and 1 follow up patient seen during this month Robib TM Clinic, and other 56 patients came for brief consult and medication refills, and 65 new patients seen by PA Rithy for minor problem without sending data. The data of all 8 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 November 2013

1. Pang Soeun, 53M (Sre Village)

Diagnosis:

1. Internal hemorrhoid (ruptured)

Treatment:

1. Increase fiber diet
2. MTV 1t po qd
3. FeSO4/Folate 200/0.4mg 1t po bid
4. Draw blood for CBC, Lyte, BUN, Creat at SHCH

Note: Patient didn't come to receive treatment

2. So Cheang, 65M (Beung Village)

Diagnosis:

1. HTN
2. Hepatitis?

Treatment:

1. HCTZ 25mg 1t po qd
2. MTV 1t po qd (#60)
3. Draw blood for CBC, Lyte, BUN, Creat, Glucose, Transaminase, HBs Ag, HCV ab, Amylase, Alkaline Phosphatase, Bilirubin at SHCH
4. Refer to SHCH for further evaluation

Lab result on November 8, 2013

WBC =6.7 [4 - 11x10⁹/L] Na =134 [135 - 145]

RBC	=4.4	[4.6 - 6.0x10 ¹² /L]	K	=3.3	[3.5 - 5.0]
Hb	=11.2	[14.0 - 16.0g/dL]	Cl	=97	[95 - 110]
Ht	=35	[42 - 52%]	BUN	=4.8	[<8.3]
MCV	=79	[80 - 100fl]	Creat	=60	[53 - 97]
MCH	=25	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	ALT	=45	[<41]
Plt	=181	[150 - 450x10 ⁹ /L]	AST	=63	[<40]
Lymph	=1.8	[1.00 - 4.00x10 ⁹ /L]	Amylase	=116	[28 - 100]
Mono	=0.8	[0.10 - 1.00x10 ⁹ /L]	Alkaline Phosphatase	=293	[40 - 129]
Neut	=4.1	[1.80 - 7.50x10 ⁹ /L]	HBsAg	= Non-reactive	
			HCV Ab	= Non-reactive	
			Bilirubin, Direct	= >291.0	[<3.4]
			Bilirubin, Total	= 400.0	[2.0 - 21.0]

Remark: Patient has been referred to SHCH on November 11, 2013 for further evaluation. On arrival to hospital, he has been interviewed and blood test, CXR, and abd ultrasound & CT scan was done with result as following:

CXR: Atelectasis RUL with fibrosis LUL micronodular calcification, Pneumonia?

Abd ultrasound: Intrahepatic duct (bile) obstruction?, Aspecific hepatomegaly, Rt nephrolithiasis, Multiple gallstones with complication

Abd CT scan with IVP contrast: Gallbladder stone with mild diffuse dilatation intrapepatic bile duct without stone obstruction or mass detected today (cannot rule out Cholangiocarcinoma).

Patient was sent for consulting with surgeon then he was suggested for explorative laparotomy but patient denied.

3. Som Hom, 77M (Chhnourn Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Captopril 25mg 1/4t po qd (buy)
3. ASA 300mg 1/4t po qd (#15)
4. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH
5. Educate on diabetic diet, foot care and do regular exercise

Lab result on November 8, 2013

Na	=134	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=94	[95 - 110]
BUN	=5.1	[<8.3]
Creat	=86	[53 - 97]
Gluc	=16.4	[4.1 - 6.1]
HbA1C	=13.99	[4.8 - 5.9]

Recommendation after lab test resulted: Increase Metformin 500mg 2t po bid

4. Thourn Lumphoeun, 30F (Anlung Svay Village)

Diagnosis:

1. Tachycardia due to Thyroid disorder??

Treatment:

1. Propranolol 40mg 1/4t po bid (#30)
2. Draw blood for CBC, Lyte, BUN, Creat, TSH at SHCH

Lab result on November 8, 2013

WBC	=7.5	[4 - 11x10 ⁹ /L]	Na	=133	[135 - 145]
RBC	=5.1	[3.9 - 5.5x10 ¹² /L]	K	=3.8	[3.5 - 5.0]

Hb	=13.0	[12.0 - 15.0g/dL]	Cl	=98	[95 - 110]
Ht	=42	[35 - 47%]	BUN	=3.4	[<8.3]
MCV	=82	[80 - 100fl]	Creat	=78	[44 - 80]
MCH	=25	[25 - 35pg]	TSH	=2.93	[0.27 - 4.20]
MHCH	=31	[30 - 37%]			
Plt	=250	[150 - 450x10 ⁹ /L]			
Lymph	=2.2	[1.00 - 4.00x10 ⁹ /L]			
Mono	=1.5	[0.10 - 1.00x10 ⁹ /L]			
Neut	=3.8	[1.80 - 7.50x10 ⁹ /L]			

5. Yin Kheum, 55F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

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

Lab result on November 8, 2013

Na	=135	[135 - 145]
K	=3.7	[3.5 - 5.0]
Cl	=95	[95 - 110]
BUN	=6.3	[<8.3]
Creat	=86	[44 - 80]
T. Chol	=6.3	[<5.7]
TG	=1.9	[<1.71]
TSH	=2.55	[0.27 - 4.20]

6. Thorn Sopheap, 37F (Backdoang Village)

Diagnosis:

1. Skin allergy
2. Eczema
3. Limited Shoulder motion post trauma/surgery

Treatment:

1. Cetirizine 10mg 1t po qhs prn itchy (#20)
2. OA cream apply bid (#2)
3. Paracetamol 500mg 1t po qir prn pain (#30)
4. Physiotherapy of the right shoulder

7. Khun Eang, 55M (Bos Pey Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Captopril 25mg 1/4t po bid (buy)
3. ASA 300mg 1/4t po qd (#15)
4. Draw blood for Lyte, BUN, Creat, Gluc, tot chole, TG, HbA1C at SHCH
5. Educate on diabetic diet, foot care, and do regular exercise

Lab result on November 8, 2013

Na	=136	[135 - 145]
K	=3.2	[3.5 - 5.0]
Cl	=99	[95 - 110]
BUN	=1.8	[<8.3]
Creat	=51	[53 - 97]

Gluc	=4.7	[4.1 - 6.1]
T. Chol	=2.9	[<5.7]
TG	=1.1	[<1.71]
HbA1C	=5.55	[4.8 - 5.9]

Note: Phone call to patient to hold medicine then re-evaluation on diabetes next follow up

8. Prum Pri, 45M (Rom Chek Village)

Diagnosis:

1. Valvulo-heart disease?
2. Thyroid disorder?

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH

Lab result on November 8, 2013

WBC	=5.8	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=3.9	[4.6 - 6.0x10 ¹² /L]	K	=4.0	[3.5 - 5.0]
Hb	=13.3	[14.0 - 16.0g/dL]	Cl	=96	[95 - 110]
Ht	=44	[42 - 52%]	BUN	=3.8	[<8.3]
MCV	=64	[80 - 100fl]	Creat	=52	[53 - 97]
MCH	=19	[25 - 35pg]	Gluc	=5.1	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	TSH	=<0.005	[0.27 - 4.20]
Plt	=312	[150 - 450x10 ⁹ /L]	Free T4	=29.98	[12.0 - 22.0]
Lymph	=2.9	[1.00 - 4.00x10 ⁹ /L]	Free T3	=12.76	[2.0 - 4.4]
Mono	=1.3	[0.10 - 1.00x10 ⁹ /L]			
Neut	=1.6	[1.80 - 7.50x10 ⁹ /L]			

Note: Start Carbimazole 5mg 1t po bid and Propranolol 40mg 1/4t po qd then recheck Free T4 in two months

Patients who come for brief consult and refill medicine

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#100)
2. Glipizide 5mg 1/2t po bid for two months (#70)
3. ASA 300mg 1/4t po qd for two months (#15)

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

Diagnosis:

1. DMII
2. Hypertriglyceride

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. Fenofibrate 100mg 1t po qd for two months (buy)
6. Captopril 25mg 1/4t po bid for two months (buy)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for four months (#100)
2. Captopril 25mg 1/4t po qd for four months (buy)
3. ASA 300mg 1/4t po qd for four months (#30)

4. Chan Him, 66F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

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

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)

6. 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 300mg 1/4t po qd for two months (#15)
4. Review on DM diet and foot care
5. Draw blood for Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on November 8, 2013

Gluc	=7.3	[4.1 - 6.1]
T. Chol	=3.7	[<5.7]
TG	=1.3	[<1.71]
HbA1C	=6.93	[4.8 - 5.9]

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

Diagnosis:

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

Treatment:

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

Lab result on November 8, 2013

Creat	=143	[53 - 97]
Gluc	=8.7	[4.1 - 6.1]
T. Chol	=3.9	[<5.7]
TG	=3.1	[<1.71]
HbA1C	=8.4	[4.8 - 5.9]

Recommendation after lab test resulted: Add Fenofibrate 100mg 1t po qd

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for four months (#150)
2. ASA 100mg 1t po qd for four months (#120)

9. Eam Neut, 62F (Taing Treuk)

Diagnosis

1. HTN

Treatment

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

10. Ek Rim, 49F (Rovieng Chheung Village)

Diagnosis:

1. HTN

Treatment:

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

11. 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)

12. Heng Sokhourn, 44F (Otalauk Village)

Diagnosis:

1. Anemia

Treatment:

1. FeSO4/Folate 200/0.25mg 1t po qd for four months (#120)
2. MTV 1t po qd for four months (#60)

13. Keth Chourn, 60M (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 2t po qd for four months (#120)

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

Diagnosis:

1. Hyperthyroidism
2. HTN

Treatment:

1. Carbimazole 5mg 1/2t po tid for two months (buy)
2. Atenolol 50mg 1t po qd for two months (#60)

15. 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 (#100)
3. MTV 1t po qd for two months (#60)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs for four months (buy)
2. Glipizide 5mg 1t bid four months (#250)
3. Captopril 25mg 1/4t bid four months (buy)

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

Diagnosis:

1. Anemia
2. Thyroid disorder?

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 Free T4 at SHCH

Lab result on November 8, 2013

Free T4=**10.41** [12.0 - 22.0]

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

Diagnosis:

1. Hyperthyroidism

Treatment:

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

19. Kong Soeun, 31M (Backdoang Village)

Diagnosis:

1. DMII

Treatment:

1. Glipizide 5mg 1t po bid for two months (#130)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on November 8, 2013

Gluc =**8.5** [4.1 - 6.1]
HbA1C =**6.09** [4.8 - 5.9]

20. Kouch Be, 82M (Thnout Malou Village)

Diagnosis

1. HTN

2. COPD

Treatment

1. Amlodipine 5mg 1t po qd for four months (#50)
2. Albuterol Inhaler 2 puffs prn SOB for four months (#2)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (buy)
2. Glipizide 5mg 2t po bid for two months (#250)
3. ASA 100mg 1t po qd for two months (#60)

22. Moeung Srey, 50F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. Amlodipine 5mg 1t po qd for four months (#60)

23. Nong Khon, 61F (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

25. Nung Hun, 80M (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII with PNP
2. HTN

Treatment:

1. Metformin 500mg 1t bid for four months (#200)
2. Captopril 25mg 1/2t bid for four months (buy)
3. Simvastatin 20mg 1t po qhs for four months (buy)
4. ASA 100mg 1t po qd for four months (#120)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM for two months (#100)
2. ASA 100mg 1t po qd for two months (#60)
3. Draw blood for Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on November 8, 2013

Gluc	=8.8	[4.1 - 6.1]
T. Chol	=5.2	[<5.7]
TG	=2.5	[<1.71]
HbA1C	=7.16	[4.8 – 5.9]

28. Pech Huy Keung, 51M (Rovieng Cheung Village)**Diagnosis:**

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#100)
2. Metformin 500mg 3t po qAM and 2t po qPM for four months (#100)
3. Captopril 25mg 1t po bid for four months (buy)
4. Atenolol 50mg 1/2t po qd for four mnths (#50)
5. ASA 100mg 1t po qd for four months (#120)

29. Preum Proy, 53M (Thnout Malou Village)**Diagnosis:**

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#100)
2. Metformin 500mg 2t po bid for two months (buy)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on November 8, 2013

Gluc	=13.6	[4.1 - 6.1]
HbA1C	=9.31	[4.8 – 5.9]

Recommendation after lab test resulted: Increase Metformin 500mg 3t qAM and 2t qPM

30. Prum Pheum, 47F (Bakdoang Village)**Diagnosis:**

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#100)
2. Glibenclamide 5mg 1/2t po bid for two months (#60)
3. Captopril 25mg 1/4t po bidd two months (buy)
4. ASA 300mg 1/4t po qd two months (#15)
5. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on November 8, 2013

Creat	=77	[44 - 80]
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Gluc =15.5 [4.1 - 6.1]
T. Chol =4.6 [<5.7]
TG =3.5 [<1.71]
HbA1C =12.27 [4.8 – 5.9]

31. 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

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

Diagnosis:

1. Epilepsy

Treatment:

1. Carbamazepine 200mg 1/2t po bid for four months (#120)
2. Paracetamol 500mg 1t po qid prn HA/fever for four months (#30)

33. Prum Vandy, 50F (Taing Treuk Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)
3. Draw blood for Free T4 at SHCH

Lab result on November 8, 2013

Free T4=11.04 [12.0 - 22.0]

Recommendation after lab test resulted: Reduce Carbimazole 5mg 1t po qd

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

Diagnosis:

1. DMII
2. HTN
3. Osteoarthritis

Treatment:

1. Metformin 500mg 2t po bid for two months (#150)
2. Captopril 25mg 1t po bid for two months (buy)
3. Atenolol 50mg 1/2t po qd for two months (#30)
4. Paracetamol 500mg 1-2t po qid prn for two months (#20)
5. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on November 8, 2013

Creat =50 [44 - 80]
Gluc =8.8 [4.1 - 6.1]
T. Chol =5.6 [<5.7]
TG =2.6 [<1.71]
HbA1C =7.35 [4.8 – 5.9]

35. Sam Khim, 50F (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#100)
2. Glipizide 5mg 2t po bid for two months (#250)
3. Pioglitazone 15mg 1t po qd for two months (#70)
4. Captopril 25mg 1/2t po bid for two months (buy)
5. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on November 8, 2013

Creat	=81	[44 - 80]
Gluc	=18.8	[4.1 - 6.1]
T. Chol	=4.3	[<5.7]
TG	=5.8	[<1.71]
HbA1C	=12.95	[4.8 - 5.9]

36. Sam Thourng, 32F (Thnal Keng Village)

Diagnosis:

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm²)

Treatment:

1. Atenolol 50mg 1t po qd for four months (buy)
2. ASA 300mg 1/4t po qd for four months (#30)
3. HCTZ 25mg 1t po qd for four months (#90)

37. Sam Yom, 64F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. Euthyroid goiter

Treatment:

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

Lab result on November 8, 2013

Free T4=15.46 [12.0 - 22.0]

39. Seng Ourng, 63M (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1t po tid for two months (buy)
2. HCTZ 25mg 1t po qd for two months (#30)
3. Glibemclamide 5mg 1/2t bid for two months (buy)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on November 8, 2013

Gluc =5.3 [4.1 - 6.1]
HbA1C =6.01 [4.8 – 5.9]

40. 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 300mg 1/4t qd for two months (#15)
5. Carbimazole 5mg 1t po bid for two months (#100)
6. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#200)
2. Glipizide 5mg 1t po bid for two months (#130)
3. Captopril 25mg 1/4t po qd for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)
5. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on November 8, 2013

Creat =63 [44 - 80]
Gluc =27.1 [4.1 - 6.1]
HbA1C =8.41 [4.8 – 5.9]

42. Som An, 66F (Rovieng Tbong)

Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg 1/2t po bid for four months (#60)
2. HCTZ 50mg 1t po qd for four months (buy)

43. Som Hon, 53F (Thnal Keng Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

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

Treatment:

1. Metformin 500mg 1t po bid for two months (#150)
2. Captopril 25mg 1/2t po bid for two months (buy)
3. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on November 8, 2013

Creat	=80	[53 - 97]
Gluc	=5.0	[4.1 - 6.1]
T. Chol	=6.2	[<5.7]
TG	=1.3	[<1.71]
HbA1C	=5.15	[4.8 – 5.9]

45. Sun Ronakse, 42F (Sre Thom Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN
3. PTB

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (#200)
2. Metformin 500mg 2t qAM and 3t po qPM for two months (buy)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)
5. Receive TB treatment from local health center
6. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on November 8, 2013

Creat	=77	[44 - 80]
Gluc	=15.8	[4.1 - 6.1]
HbA1C	=11.36	[4.8 – 5.9]

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

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (buy)
2. Metformin 500mg 2t po bid for two months (#150)
3. Captopril 25mg 1/4t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)
5. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on November 8, 2013

Creat	=58	[44 - 80]
Gluc	=16.1	[4.1 - 6.1]
T. Chol	=4.8	[<5.7]
TG	=1.3	[<1.71]
HbA1C	=12.41	[4.8 – 5.9]

Recommendation after lab test resulted: Add Pioglitazone 15mg 1t po qd

48. Tay Kimseng, 55F (Taing Treuk Village)

Diagnosis:

1. HTN
2. Obesity

Treatment:

1. Atenolol 50mg 1/2t po bid for four months (#50)
2. HCTZ 25mg 1t po qd for four months (#90)

49. Teav Vandy, 67F (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. Hyperthyroidism

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for four months (#100)
2. Glipizide 5mg 1t po bid for four months (#250)
3. Captopril 25mg 1/2t po bid for four months (buy)

52. Tith Hun, 58F (Ta Tong Village)

Diagnosis:

1. HTN

Treatment:

1. Lisinopril 5mg 1t po qd for four months (#120)
2. HCTZ 25mg 1t po qd for four months (#90)
3. Atenolol 50mg 1/2t po qd for four months (buy)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

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

Diagnosis:

1. DMII

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

56. Yin Hun, 76F (Taing Treuk Village)**Diagnosis:**

1. HTN
2. UTI

Treatment:

1. Lisinopril 5mg 2t po qd for two months (#120)
2. Propranolol 40mg 1/4t po qd for two months (#20)
3. Amlodipine 5mg 1t po qd for two months (#70)
4. Ciprofloxacin 200mg 2t po bid for 3d (#12)
5. MTV 1t po qd for two months (#60)

**The next Robib TM Clinic will be held on
January 6 - 10, 2014**