

Robib *Telemedicine* Clinic

Preah Vihear Province

J A N U A R Y 2 0 1 4

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

On Monday, January 6, 2014, 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), January 7 & 8, 2014, the Robib TM Clinic opened to receive the patients for evaluations. There were 4 new cases and 2 follow up case seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM CCH/MGH in Boston and Phnom Penh on Wednesday and Thursday, January 8 & 9, 2014.

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](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Cornelia Haener](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Robib School 1](#)
Sent: Tuesday, December 31, 2013 8:31 AM
Subject: Schedule for Robib Telemedicine Clinic January 2014

Dear all,

I would like to inform you that there will be Robib TM Clinic in January 2014 which starts from January 6 to 10, 2014.

The agenda for the trip is as following:

1. On Monday January 6, 2014, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday January 7, 2014, 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 January 8, 2014, the activity is the same as on Tuesday
4. On Thursday January 9, 2014, 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 January 10, 2014, 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, January 07, 2014 5:55 PM
Subject: Robib TM Clinic January 2014, Case#1, Kheum Chamreun, 50M

Dear all,

There are two new cases and one follow up cases for the first day of Robib TM clinic January 2014. This is case number 1, Kheum Chamreun, 50M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Kheum Chanreun, 50M (Koh Lourng Village)

Chief Complaint (CC): Right shoulder pain x 15 days

History of Present Illness (HPI): 50M, farmer, presented with right shoulder pain without erythema, swelling. The pain has occurred when carrying heavy things and during cold weather and got better with pain killer which he got from local health care worker. The pain recurred again and again in several days when he didn't take medicine. He also reported of click sound with shoulder motion. He denied of trauma history.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 2 packs of cig per day for over 10y, stopped 1y; casual EtOH

Current Medications: Pain killer prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: 146/87 P: 93 R: 18 T: 36°C Wt: 53Kg

General: Stable

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

Right shoulder: No muscle atrophy, no swelling, no erythema, no warmth, full range of motion, muscle strength +5/5

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

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

Extremity/Skin: No legs edema

Lab/study: None

Assessment:

1. Sprain of right shoulder joint
2. Elevated blood pressure

Plan:

1. Ibuprofen 200mg 2t po bid prn
2. Avoid carrying heavy things
3. Do regular exercise, eat low fats diet
4. Recheck BP in next follow up

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: January 7, 2014

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

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From: [Cornelia Haener](#)

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

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

Sent: Tuesday, January 07, 2014 7:53 PM

Subject: RE: Robib TM Clinic January 2014, Case#1, Kheum Chamreun, 50M

Dear Sovann,

Thanks for presenting this case. I would like to know when he feels pain, is it in abduction, elevation or rotation of the shoulder? Any trigger point?

At this age I suspect pain due to degeneration of the rotator cuff. The treatment would still be the same as you suggest.

Kind regards
Cornelia

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, January 08, 2014 3:55 PM
Subject: Re: Robib TM Clinic January 2014, Case#1, Kheum Chamreun, 50M

Dear Dr. Cornelia,

The patient can move with full ROM of shoulder joint without pain, maybe because He has been on pain killer. I can feel crepitus on rotation of shoulder.

Thanks for your reply to Telmedicine cases in this month.

Best regards,
Sovann

From: [Cornelia Haener](#)
To: ['Robib Telemedicine'](#) ; ['Rithy Chau'](#) ; ['Kruy Lim'](#) ; ['Kathy Fiamma'](#) ; ['Paul Heinzelmann'](#) ; ['Joseph Kvedar'](#)
Cc: ['Bernie Krisher'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#)
Sent: Wednesday, January 08, 2014 4:04 PM
Subject: RE: Robib TM Clinic January 2014, Case#1, Kheum Chamreun, 50M

Dear Sovann,
Thanks for the feedback. I guess he has degenerative changes of his rotator cuff but not severe yet.
Your treatment is certainly helping him.

Kind regards
Cornelia

From: Patel, Dinesh,M.D.
Sent: Wednesday, January 08, 2014 3:47 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic January 2014, Case#1, Kheum Chamreun, 50M

Thank you for contacting us.

This gentleman most likely has rotator cuff tendinitis or bursitis
I would tell him to avoid any overhead work.
Ice and gentle motion but no overhead
If too painful than a sling for week can reduce the pain
Hopefully this will get better.
If still persists let me know
Dinesh Patel, MD

Dr. Dinesh Patel, M.D.
Chief of Arthroscopic Surgery
Associate Clinical Professor
Harvard Medical School
Massachusetts General Hospital
Yawkey 3G-3053
Boston, MA 02114

617-726-3555 (Office)
617-726-5349 (Fax)
dgpatel@partners.org
dgpatel@mgh.harvard.edu

From: [Robib Telemedicine](#)
To: [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Cornelia Haener](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, January 07, 2014 5:56 PM
Subject: Robib TM Clinic January 2014, Case#2, Sourn Monyroth, 9M

Dear all,

This is case number 2, Sourn Monyroth, 9M 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: Sourn Monyroth, 9M (Taing Treuk Village)

Chief Complaint (CC): Chin lump for 5 years

History of Present Illness (HPI): 9M, 3-grade student, with history of falling from the 3 meter-height house in the past 5 years. His grandmother said there was a small lump on left side of the chin with erythema, swelling and pain. He had not received medical examination or treatment. When he grew up, the lump has progressively increased in size and noticed of echymosis, no pain, no fever then in February 2013, he was brought to Kantha Bopha children hospital in Siem Reap and told it was a hematoma and treated with oral medicine (unknown name) 1/2t twice day for 50 days. In the next follow up, he was treated with another 50 days of the same medicine but the lump still persisted so he was brought to consult with Telemedicine clinic today.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Second child among four children

Current Medications: None

Allergies: NKDA



Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: / P: 90 R: 22 T: 36°C Wt: 20Kg

General: Stable

HEENT: Lump about 2x3cm on left side of chin, soft, no pain, no erythema, no swelling, no fluctuation; No oropharyngeal lesion with normal dentures, pink conjunctiva, no icterus, no neck lymph node palpable, normal ears exam

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

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

Extremity/Skin: No legs edema

Lab/study: None

Assessment:

1. Subcutaneous hematoma (post traumatic)

Plan:

1. Ibuprofen 200mg 1t po bid
2. Send patient to Kg Thom for lump ultrasound

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: January 7, 2014

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

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From: [Cornelia Haener](#)

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

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

Sent: Tuesday, January 07, 2014 7:50 PM

Subject: RE: Robib TM Clinic January 2014, Case#2, Sourn Monyroth, 9M

Dear Sovann,

I agree with your assessment and plan. It is most likely an old organized hematoma.

Kind regards

Cornelia

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, January 08, 2014 3:50 PM

Subject: Re: Robib TM Clinic January 2014, Case#2, Sourn Monyroth, 9M

Dear Dr. Cornelia,

The patient had the ultrasound done at Kg Thom today and the conclusion is lipoma.

Best regards,
Sovann

From: [Cornelia Haener](#)

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

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

Sent: Wednesday, January 08, 2014 3:58 PM

Subject: RE: Robib TM Clinic January 2014, Case#2, Sourn Monyroth, 9M

Dear Sovann,
Thanks for the feedback.

Cornelia

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, January 07, 2014 5:59 PM

Subject: Robib TM Clinic January 2014, Case#3, Ream Sim, 58F

Dear all,

This is the case number 3 (follow up case), Ream Sim, 58F and photos. Please wait for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

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

SOAP Note



Name/Age/Sex/Village: Ream Sim, 58F (Thnal Keng Village)

Subjective: 58F was seen and diagnosed with HTN, DMII and Osteoarthritis in November 2011 and got treatment with Metformin 500mg 2t po bid, Captopril 25mg 1/4t po bid, and Paracetamol 500mg 1t po qid prn. In March 2013, the blood pressure was elevated with tachycardia so Atenolol 50mg 1/2t was added to above treatment. In November 2013, Captopril was increased to 25mg 1t po bid because of uncontrolled blood pressure. In the mid of December 2013, she presented with several times per day of watery diarrhea with mucus for two days and fever, then she was seen by local health care worker and treated with Antibiotic injection for 7days which stopped the diarrhea. Now she noticed of fatigue, dizziness, feeling hungry and denied of oliguria, dysuria.

Current Medications:

1. Metformin 500mg 2t po bid
2. Captopril 25mg 1t po bid
3. Atenolol 50mg 1/2t po qd
4. Paracetamol 500mg 1t po qid prn

Allergies: NKDA

Objective

PE:

Vital sign: BP: 203/113 P: 76 R: 18 T: 36°C Wt: 69Kg

General: Stable, obesity

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

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

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

Extremity/Skin: No legs edema, no rash/lesion, 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: 69mg/dl (asked patient to eat one banana then one hour later, BS: 78mg/dl)

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



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]

Assessment:

1. Uncontrolled HTN
2. DMII (hypoglycemic complication?)
3. Osteoarthritis

Plan:

1. Metformin 500mg 2t po bid (recheck BS next day, if still low, reduce Metformin)
2. Captopril 25mg 1t po bid
3. Atenolol 50mg 1t po qd
4. ASA 100mg 1t po qd
5. Review on diabetic diet, and foot care

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

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

Examined by: Nurse Sovann Peng

Date: January 7, 2014

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

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No answer replied

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, January 08, 2014 3:57 PM

Subject: Robib TM Clinic Januaary 2014, Case#4, Hem Hong, 55M

Dear all,

There are two new cases and one follow up case for second day of Robib Telemedicine clinic January 2014. This is case number 4, continued from yestday, Hem Hong, 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



Name/Age/Sex/Village: Hem Hong, 55M (Otalauk Village)

Chief Complaint (CC): Generalized joints pain x 1 year

History of Present Illness (HPI): 55M, farmer, presented with symptoms of pain, swelling, warmth, and stiffness of the joints of PIP, MCP, Wrist, Metatarsal, ankle. The stiffness got worse in the morning and better during the day. He got treatment from local health care worker with Antibiotic IM injection and oral pain killer which reduced the symptoms for a while then recurred again. Then these symptoms attacked the joints of knee, elbow and shoulder, he went to provincial referral hospital and admitted there for 5days. He said he has got several times of attack for this one year. Now the symptoms have got better with pain killer but mild pain still persists.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking tobacco for over 20y, stopped 1y; casual EtOH

Current Medications: Pain killer prn

Allergies: NKDA

Review of Systems (ROS): One month history of Epigastric burning pain, burping with sour taste, radiation to the back without treatment, no bloody/mucus stool

PE:

Vital sign: BP: 160/80 (both arms) P: 84 R: 18 T: 36.5°C Wt: 54Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck 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

Joint of extremities: no erythema, no swelling, no warmth, no stiffness, no deformity

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

Rectal: good sphincter tone, no mass palpable, negative hemocult

Lab/study:

Blood sugar: 127mg/dl

U/A: protein 1+, no blood, no glucose

Assessment:

1. Osteoarthritis
2. HTN
3. GERD

Plan:

1. Ibuprofen 200mg 2t po tid prn
2. Paracetamol 500mg 1-2t po qid prn
3. HCTZ 25mg 1t po qd
4. Ranitidine 150mg 1t po qhs for one month
5. Metoclopramide 10mg 1t po qhs for 10d
6. Mebendazole 100mg 5t po qhs once
7. GERD prevention education
8. Do regular exercise, eat low fats diet
9. Draw blood for CBC, Lyte, Creat, Tot chole, TG, RF 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: January 8, 2014

Please send all replies to robibtelemmed@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: Wednesday, January 08, 2014 3:58 PM

Subject: Robib TM clinic January 2014, Case#5, Yeum Choeun, 62M

Dear all,

This is case number 5, Yeum Choeun, 62M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Yeum Choeun, 62M (Rovieng Tbong Village)

Chief Complaint (CC): Sore throat x 7 days

History of Present Illness (HPI): 62M, farmer, was brought to consult with Telemedicine clinic because he presented with 7 days of sore throat, hoarse voice, fever, odynophagia, poor appetite, fatigue. He has been seen by local health care worker and treated with IV fluid and oral antibiotic for 3 days. His daughter said he drank alcohol about 1/2L per day almost every day and developed symptoms of tremor, insomnia. He had few time of unconscious and admitted to local health center.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking tobacco for over 20y; Drinking alcohol 1/2t per day for over 10y

Current Medications:

1. Oral antibiotic (unknown name) 1t po bid

Allergies: NKDA

Review of Systems (ROS): No chest pain, no SOB, no blurred vision, no abdominal pain, no bloody/mucus stool, no oliguria, no dysuria, no legs edema

PE:

Vital sign: BP: 80/60 (both arms) HR: 105 R: 20 T: 36.5°C Wt: 50Kg
(He got IV NSS bolus for 1L then BP: 90/68, HR: 90, then continue NSS 500mL)

General: Stable, no tachypnea

HEENT: Erythema on the posterior wall of pharynx with exudataion, no pus, no tonsil enlargement, no neck LN palpable, pink conjunctiva, no thyroid enlargement; normal ears exam

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

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

Extremities/Skin: Dryn skin, no rash/lesion

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

Lab/study:

Blood sugar: 143mg/dl

Assessment:

1. Dehydration
2. Alcoholism
3. Vitamin deficiency
4. Pharyngitis

Plan:

1. Infusion NSS 1L bolus then run 100mL/cc for another 500mL
2. Vitamin B complex infusion 10mL in NSS 500mg for 3 days
3. Multivitamin 1t po qd
4. Augmentin 625mg 1t po tid for 7days
5. Ibuprofen 200mg 2t po tid for 3days
6. Draw blood for CBC, Lyte, Creat, 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: January 8, 2014

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

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No answer replied

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, January 08, 2014 4:01 PM

Subject: Robib TM clinic January 2014, Case#5, Som Yoeun, 56F

Dear all,

This is the last case of Robib TM clinic January 2014, SomYoeun, 56F and photo. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly for the patients who will come to receive treatment at evening.

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

Best regards,
Sovann

Robib Telemedicine Clinic

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

SOAP Note



Name/Age/Sex/Village: Som Yoeun, 56F (Backdoang Village)

Subjective: 56F was seen in 2008 for skin problem and come today complaining of right knee joint pain without swelling, erythema, stiffness which has occurred for 2weeks. The pain has not been varied for the whole day. She went to consult in private clinic and treated with Ibuprofen 400mg 1t po bid which reduce the pain but she developed the pain again when she didn't take medicine for few days. She denied of trauma.

Current Medications:

1. Ibuprofen 400mg 1t po bid prn

Allergies: NKDA

Objective

PE:

Vital sign: BP: 140/70 P: 80 R: 18 T: 36°C Wt: 65Kg

General: Stable

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

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

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

Joints: Right knee: mild pain with motion, full ROM, no erythema, no swelling, no stiffness, no crepitus; other joints look normal

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

Lab/study: None

Assessment:

1. Osteoarthritis
2. Borderline hypertension

Plan:

1. Ibuprofen 200mg 2t po tid for 5days
2. Paracetamol 500mg 1-2t po qid prn
3. Warmth compression on right knee
4. Do regular exercise and eat low fats diet
5. Recheck blood pressure in next follow up

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: January 8, 2014

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

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No answer replied

Thursday, January 9, 2014

Follow-up Report for Robib TM Clinic

There were 4 new patients and 2 follow up patient seen during this month Robib TM Clinic, and other 49 patients came for brief consult and medication refills, and 47 new patients seen by PA Rithy for minor problem without sending data. The data of all 6 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 January 2014

1. Kheum Chanreum, 50M (Koh Lourng Village)

Diagnosis:

1. Rotator cuff degenerative change
2. Elevated blood pressure

Treatment:

1. Ibuprofen 200mg 2t po bid prn (#30)
2. Avoid carrying heavy things
3. Do regular exercise, eat low fats diet
4. Recheck BP in next follow up

2. Sourn Monyroth, 9M (Taing Treuk Village)

Diagnosis:

1. Subcutaneous hematoma (post traumatic)

Treatment:

1. Ibuprofen 200mg 1t po bid (#10)

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

Diagnosis:

1. Uncontrolled HTN
2. DMII
3. Osteoarthritis

Treatment:

1. Metformin 500mg 2t po bid for two months (#150)
2. Captopril 25mg 1t po bid (buy)
3. Atenolol 50mg 1t po qd (#60)
4. ASA 100mg 1t po qd (#60)
5. Review on diabetic diet, and foot care

4. Hem Hong, 55M (Otalauk Village)

Diagnosis:

1. Osteoarthritis
2. HTN
3. GERD

Treatment:

1. Paracetamol 500mg 1-2t po qid prn (#30)
2. HCTZ 25mg 1t po qd (#60)
3. Ranitidine 150mg 1t po qhs for one month (#30)
4. Metoclopramide 10mg 1t po qhs for 10d (#10)
5. Mebendazole 100mg 5t po qhs once (#5)
6. GERD prevention education
7. Do regular exercise, eat low fats diet
8. Draw blood for CBC, Lyte, Creat, Tot chole, TG, RF at SHCH

Lab result on January 10, 2014

WBC	=12.3	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=5.6	[4.6 - 6.0x10 ¹² /L]	K	=4.0	[3.5 - 5.0]
Hb	=14.5	[14.0 - 16.0g/dL]	Cl	=100	[95 - 110]
Ht	=46	[42 - 52%]	Creat	=76	[53 - 97]
MCV	=82	[80 - 100fl]	T. Chol	=4.0	[<5.7]
MCH	=26	[25 - 35pg]	TG	=1.3	[<1.7]
MHCH	=31	[30 - 37%]			
Plt	=320	[150 - 450x10 ⁹ /L]			
Lymph	=2.4	[1.00 - 4.00x10 ⁹ /L]			

Mono	=0.5	[0.10 - 1.00x10 ⁹ /L]
Neut	=9.4	[1.80 - 7.50x10 ⁹ /L]

5. Yeum Choeun, 62M (Rovieng Tbong Village)

Diagnosis:

1. Dehydration
2. Alcoholism
3. Vitamin deficiency
4. Pharyngitis

Treatment:

1. Infusion NSS 1L bolus then run 100mL/cc for another 500mL
2. Vitamin B complex infusion 10mL in NSS 500mg for 3 days
3. Multivitamin 1t po qd (#60)
4. Augmentin 625mg 1t po tid for 7days (#21)
5. Ibuprofen 200mg 2t po tid for 3days (#20)
6. Draw blood for CBC, Lyte, Creat, LFT at SHCH

Lab result on January 10, 2014

WBC	=9.6	[4 - 11x10 ⁹ /L]	Na	=128	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10 ¹² /L]	K	=3.6	[3.5 - 5.0]
Hb	=10.9	[14.0 - 16.0g/dL]	Cl	=96	[95 - 110]
Ht	=34	[42 - 52%]	Creat	=59	[53 - 97]
MCV	=66	[80 - 100fl]	ALT	=40	[<41]
MCH	=21	[25 - 35pg]	AST	=56	[<40]
MHCH	=32	[30 - 37%]			
Plt	=102	[150 - 450x10 ⁹ /L]			
Lymph	=3.3	[1.00 - 4.00x10 ⁹ /L]			
Mono	=0.8	[0.10 - 1.00x10 ⁹ /L]			
Neut	=5.5	[1.80 - 7.50x10 ⁹ /L]			

6. Som Yoeun, 56F (Backdoang Village)

Diagnosis:

1. Osteoarthritis
2. Borderline hypertension

Treatment:

1. Ibuprofen 200mg 2t po tid for 5days (#30)
2. Paracetamol 500mg 1-2t po qid prn (#30)
3. Warmth compression on right knee
4. Do regular exercise and eat low fats diet
5. Recheck blood pressure in next follow up

Patients who come for brief consult and refill medicine

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

Diagnosis:

1. HTN

Treatment:

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

2. 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 tid for two months (buy)

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

Diagnosis:

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

Treatment:

1. Metformin 500mg 2t po bid for two months (#200)
2. Captopril 25mg 1t po bid for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)
4. Review on DM diet and foot care

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

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid for two months (buy)
2. Propranolol 40mg 1/4t po qd for two months (#15)
3. Draw blood for Free T4 at SHCH

Lab result on January 10, 2014

Free T4=16.63 [12.0 - 22.0]

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

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 2t po bid for two months (buy)
2. Propranolol 40mg ¼ t po qd for two months (#20)
3. Draw blood for Free T4 at SHCH

Lab result on January 10, 2014

Free T4=16.81 [12.0 - 22.0]

7. Heng Chey, 73M (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. HTN

Treatment:

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

9. Heng Pheary, 33F (Thkeng Village)

Diagnosis:

1. Asthma

Treatment:

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

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

Diagnosis:

1. Hyperthyroidism
2. HTN

Treatment:

1. Carbimazole 5mg 1/2t po tid for two months (buy)
2. Propranolol 40mg 2t po bid for two months (#60)
3. Captopril 25mg 1t po bid for two months (buy)
4. Draw blood for Free T4 at SHCH

Lab result on January 10, 2014

Free T4=19.24 [12.0 - 22.0]

11. Keum Kourn, 66F (Thkeng Village)

Diagnosis:

1. Euthyroid goiter
2. HTN

Treatment:

1. Atenolol 50mg 1t po d for two months (#60)
2. HCTZ 25mg 1t po qd for two months (#70)
3. Carbimazole 5mg 1/2t po tid for two months (#100)
4. MTV 1t po qd for two months (#60)
5. Draw blood for CBC, Lyte, Creat and Free T4 at SHCH

Lab result on January 10, 2014

WBC	=6.0	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	=9.8	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=33	[35 - 47%]	Creat	=71	[44 - 80]
MCV	=74	[80 - 100fl]	Free T4	=22.96	[12.0 - 22.0]
MCH	=22	[25 - 35pg]			
MHCH	=29	[30 - 37%]			
Plt	=300	[150 - 450x10 ⁹ /L]			
Lymph	=2.0	[1.00 - 4.00x10 ⁹ /L]			

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

Diagnosis:

1. HTN
2. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (buy)
2. Metformin 500mg 1t po bid for two months (#100)

3. Captopril 25mg 1t po bid for two months (buy)
4. ASA 100mg 1t po qd for two months (#60)
5. Amitriptylin 25mg 1/4t po qhs for two months (#20)
6. Draw blood for glucose and HbA1C at SHCH

Lab result on January 10, 2014

Gluc =9.2 [4.1 - 6.1]
 HbA1C =8.84 [4.8 – 5.9]

13. 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. Fenofibrate 100mg 1t po qd for two months (buy)
5. Captopril 25mg 1/4t po bid for two months (buy)
6. Draw blood for glucose, TG and HbA1C at SHCH

Lab result on January 10, 2014

Gluc =10.9 [4.1 - 6.1]
 TG =2.3 [<1.7]
 HbA1C =7.38 [4.8 – 5.9]

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (buy)
2. Glibenclamide 5mg 2t po bid for two months (#250)
3. ASA 100mg 1t po qd for two months (#60)
4. Draw blood for glucose and HbA1C at SHCH

Lab result on January 10, 2014

Gluc =9.6 [4.1 - 6.1]
 HbA1C =8.35 [4.8 – 5.9]

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

Diagnosis:

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

Treatment:

1. HCTZ 25mg 1t po qd for four months (#120)
2. MTV 1t po qd for four months (#120)
3. Paracetamol 500mg 1t po qid for four months (#30)

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

Diagnosis:

1. HTN
2. Osteoarthritis

Treatment:

1. HCTZ 25mg 1t po qd for four months (#80)
2. Atenolol 50mg 1/2t po qd for four months (buy)
3. Paracetamol 500mg 1-2t po qid prn pain for four months (#40)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

Lab result on January 10, 2014

Creat	=140	[44 - 80]
Gluc	=5.7	[4.1 - 6.1]
T. Chol	=5.9	[<5.7]
TG	=2.7	[<1.71]
HbA1C	=7.35	[4.8 - 5.9]

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#200)
2. Metformin 500mg 3t po qAM and 2t po qPM for four months (buy)
3. Captopril 25mg 1/2t po bid for four months (buy)
4. ASA 100mg 1t po qd for four months (#120)

19. Prum Pheum, 47F (Bakdoang Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t po bid for two months (#150)
2. Glibenclamide 5mg 1t po bid for two months (#60)
3. Captopril 25mg 1/2t po bid two months (buy)
4. Atenolol 50mg 1/2t po qd for two months (#30)
5. ASA 100mg 1t po qd two months (#60)

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

Diagnosis:

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

Treatment:

1. Spironolactone 25mg 1t po qd for two months (#70)
2. Furosemide 40mg 1/2t po bid for two months (#70)
3. Propranolol 40mg 1/2t po bid for two months (#70)

4. Paracetamol 500mg 1t po qid prn pain two months (#30)
5. Allopurinol 100mg 1t po qd for two months (#70)
6. MTV 1t po qd for two months (#60)
7. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

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

Diagnosis:

1. Hyperthyroidism
2. HTN

Treatment:

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

Lab result on January 10, 2014

Free T4=**32.26** [12.0 – 22.0]

Recommendation after lab resulted: Increased Carbimazole 5mg 1t po tid

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

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1/2t po bid for two months (buy)
2. HCTZ 25mg 1t po qd for two months (#60)
3. MTV 1t po qd for two months (#60)

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

Diagnosis:

1. Hyperthyroidism

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN
3. Osteoarthritis

Treatment:

1. Metformin 500mg 2t po bid for four months (#150)
2. Captopril 25mg 1t po tid for four months (buy)
3. Atenolol 50mg 1t po qd for four months (#60)
4. Paracetamol 500mg 1-2t po qid prn for four months (#30)

25. Ros Yeth, 60M (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 (#150)
3. Captopril 25mg 1t po bid for two months (buy)
4. Amlodipine 5mg 1t po qd for two months (#60)

5. Draw blood for Creat, Glucose, TG and HbA1C

Lab result on January 10, 2014

Creat	=132	[53 - 97]
Gluc	=11.0	[4.1 - 6.1]
TG	=3.7	[<1.71]
HbA1C	=9.40	[4.8 – 5.9]

Recommendation after lab resulted: Increased Glibenclamide 5mg 2t po bid

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for four months (#200)
2. Glipizide 5mg 2t po bid for four months (#250)
3. Pioglitazone 15mg 1t po qd for four months (#120)
4. Captopril 25mg 1/2t po bid for four months (buy)

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

Diagnosis

1. HTN

Treatment

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

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

Diagnosis:

1. HTN
2. Anxiety
3. Renal insufficiency

Treatment:

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

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

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1/2t po tid for four months (#60)

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

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1t po tid for four months (buy)
2. HCTZ 25mg 1t po qd for four months (buy)
3. Glibemclamide 5mg 1/2t bid for four months (#120)

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

Diagnosis:

1. Mod-severe MR/TR, mild AR with normal EF

2. Atrial fibrillation?
3. Hyperthyroidism

Treatment:

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

Lab result on January 10, 2014

Free T4=19.72 [12.0 - 22.0]

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for four months (#240)
2. Glipizide 5mg 1t po bid for four months (#130)
3. Captopril 25mg 1/4t po qd for four months (buy)
4. ASA 300mg 1t po qd for four months (#60)

33. Som Hom, 77M (Chhnourn Village)

Diagnosis:

1. DMII

Treatment:

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

34. 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 (#60)
3. ASA 100mg 1t po qd for two months (#60)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on January 10, 2014

Gluc =9.0 [4.1 - 6.1]
HbA1C =7.06 [4.8 - 5.9]

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

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN

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. Pioglitazone 15mg 1t po qd for two months (buy)
4. Captopril 25mg 1t po bid for two months (buy)
5. ASA 100mg 1t po qd for two months (#60)
6. Receive TB treatment from local health center

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

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#200)
2. Metformin 500mg 2t po bid for four months (#200)
3. Pioglitazone 15mg 1t po qd for four months (buy)
4. Captopril 25mg 1/4t po bid for four months (buy)
5. ASA 100mg 1t po qd for four months (#120)

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

Diagnosis:

1. DMII
2. HTN

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 (buy)
4. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on January 10, 2014

Creat	=64	[44 - 80]
Gluc	=13.0	[4.1 - 6.1]
HbA1C	=12.48	[4.8 - 5.9]

Recommendation after lab resulted: Add Glibenclamide 5mg 1t po bid

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

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN

Treatment:

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

Lab result on January 10, 2014

Gluc =8.4 [4.1 - 6.1]
HbA1C =8.08 [4.8 – 5.9]

42. Uy Noang, 62M (Thnout Malou Village)**Diagnosis:**

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformine 500mg 2t po bid for two months (#150)
3. Captopril 25mg 1t po bid for two months (buy)
4. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on January 10, 2014

Creat =59 [44 - 80]
Gluc =10.4 [4.1 - 6.1]
HbA1C =11.14 [4.8 – 5.9]

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

43. Yin Kheum, 55F (Chhnourn Village)**Diagnosis:**

1. HTN

Treatment:

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

44. Yung Seum, 69F (Taing Treuk Village)**Diagnosis:**

1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 25mg 1t po qd for four months (#90)
2. Ranitidine 150mg 1t po qhs for one month (#30)

45. Yun Yeung, 75M (Doang Village)**Diagnosis:**

1. HTN

Treatment:

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

46. 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)
5. Draw blood for Glucose, Tot chole, and HbA1C at SHCH

Lab result on January 10, 2014

Gluc	=6.9	[4.1 - 6.1]
Tot chole	=8.5	[<5.7]
HbA1C	=6.88	[4.8 - 5.9]

47. Theum Sithath, 26F (Kampot Village)**Diagnosis:**

1. Euthyroid goiter

Treatment:

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

Lab result on January 10, 2014

Free T4	=14.19	[12.0 - 22.0]
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48. Pech Huy Keung, 51M (Rovieng Cheung Village)**Diagnosis:**

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#100)
2. Metformin 500mg 3t po qAM and 2t po qPM for two months (#100)
3. Captopril 25mg 1t po bid for two months (buy)
4. Amlodipine 5mg 1t po qd for two mnths (#60)
5. ASA 100mg 1t po qd for two months (#60)

49. Eam Neut, 62F (Taing Treuk)**Diagnosis**

1. HTN

Treatment

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

**The next Robib TM Clinic will be held on
March 3 - 7, 2014**