

Robib *Telemedicine* Clinic

Preah Vihear Province

M A Y 2 0 1 4

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

On Monday, May 5, 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), May 6 & 7, 2014, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 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, May 7 & 8, 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](#) ; [Cornelia Haener](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

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

Sent: Monday, April 28, 2014 8:55 AM

Subject: Schedule for Robib TM Clinic May 2014

Dear all,

I would like to inform you that there will be Robib TM Clinic in May 2014 which starts from May 5 to 9, 2014.

The agenda for the trip is as following:

1. On Monday May 5, 2014, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday May 6, 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 May 7, 2014, the activity is the same as on Tuesday
4. On Thursday May 8, 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 May 9, 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: [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)
Cc: [Bernie Krisher](#) ; [Jason Reinhardt](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, May 06, 2014 5:06 PM
Subject: Robib TM clinic May 2014, Case#1, Duch Channy, 52M

Dear all,

There are one new and one follow up case for first day of Robib TM clinic May 2014. This is case number 1, Duch Channy, 52M 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: Duch Channy, 52M (Taing Treuk Village)

Chief Complaint (CC): Extremities numbness x one month

History of Present Illness (HPI): 52M, farmer, had presented with symptoms of polydypsia, polyuria, fatigue and weight loss (10kg) since October 2013, he went to have blood sugar checked with resulted 180mg/dl but he didn't get treatment for that yet. One month later, he was seen and admitted to medicine department of provincial hospital and diagnosed with DMII and treated with IV fluid and few kinds of medicine (unknown name) for 8 days. He was discharged with oral medicine then he didn't return for follow up. For the last one month, he presented with symptoms of feet and hands numbness. He denied of chest pain, fever, cough, syncope, oliguria, hematuria, skin lesion, foot wound, blurred vision.

Past Medical History (PMH)/Past surgical history: Tonsilectomy in 2009

Family History: Aunt with DMII

Social History: Married with 3 children; Smoking 1/2pack of cig per day for over 10years; casual EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: 90/60 (both arms) P: 76 R: 18 T: 36.5°C Wt: 52Kg

General: look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; Heart: regular rate and rhythm, no murmur

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

Extremities/Skin: No foot wound, no edema, no skin lesion; positive lower extremities pulse

MS/Neuro: MS +5/5, motor and sensory intact (light touch and position sense), DTRs +2/4, normal gait

Lab/study:

FBS: 406mg/dl

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

Assessment:

1. DMII with PNP

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Amitriptylin 25mg 1/4t po qhs
4. ASA 100mg 1t po qd
5. Draw blood for Glucose, Tot chole, TG, Creat, and HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: May 6, 2014

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

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From: [Paul Heinzelmann](#)

To: [Fiamma, Kathleen M.](#) ; [Robib Telemed](#) ; [Rithy Chau](#)

Sent: Thursday, May 08, 2014 2:20 AM

Subject: Re: FW: Robib TM clinic May 2014, Case#1, Duch Channy, 52M

Sovann,

Great assessment! You need to be careful with risk of hypoglycemia with metformin and glibenclamide.... I would probably just go with one new medicine for diabetes (either metformin or glibenclamide) and increase as-needed after the hemoglobin A1C is back.

As you have it, there are 4 new medications for this patient to start with some BID dosing, high risk of side effects such as hypoglycemia, dizziness, ect.

***Pearl:** Fewer medications, minimal side effect risk, and easy dosing (i.e. qd>bid>tid) = greater probability that patients will take medicine as prescribed = greater likelihood of better outcomes*

I would start metformin 1000mg QD at evening meal (if the cost isnt much different than glibenclamide), hold the amitriptyline and glibenclamide for now.

(Hyperglycemia alone can cause tingling/numbness so once the sugars are corrected, you may not need anything like amitriptyline).

ASA is a good idea.

labs you suggest are good - if vitamin B-12 is available, I'd check that too as B12 deficiency can cause tingling

Paul Heinzelmann, MD

From: [Robib Telemedicine](#)

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

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

Sent: Tuesday, May 06, 2014 5:09 PM

Subject: Robib TM clinic May 2014, Case#2, Sao Phal, 66F

Dear all,

This is case number 2, Sao Phal, 66F (follow up case) and photos. Please waiting for other cases which will be sent to you tomorrow.

Best regards,
Sovann

Robib Telemedicine Clinic

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

SOAP Note

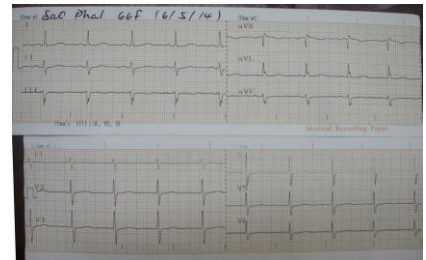


Name/Age/Sex/Village: Sao Phal, 66F (Thnout Malou Village)

Subjective: 66F has been seen and diagnosed with HTN, Anxiety and renal insufficiency (Creat:150) and treated with HCTZ 25mg 1t po qd, Amitriptylin 25mg 1/2t po qhs, MTV 1t po qd and Paracetamol 500mg 1t po qid prn HA/Fever. She became stable and controlled blood pressure for over two years. For the last two weeks, she presented with chest tightness, palpitation, cold extremities, diaphoresis, and dizziness. She denied of fever, cough, SOB, orthopnea, oliguria, dysuria, leg edema, nausea, vomiting, bowel movement change. She went to consult in local health center and stayed here for 5days. During these five days, she got treatment with IV fluid NSS infusion, Cimetidine. She became a bit better but still complained of insomnia, tremor, heat intolerance, abdominal bloating, epigastric burning pain. She said she has poor economic status so she worries more.

Current Medications: As above

Allergies: NKDA



Objective:

PE:

Vital sign: BP: 125/77 (both arms) P: 75 R: 18 T: 36.5°C Wt: 60Kg

General: look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; Heart: regular rate and rhythm, no murmur

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

Extremities/Skin: No foot wound, no edema, no skin lesion; positive dorsalis pedis and posterior tibial pulse

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

Lab/study:

FBS: 117mg/dl

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

EKG attached

Assessment:

1. HTN
2. Anxiety
3. Renal insufficiency
4. Dyspepsia

Plan:

1. Enalapril 5mg 1/2t po qd
2. Amitriptylin 25mg 1/4t po qhs
3. MTV 1t po qd
4. Paracetamol 500mg 1t qid prn HA/fever
5. Ranitidine 150mg 1t po qd
6. Mebendazole 100mg 5t po qhs once
7. Draw blood for CBC, Lyte, Creat, Glucose, Tot chole, TG, and 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: May 6, 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: [Cornelia Haener](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)

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

Sent: Wednesday, May 07, 2014 3:35 PM

Subject: Robib TM clinic May 2014, Case#3, Kun Hem, 52F

Dear all,

There are five new cases and one follow up case for second day of Robib TM clinic May 2014. This is case number 3, continued from yesterday, Kun Hem, 52F 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: Kun Hem, 52F (Rovieng Tbong Village)

Chief Complaint (CC): Neck mass x 2 months

History of Present Illness (HPI): 52F, farmer, noticed of a small lump on anterior of neck, pain on swallowing, warmth. She said it developed in a few days after upper respiratory infection like pharyngitis or common cold, and disappeared after infection resolved. She got Antibiotic treatment from local health care worker but it developed again and again.



Past Medical History (PMH)/Past surgical history: Unremarkable

Family History: Brother with DMII, Arthritis

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

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): No GI complaint, no bowel movement change, normal urination

PE:

Vital sign: BP: 112/73 P: 90 R: 18 T: 36°C Wt: 60Kg

General: look stable

HEENT: Erythema on the pharynx, no lesion, no pus, no neck LN palpable; small mass about 1x2cm on anterior of neck, firm, smooth, tender on palpation, mobile on swallowing; ear exam with normal mucosa and intact tympanic membrane

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

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

Extremities/Skin: No edema, no skin lesion; positive lower extremities pulse

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

Lab/study: None

Assessment:

1. Pharyngitis
2. Thyroglossal duct cyst?

Plan:

1. Amoxicillin 500mg 1t po tid for 7days
2. Ibuprofen 200mg 3t po tid for 3days

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

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

Sent: Wednesday, May 07, 2014 9:17 PM

Subject: RE: Robib TM clinic May 2014, Case#3, Kun Hem, 52F

Dear Sovann,

Thanks for submitting this case. Unfortunately, you did not attach any pictures.

Kind regards

Cornelia

From: [Robib Telemedicine](#)

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

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

Sent: Thursday, May 08, 2014 6:38 AM

Subject: Re: Robib TM clinic May 2014, Case#3, Kun Hem, 52F

Dear Dr. Cornelia,

These are the photos for this patient. Sorry for inconvenient in attaching the files.

Best regards,

Sovann

From: [Cornelia Haener](#)

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

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

Sent: Thursday, May 08, 2014 1:58 PM

Subject: RE: Robib TM clinic May 2014, Case#3, Kun Hem, 52F

Dear Sovann,

Thanks for your email. I would like to consider de Quervain thyroiditis as well. Is it possible to do an ESR?

Thanks
Cornelia

From: [Barbesino, Giuseppe, M.D.](#)
To: [Fiamma, Kathleen M.](#) ; rithychau.sihosp@gmail.com ; [ROBIB](#)
Sent: Thursday, May 08, 2014 1:15 AM
Subject: RE: Robib TM clinic May 2014, Case#3, Kun Hem, 52F

If mass is on midline and above the larynx, then possible thyroglossal duct cyst. If is anterior but not midline, then the differential includes lymphadenopathy, branchial cleft cyst

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

From: [Robib Telemedicine](#)
To: [Paul Heinzelmann](#) ; [Cornelia Haener](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#)
Cc: [Bernie Krisher](#) ; [Jason Reinhardt](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, May 07, 2014 3:37 PM
Subject: Robib TM Clinic May 2014, Case#4, Prum Mang, 75F

Dear all,

This is case number 4, Prum Mang, 75F 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: Prum Mang, 75F (O Village)

Chief Complaint (CC): Neck mass x 2 years

History of Present Illness (HPI): 75F, farmer, presented with a thumb size mass and symptoms of fatigue, palpitation, poor appetite and insomnia. The mass progressively increased in size to about 4x5cm. She got treatment from local health care worker with IV fluid and oral medicine (unknown name) but the symptoms still persist. She was advised to seek consultation with TM clinic.

Past Medical History (PMH)/Past surgical history: Unremarkable

Family History: None

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

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): No GI complaint, no bowel movement change, normal urination

PE:

Vital sign: BP: 121/82 (both arms) P: 84 R: 18 T: 36.5°C Wt: 37Kg

General: look stable

HEENT: Neck mass about 4x5cm on right side of anterior neck, soft, regular border, smooth, mobile on swallowing, no tender, no bruit, no neck NL palpable; No oropharyngeal lesion, pink conjunctiva

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

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

Extremities/Skin: No edema, no skin lesion; positive lower extremities pulse

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

Lab/study: None

Assessment:

1. Goiter

Plan:

1. MTV 1t po qd
2. Draw blood for CBC, Creatinine, 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: May 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'](#) ; ['Paul Heinzelmann'](#) ; ['Joseph Kvedar'](#) ; ['Rithy Chau'](#) ; ['Kruy Lim'](#) ; ['Kathy Fiamma'](#)
Cc: ['Bernie Krisher'](#) ; ['Jason Reinhardt'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#)
Sent: Wednesday, May 07, 2014 9:19 PM
Subject: RE: Robib TM Clinic May 2014, Case#4, Prum Mang, 75F

Dear Sovann,
Thanks for submitting this case. I agree with your assessment and plan.

Kind regards
Cornelia

From: [Barbesino, Giuseppe,M.D.](#)
To: [Fiamma, Kathleen M.](#)
Cc: [Fiamma, Kathleen M.](#) ; ['rithychau.sihosp@gmail.com'](#) ; ['ROBIB'](#)
Sent: Wednesday, May 07, 2014 11:54 PM
Subject: RE: Robib TM Clinic May 2014, Case#4, Prum Mang, 75F

I agree with this assessment. A neck ultrasound however would be useful to further characterize this mass, especially if thyroid function tests come back normal, as this would suggest a "cold" nodule. If solid on ultrasound, then consideration of biopsy or removal should be given, as this is a large mass.

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](#) ; [Jason Reinhardt](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, May 07, 2014 3:38 PM
Subject: Robib TM Clinic May 2014, Case#5, Chan Ourn, 65F

Dear all,

This is the case number 5, Chan Ourn, 65F 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: Chan Ourn, 65F (Bakdoang Village)

Chief Complaint (CC): Extremities numbness x 1 year

History of Present Illness (HPI): 65F, farmer, presented with symptoms of extremities numbness (burning sensation), fatigue, and weight loss but without

polyuria, polydipsia, polyphagia. She got treatment from local health care worker with IV fluid NSS and few kinds of oral medicine (unknown name) but the symptoms still persist.

Past Medical History (PMH)/Past surgical history: Unremarkable

Family History: None

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

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): No GI complaint, no bowel movement change, no foot wound

PE:

Vital sign: BP: 123/81 (both arms) P: 96 R: 18 T: 36.5°C Wt: 32Kg

General: look stable, cachexia

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

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

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

Extremities/Skin: No foot wound, no edema, no skin lesion; positive lower extremities pulse

MS/Neuro: MS +5/5, motor and sensory intact (light touch and position sense), DTRs +2/4, normal gait

Lab/study:

RBS: 502mg/dl

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

Assessment:

1. DMII with PNP

Plan:

1. Glibenclamide 5mg 1t po bid
2. Amitriptylin 25mg 1/4t po qhs
3. ASA 100mg 1t po qd
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for Creat, Glucose, Tot chole, TG, and HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: May 7, 2014

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

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From: [Kreinsen, Carolyn Hope, M.D., M.Sc.](mailto:Kreinsen,Carolyn.Hope.M.D.,M.Sc.)
To: Fiamma, Kathleen M. ; 'robibtelemed@gmail.com'
Cc: 'rithychau.sihosp@gmail.com'
Sent: Friday, May 09, 2014 5:08 AM
Subject: RE: Robib TM Clinic May 2014, Case#5, Chan Ourn, 65F

Hi Sovann,

Your diagnosis seems right on target! Given the peripheral neuropathy for one year, it seems as though this woman may have had diabetes for a number of years. Her random blood sugar was quite high as was the level of sugar in her urine. Thankfully (and surprisingly) there were no ketones. Do you have any idea as to how much weight she has lost over the past year or two? She will require very close monitoring. I suspect, despite the saline, that she is still dehydrated due to the osmotic diuresis from the sugar passing through her kidneys. Orthostatic vital signs – lying, sitting and standing - would be helpful. She is mildly tachycardic – perhaps from dehydration. Her blood pressure is high normal. However, I'd keep an eye on that since it may be higher once her situation has stabilized and she is rehydrated. In that event, an ACE inhibitor – I think you have captopril and ? lisinopril – would be helpful to manage her pressure and to protect her kidneys.

I recommend that you add on to her labs, in addition to those you noted, electrolytes and a BUN along with the serum creatinine. I think it would be useful to be able to have the GFR calculated to evaluate for chronic kidney disease. I'd also advise a full set of fasting lipids – total cholesterol, LDL, HDL and triglycerides. If the LDL is greater than 100, you should consider starting her on a low dosage statin medicine. She is at risk for coronary artery disease. Excellent that you started the low dosage aspirin! I also recommend liver function tests in the event that you might want to add in metformin or a statin. It's surprising, but certainly good, that her sensory exam in her feet is normal despite her very high sugar and long-term paresthesias/numbness. It may be useful to check a Vitamin B12 level and a TSH to rule out other common and correctable causes of numbness that may be factoring in. The low dosage amitriptyline should be helpful for the neuropathy. That medication can increase heart rate and this woman's heart rate is already elevated. However, that may correct with lower sugars and improved hydration. Gabapentin 100 mg in the evening would be a good alternative if you have it in your formulary.

You might consider easing in the glibenclamide – maybe 5 mg every day for a week, recheck the blood sugar, and then increase to twice a day, if tolerated. I'd make certain that she is able to eat. I always am cautious in my own practice since the sulfonylurea medications can cause hard to reverse low blood sugar if a patient isn't eating. Education is going to be really important for this woman's future health. It sounds as though you've done a great job with that!

At some point, this patient should have a diabetic eye exam, if available.

Hope this is helpful! Take good care,

Carolyn K

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, May 07, 2014 3:40 PM

Subject: Robib TM clinic May 2014, Case#6, Kin Sok, 35F

Dear all,

This is case number 6, Kin Sok, 35F 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: Kin Sok, 35F (Bos Pey Village)

Chief Complaint (CC): Palpitation x 6 years

History of Present Illness (HPI): 35F, farmer, presented with symptoms of palpitation (rapid heart beating) and excessive sweating without SOB, fever, dizziness, syncope, insomnia, tremor. She got treatment from local pharmacy with few medicines (unknown name) and she got better just for a while then the symptoms appeared again and again. She denied of aggravating symptoms.

Past Medical History (PMH)/Past surgical history: Unremarkable

Family History: Sister with goiter (hyperthyroidism)

Social History: Married with one baby (two months old) with breast feeding, no cig smoking, no EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): No GI complaint, no bowel movement change, normal urination

PE:

Vital sign: BP: 113/74 P: 96 R: 18 T: 36.5°C Wt: 42Kg

General: look stable

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

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

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

Extremities/Skin: No edema, no skin lesion; positive lower extremities pulse

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

Lab/study:

Blood Sugar: 98mg/dl

Assessment:

1. Thyroid dysfunction?

Plan:

1. FerSO4/Folate 200/0.4mg 1t po bid
2. MTV 1t po bid
3. Draw blood for CBC, and 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: May 7, 2014

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. ; rithychau.sihosp@gmail.com ; [ROBIB](#)

Sent: Wednesday, May 07, 2014 11:57 PM

Subject: RE: Robib TM clinic May 2014, Case#6, Kin Sok, 35F

I agree with this assessment, but I have to add that a blood sugar at 598 mg /dL as reported below requires hospital admission, tests for ketones and electrolytes, IV fluid and IV insulin.

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

From: [Robib Telemedicine](#)

To: Barbesino, Giuseppe.M.D. ; Fiamma, Kathleen M. ; rithychau.sihosp@gmail.com

Sent: Thursday, May 08, 2014 6:46 AM

Subject: Re: Robib TM clinic May 2014, Case#6, Kin Sok, 35F

Dear Dr. Giuseppe Barbesino,

The blood sugar for this patient was only 98mg/dl. Sorry for error in typing.

Best regards,
Sovann

From: [Robib Telemedicine](#)

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

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

Sent: Wednesday, May 07, 2014 3:41 PM

Subject: Robib TM Clinic May 2014, Case#7, Phork Hourn, 70M

Dear all,

This is case number 7, Phork Hourn, 70M 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: Phork Hourn, 70M (Bakdoang Village)

Chief Complaint (CC): Both knee pain x 3 years

History of Present Illness (HPI): 70M, farmer, presented with symptoms of both knee joint pain, and morning stiffness without swelling, warmth, erythema. The stiffness got better after some activity. He got treatment with pain killer bought from local pharmacy when the pain occurred. He denied of other joint pain, or trauma history.

Past Medical History (PMH)/Past surgical history: Unremarkable

Family History: Brother with arthritis

Social History: Smoking 1/2pack of cig per day for over 20y, stopped 20y; casual EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): No GI complaint, no bowel movement change, normal urination

PE:

Vital sign: BP: 93/69 (both arms) P: 91 R: 18 T: 36.5°C Wt: 42Kg

General: look stable

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

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

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

Joint: Both knee without erythema, warmth, swelling, full ROM

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

Lab/study: None

Assessment:

1. Osteoarthritis

Plan:

1. Ibuprofen 200mg 2t po tid prn severe pain
2. Paracetamol 500mg 1t po qid prn pain

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

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

Examined by: Nurse Sovann Peng

Date: May 7, 2014

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

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From: Patel, Dinesh,M.D.

Sent: Saturday, May 10, 2014 9:13 AM

To: Fiamma, Kathleen M.

Cc: Patel, Dinesh,M.D.

Subject: Re: Robib TM Clinic May 2014, Case#7, Phork Hourn, 70M

Agree with plans

Perhaps heat locally

Avoid anti inflammatory more than two weeks and reduce it slowly to avoid any side effects as stomach

trouble etc
Add to that exercises and maybe simple knee supports
Looks like patient has medial compartment and patella arthritis
Doing well
Thanks
D
Dinesh Patel MD

From: [Robib Telemedicine](#)
To: [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)
Cc: [Bernie Krisher](#) ; [Jason Reinhardt](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, May 07, 2014 3:45 PM
Subject: Robib TM clinic May 2014, Case#8, So Chhorm, 77M

Dear all,

This is the last case of Robib TM clinci May 2014, So Chhorm, 77M (follow up case). Please reply to the cases before Thursday afternoon then treatment plan can be made accordingly.

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: So Chhorm, 77M (Thkeng Village)

Subjective: 77M has been seen from January to August 2011, diagnosed with HTN and treated with HCTZ 25mg 1t qd. He didn't come for follow up and in 2012, he developed dizziness, excessive sweating, and right side weakness, he was brought to Kg Thom referral hospital and treated with Amlodipine 5mg 1t po qd. The weakness progressively became better with ability to move hand and leg but less power than before. He said he still presented with frequent dizziness but denied syncope, SOB, cough, edema.

Current Medications: Amlodipine 5mg 1t po qd

Allergies: NKDA

Objective:

PE:

Vital sign: BP: 153/75 (both arms) P: 79 R: 18 T: 36.5°C Wt: 37Kg

General: look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; Heart: regular rate and rhythm, no murmur

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

Extremities/Skin: No edema, no skin lesion; positive dorsalis pedis and posterior tibial pulse

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

Lab/study:

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

Assessment:

1. HTN

Plan:

1. Amlodipine 5mg 1t po qd
2. HCTZ 50mg 1/2t po qd
3. Do regular exercise
4. Draw blood for Lyte, Creat, Glucose, Tot chole, TG 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: May 7, 2014

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, May 07, 2014 1:56 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM clinic May 2014, Case#8, So Chhorm, 77M

It sounds like he developed a small lacunar stroke related to uncontrolled hypertension that presented with right hemiplegia that has largely recovered fortunately. It is quite imperative to control his blood pressure aggressively to avoid another lacunar, or even worse, a cortical stroke that would be more devastating. Adding HCTZ is a good first step but may not be enough to control the blood pressure. I would advise adding lisinopril starting at 5 mg daily as well and continue with the amlodipine 5 mg, rather than just increasing amlodipine to 10 mg alone as it will be more

effective and will avoid ankle edema. I agree with the lab tests to check lipids and renal function. He should be seen again within a month.

Heng Soon

Thursday, May 8, 2014

Follow-up Report for Robib TM Clinic

There were 6 new patients and 2 follow up patient seen during this month Robib TM Clinic, and other 45 patients came for brief consult and medication refills, and 23 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 Telemedicie Clinic May 2014

1. Duch Channy, 52M (Taing Treuk Village)

Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. ASA 100mg 1t po qd (#60)
3. Draw blood for Glucose, Tot chole, TG, Creat, and HbA1C at SHCH

Lab result on May 9, 2014

Creat	=66	[53 - 97]
Gluc	=26.8	[4.1 - 6.1]
T. Chol	=4.6	[<5.7]
TG	=3.5	[<1.71]
HbA1C	=19.52	[4.8 - 5.9]

2. Sao Phal, 66F (Thnout Malou Village)

Diagnosis:

1. HTN
2. Anxiety
3. Renal insufficiency
4. Dyspepsia

Treatment:

1. Enalapril 5mg 1/2t po qd (#40)
2. Amitriptylin 25mg 1/4t po qhs (#20)
3. MTV 1t po qd (#60)
4. Paracetamol 500mg 1t qid prn HA/fever (#30)
5. Ranitidine 150mg 1t po qd (#30)
6. Mebendazole 100mg 5t po qhs once (#5)
7. Draw blood for CBC, Lyte, Creat, Glucose, Tot chole, TG, and TSH at SHCH

Note: Patient didn't come for blood drawing

3. Kun Hem, 52F (Rovieng Tbong Village)**Diagnosis:**

1. Pharyngitis
2. Thyroglossal duct cyst?

Treatment:

1. Ibuprofen 200mg 3t po tid for 3days (#20)

4. Prum Mang, 75F (O Village)**Diagnosis:**

1. Goiter

Treatment:

1. MTV 1t po qd

Note: Patient didn't come to receive treatment

5. Chan Ourn, 65F (Bakdoang Village)**Diagnosis:**

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid (#130)
2. ASA 100mg 1t po qd (#65)
3. Educate on diabetic diet, foot care and regular exercise
4. Draw blood for Creat, Glucose, Tot chole, TG, and HbA1C at SHCH

Lab result on May 9, 2014

Creat	=121	[44 - 80]
Gluc	=15.5	[4.1 - 6.1]
T. Chol	=5.3	[<5.7]
TG	=2.0	[<1.71]
HbA1C	=13.9	[4.8 - 5.9]

6. Kin Sok, 35F (Bos Pey Village)**Diagnosis:**

1. Thyroid dysfunction?

Treatment:

1. FerSO4/Folate 200/0.4mg 1t po bid (#120)
2. MTV 1t po bid (#120)
3. Draw blood for CBC, Lyte, Creat, Malaria smear, TSH and free T4 at SHCH

Lab result on May 9, 2014

WBC	=4.3	[4 - 11x10 ⁹ /L]	Na	=136	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10 ¹² /L]	K	=3.2	[3.5 - 5.0]
Hb	=11.1	[12.0 - 15.0g/dL]	Cl	=100	[95 - 110]

Ht	=36	[35 - 47%]
MCV	=76	[80 - 100fl]
MCH	=23	[25 - 35pg]
MHCH	=31	[30 - 37%]
Plt	=283	[150 - 450x10 ⁹ /L]
Lymph	=2.0	[1.00 - 4.00x10 ⁹ /L]

Creat	=44	[44 - 80]
TSH	=<0.005	[0.27 - 4.20]
Free T4	=>100	[12.0 - 22.0]

Malaria smear= negative

7. Phork Hourn, 70M (Bakdoang Village)

Diagnosis:

1. Osteoarthritis

Treatment:

1. Ibuprofen 200mg 2t po tid prn severe pain (#30)
2. Paracetamol 500mg 1t po qid prn pain (#30)

8. So Chhorm, 77M (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd (buy)
2. HCTZ 50mg 1/2t po qd (#40)
3. Do regular exercise
4. Draw blood for Lyte, Creat, Glucose, Tot chole, TG at SHCH

Lab result on May 9, 2014

Na	=133	[135 - 145]
K	=3.5	[3.5 - 5.0]
Cl	=93	[95 - 110]
Creat	=82	[53 - 97]
Gluc	=4.9	[4.1 - 6.1]
T. Chol	=7.0	[<5.7]
TG	=3.9	[<1.71]

Patients who come for brief consult and refill medicine

1. Heng Phy, 31F (O Village)

Diagnosis:

1. Goiter
2. Hyperthyroidism

Treatment:

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

Lab result on May 9, 2014

Free T4	=3.29	[12.0 - 22.0]
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Recommendation after lab test resulted: Reduce Carbimazole 5mg 1t po tid

2. Seng Phea, 35F (O Village)

Diagnosis:

1. Epileptic seizure

Treatment:

1. Phenytoin 100mg 1t po qd for two months (#70)

3. Hea Sok Leng, 23F (Doang Village)

Diagnosis:

1. Eczema

Treatment:

1. Desoximethasone 0.05% apply bid until the rash gone (#2)
2. Cetirizine 10mg 1t po qhs prn itchy (#10)

4. 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 pain (#40)
3. Losartan 50mg 1t po bid for two months (#120)
4. Draw blood for CBC, Lyte, Creat, Uric acid at SHCH

Lab result on May 9, 2014

WBC	=11.1	[4 - 11x10 ⁹ /L]	Na	=125	[135 - 145]
RBC	=3.6	[4.6 - 6.0x10 ¹² /L]	K	=5.3	[3.5 - 5.0]
Hb	=10.0	[14.0 - 16.0g/dL]	Cl	=92	[95 - 110]
Ht	=31	[42 - 52%]	Creat	=259	[53 - 97]
MCV	=86	[80 - 100fl]	Uric Aci	=583	[200 - 420]
MCH	=28	[25 - 35pg]			
MHCH	=33	[30 - 37%]			
Plt	=465	[150 - 450x10 ⁹ /L]			
Lymph	=2.0	[1.00 - 4.00x10 ⁹ /L]			

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

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for four months (#60)
2. Captopril 25mg 1/2t po bid for four months (buy)

6. 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 (#50)
3. Captopril 25mg 1t po bid for two months (buy)
4. Draw blood for Creat, and Free T4 at SHCH

Lab result on May 9, 2014

Creat	=54	[44 - 80]
Free T4	=17.51	[12.0 - 22.0]

7. Keum Kourn, 66F (Thkeng Village)

Diagnosis:

1. Euthyroid goiter
2. HTN

Treatment:

1. Atenolol 50mg 1t po qd for two months (#60)
2. HCTZ 50mg 1/2t po qd for two months (#30)
3. Carbimazole 5mg 1/2t po tid for two months (#100)
4. MTV 1t po qd for two months (#60)
5. Draw blood for Free T4 at SHCH

Lab result on May 9, 2014

Free T4=21.90 [12.0 - 22.0]

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for four months (#125)
2. Glibenclamide 5mg 1t bid four months (#120)
3. Captopril 25mg 1/2t bid four months (buy)

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

Diagnosis:

1. Hyperthyroidism

Treatment:

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

Lab result on May 9, 2014

Free T4=**55.93** [12.0 – 22.0]

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

Diagnosis:

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

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (#65)
2. MTV 1t po qd for four months (#120)
3. Paracetamol 500mg 1t po qid for four months (#30)

11. 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 50mg 1/2t po qd for two months (#30)
5. ASA 100mg 1t po qd for two months (#60)
6. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Creat =171 [44 - 80]
Gluc =3.3 [4.1 - 6.1]
HbA1C =6.99 [4.8 - 5.9]

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

Diagnosis:

1. DMII with PNP
2. HTN

Treatment:

1. Metformin 500mg 1t bid for two months (#120)
2. Captopril 25mg 1t bid for two months (buy)
3. Simvastatin 20mg 1t po qhs for two months (#60)
4. ASA 100mg 1t po qd for two months (#60)

13. Pech Huy Keung, 51M (Rovieng Cheung Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#150)
2. Metformin 500mg 3t po qAM and 2t po qPM for four months (#125)
3. Captopril 25mg 1t po bid for four months (buy)
4. Amlodipine 5mg 1t po qd for four months (#40)
5. ASA 100mg 1t po qd for four months (#100)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#80)
2. Metformin 500mg 3t po qAM and 2t po qPM for two months (#100)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 81mg 1t po qd for two months (#60)
5. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Creat =79 [53 - 97]
Gluc =10.3 [4.1 - 6.1]
HbA1C =9.38 [4.8 - 5.9]

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#100)
2. ASA 100mg 1t po qd for two months (#60)
3. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Creat =125 [44 - 80]
Gluc =8.9 [4.1 - 6.1]
HbA1C =7.31 [4.8 - 5.9]

16. 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 (#60)
2. Furosemide 40mg 1/2t po bid for two months (#60)
3. Propranolol 40mg 1/2t po bid for two months (#60)
4. Paracetamol 500mg 1t po qid prn pain two months (#30)
5. Allopurinol 100mg 1t po qd for two months (#60)
6. MTV 1t po qd for two months (#60)
7. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

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

Diagnosis:

1. Hyperthyroidism
2. HTN

Treatment:

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

Lab result on May 9, 2014

Free T4=8.40 [12.0 - 22.0]

Recommendation after lab test resulted: Reduce Carbimazole 5mg 1/2t po tid

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

Diagnosis:

1. Uncontrolled HTN
2. DMII
3. Osteoarthritis

Treatment:

1. Metformin 500mg 2t po bid for two months (#120)
2. Captopril 25mg 2t po bid for two months (buy)
3. Atenolol 50mg 1t po qd for two months (#60)
4. Amlodipine 5mg 1t po qd for two months (#53)
5. ASA 100mg 1t po qd for two months (#60)
6. Review on diabetic diet, and foot care
7. Draw blood for Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Gluc =14 [4.1 - 6.1]
HbA1C =10.2 [4.8 - 5.9]

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#125)
2. Glibenclamide 5mg 2t po bid for two months (#200)
3. Pioglitazone 15mg 1t po qd for two months (buy)
4. Captopril 25mg 1/2t po bid for two months (buy)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Gluc =6.7 [4.1 - 6.1]
 HbA1C =12.04 [4.8 – 5.9]

20. 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 (buy)
3. Glibenclamide 5mg 1/2t bid for two months (#60)
6. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Creat =114 [53 - 97]
 Gluc =6.8 [4.1 - 6.1]
 HbA1C =6.55 [4.8 – 5.9]

21. 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)

22. 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 (#100)
2. Captopril 25mg 1/2t po bid for two months (buy)
3. ASA 81mg 1t po qd for two months (#60)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Gluc =5.4 [4.1 - 6.1]
 HbA1C =5.41 [4.8 – 5.9]

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#150)
2. Glibenclamide 5mg 1t po bid for two months (#120)
3. Captopril 25mg 1/4t po qd for two months (buy)
4. ASA 81mg 1t po qd for two months (#60)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Gluc =5.5 [4.1 - 6.1]
HbA1C =9.36 [4.8 – 5.9]

24. Som Hom, 77M (Chhnourn Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#120)
2. Captopril 25mg 1/4t po qd for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Gluc =5.8 [4.1 - 6.1]
HbA1C =8.05 [4.8 – 5.9]

25. 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 3t qAM and 2t 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. Draw blood for Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Gluc =11.5 [4.1 - 6.1]
HbA1C =10.2 [4.8 – 5.9]

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

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for four months (#125)
2. Glibemclamide 5mg 1t po bid for four months (#200)
3. Captopril 25mg 1/2t po bid for four months (buy)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Amlodipine 5mg 1t po qd for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)
4. Draw blood for Electrolyte, Creat and HbA1C at SHCH

Lab result on May 9, 2014

Na	=137	[135 - 145]
K	=4.3	[3.5 - 5.0]
Cl	=104	[95 - 110]
Creat	=247	[53 - 97]
HbA1C	=6.63	[4.8 - 5.9]

29. Yun Yeung, 75M (Doang Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. HTN

Treatment:

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

31. 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 (#125)
2. Captopril 25mg 1t po bid for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)
4. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Creat	=64	[44 - 80]
Gluc	=11.1	[4.1 - 6.1]
HbA1C	=12.0	[4.8 - 5.9]

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

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (#50)
2. Paracetamol 500mg 1t po qid for four months (#30)

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

Diagnosis:

1. DMII
2. Skin allergy

Treatment:

1. Metformin 500mg 1t po bid for four months (#125)
2. ASA 100mg 1t po qd for four months (#120)
3. Cetirizine 10mg 1t po qhs (#10)

34. Eam Neut, 62F (Taing Treuk)

Diagnosis

1. HTN
2. Right sciatica

Treatment

1. Amlodipine 5mg 2t po qd for four months (#40)
2. Ibuprofen 200mg 2t po bid (#20)

35. Heng Pheary, 33F (Thkeng Village)

Diagnosis:

1. Asthma

Treatment:

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

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

Diagnosis:

1. DMII

Treatment:

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

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

Diagnosis:

1. HTN
2. Osteoarthritis

Treatment:

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

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

Diagnosis

1. HTN

Treatment

1. Amlodipine 5mg 1t po qd for four months (#40)

39. Prum Pheum, 47F (Bakdoang Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t po bid for two months (#120)
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)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on May 9, 2014

Gluc =10.2 [4.1 - 6.1]
HbA1C =9.44 [4.8 - 5.9]

40. 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 (#60)

41. Sao Ky, 75F (Thnout Malou Village)**Diagnosis**

1. HTN

Treatment

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

42. Seng Nimol, 19F (Trapang Reusey Village)**Diagnosis:**

1. Euthyroid goiter

Treatment:

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

43. Srey Ry, 63M (Rovieng Cheung Village)**Diagnosis:**

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for four months (#95)

44. 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 (#90)

45. 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 (#150)
3. Captopril 25mg 1/2t po bid for four months (buy)

**The next Robib TM Clinic will be held on
July 7 - 11, 2014**