Robib *Telemedicine* Clinic

Preah Vihear Province

N O V E M B E R 2 0 1 4

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

On Monday, November 10, 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), November 11 & 12, 2014, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new cases and 3 follow up case seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM CCH/MGH in Boston and Phnom Penh on Wednesday and Thursday, November 12 & 13, 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 ; Jason Reinhardt ; Thero So Nourn ; Laurie & Ed Bachrach ; Robib School 1
Sent: Monday, November 03, 2014 8:15 AM
Subject: Schedule for Robib Telemedicine Clinic November 2014

Dear all,

I would like to inform you that there will be Robib TM Clinic in November 2014 which starts from November 10 to 14, 2014.

The agenda for the trip is as following:

1. On Monday November 10, 2014, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday November 11, 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 November 12, 2014, the activity is the same as on Tuesday
4. On Thursday November 13, 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 November 14, 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 ; Cornelia Haener
Cc: Bernie Krisher ; Jason Reinhardt ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, November 11, 2014 5:36 PM
Subject: Robib TM Clinic November 2014, Case#1, Choeun Sokhy, 20F

Dear all,

There are four new cases and two follow up cases for the first days of Robib TM clinic November 2014.This is case number 1, Choeun Sokhy, 20F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

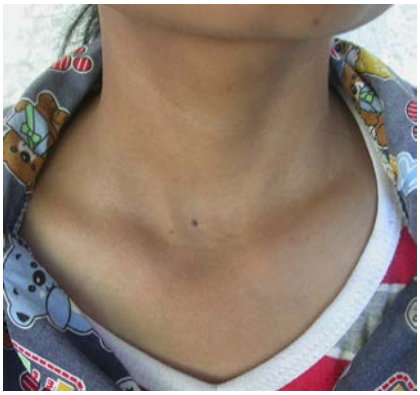
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Choeun Sokhy, 20F (O Village)**

Chief Complaint (CC): Mass on right supraclavicular area x 4months

History of Present Illness (HPI): 20F, farmer, noticed a small mass on right supraclavicular area, and about three months later, she noticed of pain with radiation to right arm, she went to consult in local health center and was advised to seek further evaluation at referral hospital but she never sought consultation. She also reports of epigastric burning pain, burping with sour taste, radiation to the back but denied vomiting, black/bloody stool.



Past Medical History (PMH): Unremarkable

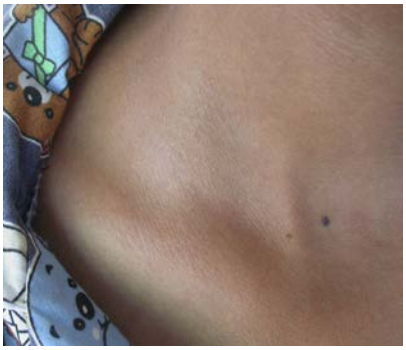
Family History: No family member with TB or cancer

Social History: No cig smoking; no EtOH; Married with two children (one death)

Current Medications: Oral contraceptive

Allergies: NKDA

Review of Systems (ROS): Regular menstruation, poor appetite, weight loss 8kg/4months, night sweating, no cough, no SOB, no breast mass

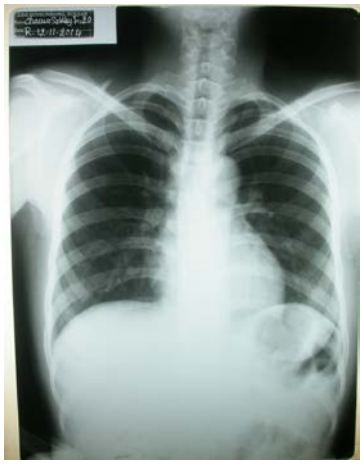


PE:

Vital sign: BP: 101/71 HR: 116 RR: 18 T: 36°C Wt: 40Kg

General: look stable

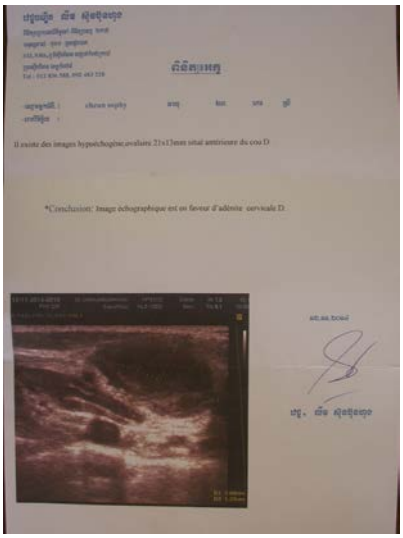
HEENT: Mass about 2x2cm on right supraclavicular area, firm, mild tender on palpation, mobile, regular border, no erythema, no bruit; no other neck LN palpable, no oropharyngeal lesion, pink conjunctiva; normal ear mucosa and intact tympanic membrane.



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 legs 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

Rectal exam: good sphincter tone, no mass palpable, negative hemoccult

Lab/study: None

Assessment:

1. TB lymph node?
2. GERD

Plan:

1. Request CXR and supraclavicular mass ultrasound at Kg Thom referral hospital tomorrow
2. Do AFB smear in local health center if sputum available
3. Omeprazole 20mg 1t po qhs for one month
4. Mebendazole 500mg 1t po qhs once
5. Ibuprofen 200mg 2t po tid PRN severe 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: November 11, 2014**

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

From: Robib Telemedicine
To: Radiology Boston ; Rithy Chau ; Kruy Lim ; Cornelia Haener ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Jason Reinhardt ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, November 12, 2014 3:41 PM
Subject: CXR and Neck mass ultrasound of patient Choeun Sokhy, 20F

Dear all,

These are CXR and neck mass ultrasound result of patient Choeun Sokhy, 20F that she went to have them done in Kg Thom this morning. The case and other photos of this patient also attached.

Best regards,
Sovann

From: Fang, Leslie S.,M.D.
Sent: Tuesday, November 11, 2014 11:40 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic November 2014, Case#1, Choeun Sokhy, 20F

Agree with planned diagnostic tests and treatment

Leslie Fang, MD

From: Robib Telemedicine
To: Cornelia Haener ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau
Cc: Bernie Krisher ; Jason Reinhardt ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, November 11, 2014 5:39 PM
Subject: Robib TM Clinic November 2014, Case#2, Satt Ra, 60F

Dear all,

This is case number 2, Satt Ra, 60F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

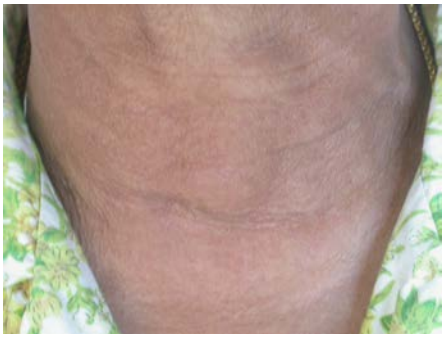
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Satt Ra, 60F (Koh Pon Village)**

Chief Complaint (CC): Neck mass x 1 year

History of Present Illness (HPI): 60F, farmer, with the past history of thyroidectomy in 1998 at provincial referral hospital and in this one year, she noticed of enlargement of the anterior to the neck, neck tension, and insomnia, but denied tremor, heat intolerance, palpitation, bowel movement change. In the one year, she never sought medical/surgical consultation or traditional treatment.



Past Medical History (PMH): Unremarkable

Family History: No family member with Goiter, HTN, or DMII

Social History: No cig smoking; no EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): 15 years post menopause

PE:

Vital sign: **BP: 128/85** **HR: 74** **RR: 18** **T: 36^{o}C** **Wt: 54Kg**

General: look stable

HEENT: Diffuse enlargement of anterior neck, Mass about 4x5cm, soft, regular border, no tender, no bruit; no neck LN palpable, no oropharyngeal lesion, pink conjunctiva

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

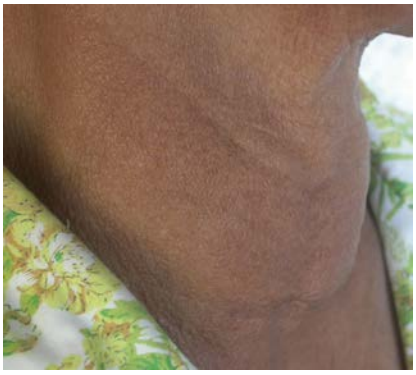
Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

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

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

Lab/study:

RBS: 96mg/dl
U/A: normal



Assessment:

1. Diffuse goiter

Plan:

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

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

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

Examined by: Nurse Sovann Peng **Date: November 11, 2014**

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

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M. ; rithychau@sihosp.org ; ROBIB
Sent: Wednesday, November 12, 2014 4:47 AM
Subject: RE: Robib TM Clinic November 2014, Case#2, Satt Ra, 60F

I agree that TFts are necessary for this woman with relapsing goiter. Would also get ultrasound if possible as one always has to worry about thyroid cancer with neck masses growing backafter thyroidectomy

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

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, November 11, 2014 5:42 PM
Subject: Robib TM Clinic November 2014, Case#3, Khom Chivin, 6M

Dear all,

This is case number 3, Khom Chivin, 6M 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: **Khom Chivin, 6M (Thnout Malou Village)**

Chief Complaint (CC): Seizure x 2 years

History of Present Illness (HPI): 6M was brought to TM clinic by his mother complaining of seizure which occurred 10days after falling down from 3m height. The seizure is tonic-clonic type without aura and accompanied by HA after he woke up from the seizure attack. He was brought to pediatric hospital in Siem Reap and diagnosed with TB meningitis and treated with 9months course medicine. The seizure still persists and frequently developed at night and noticed of urine incontinence as well so he was brought to provincial hospital and was treated with Phenytoin 100mg 1/2t po bid.

Past Medical History (PMH): Unremarkable

Family History: Grandmother with hyperthyroidism

Current Medications: Phenytoin 100mg 1/2t po bid

Allergies: NKDA

Review of Systems (ROS): No fever, no cough, no SOB

PE:

Vital sign: **BP: /** **HR: 90** **RR: 22** **T: 36^{o}C** **Wt: 18Kg**

General: look stable

HEENT: No oropharyngeal lesion, pink conjunctive, 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

Extremities/Skin: No legs edema, no skin lesion

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

Lab/study: None

Assessment:

1. Epilepsy (post traumatic)

Plan:

1. Carbamazpine 200mg 1/2t po bid
2. Draw blood for CBC, Lyte, Creat, Transaminase, TSH at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: November 11, 2014**

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

No answer replied

From: Robib Telemedicine
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Jason Reinhardt ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, November 11, 2014 5:44 PM
Subject: Robib TM Clinic November 2014, Case#4, Thorng Soeun, 46M

Dear all,

This is case number 4, Thorng Soeun, 46M 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: Thorng Soeurn, 46M (Bos Pey Village)

Chief Complaint (CC): Left leg pain x 7 months and epigastric pain x 1 month

History of Present Illness (HPI): 46M, farmer, presented with pain starting from buttock radiating down the left leg. This pain occurred when he stood or

walked for a long time. He went to consult with private clinic in Kg Thom province and was diagnosed with sciatica and treated with One IM injection and oral medicine for 20 days, which made him better. In this month, he developed epigastric burning pain, radiated to the back, no vomiting, no black/bloody stool, and got treatment with traditional medicine but not better.

Past Medical History (PMH): Unremarkable

Family History: No family member with Goiter, HTN, or DMII

Social History: Smoking 10cig/day for over 20yrs; casual EtOH

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): fatigue, polyphagia, polyuria, no numbness/tingling, no foot wound, no blurred vision

PE:

Vital sign: BP: 114/79 HR: 81 RR: 18 T: 37^{o}C Wt: 64Kg

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 legs edema, no foot wound, positive right dorsalis pedis and posterior tibial pulse

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

Lab/study:

RBS: 274mg/dl

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

Assessment:

1. Left sciatica
2. Dyspepsia
3. DMII

Plan:

1. Avoid long standing or walking
2. Ranitidine 150mg 1t po qhs x 1months
3. Metformin 500mg 1t po bid
4. Draw blood for CBC, Lyte, Creat, Glucose, Transaminase, HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: November 11, 2014**

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

From: Kreinsen, Carolyn Hope,M.D.,M.Sc.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau.sihosp@gmail.com
Sent: Thursday, November 13, 2014 7:16 AM
Subject: RE: Robib TM Clinic November 2014, Case#4, Thorng Soeun, 46M

Hi Sovann,

To recap, this is a 46 yo man who ha radicular left leg pain for 7 months, treated ? 1 to 2 months ago with an IM injectiion and then 3 weeks of oral medication. Its' unclear what the oral mecication was. It sounds as though the sciatica responded to that. I think it would be worth trying to get more info on the meds, most likely antiinflammatory - possibly NSAIDS/ibuprofen, aspirin or prednisone. It would be helpful to know if he took the medication with food and if he took a dosage right before bed. All of those meds could set him up for gastritis, ulcers or esophagitis, especially if taken on an empty stomach. If he took them right before bed, that could lead to reflux with possible erosive pill esophagitis.

The most likely differential for the GI symptoms are above. If you have access to omeprazole 20 mg tablets, for the patient to take one a day on an empty stomach with water followed 20 minutes later by breakfast for a 2 month course of therapy (assuming possible ulcers,) that would be ideal. However, if omeprazole is not available, I would recommend that you increase the ranitidine to 150 mg BID, 30 minutes before breakfast and supper, for 2 months. I would discourage the patient from lying down for at least one hour after taking any medicine. Rectal exam with stool guaiac would be helpful if you will be seeing him back this week. It's wise that you are checking his blood coints.

The new diabetes is interesting (and unfortunate!) Of course he is at the age where it usually emerges and the incidence if fairly high in the Cambodian population. It does make me wonder if he may have received prednisone which could have driven up the blood sugars further. The metformin is a good choice. Given his upper GI symptoms, I'd monitor him for worsening abdominal pain/bloating with the metformin. Good idea to check the liver function tests in addition to metabolic panel, renal indices and HGBA1C. It would be wise to check a urinalysis to evaluate for protein. If you have access to checking urine for microalbumin/creatinine, that would be great.

The diabetes will put this gentleman at greater risk for heart disease. It's always good to keep in mind that coronary disease can present with GI symptoms rather than classic chest pain. That does occur more often in women than in men. However, it might be wise to check an EKG. Also, you might want to consider fasting cholesterol levels, given the new diabetes. Thankfully, his blood pressure is excellent! :-) Once the stomach issues clear, in a few months, it would be good to start him on aspirin 81 mg with food every morning to protect against heart attacks.

Take good care and keep up your excellent work!

Carolyn K

From: Robib Telemedicine
To: Cornelia Haener ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma
Cc: Bernie Krisher ; Jason Reinhardt ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, November 11, 2014 5:45 PM
Subject: Robib TM clinic November 2014, Case#5, Dy Niem, 46F

Dear all,

This is case number 5, Dy Niem, 46F and photos (follow up case).

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: Dy Niem, 46F (Sangke Roang Village)

Subjective: 46F came TM clinic in February 2007 with complaint of mass on posterior to the neck and come today for the same mass but she reports of increased size which make her discomfort while sleeping on it, no redness, no pain, no warmth. She also complaints of two weeks epigastric burning pain, radiated to the back, without nausea/vomiting, black/bloody stool, she have not sought treatment yet.

Current Medications: None

Allergies: NKDA

Objective:

PE:

Vital sign: BP: 132/90 HR: 103 RR: 20 T: 36.4^{o}C Wt: 60Kg

General: look stable

HEENT: Mass about 6x8cm on left latero-posterior of neck, soft, smooth, regular border, mobile, no lesion, no erythema, No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no other neck lymph node palpable.

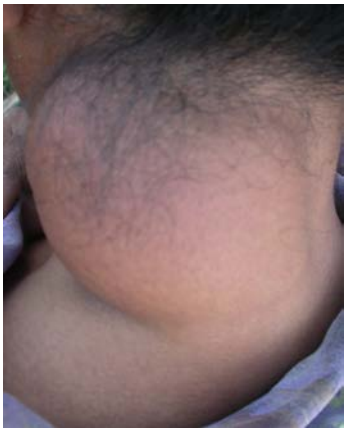
Chest: CTA bilaterally, no rales, no rhonchi; Heart: Tachycardia, no murmur

Abd: Soft, no tender, no distension, positive bowel sound, no HSM, no surgical scar

Skin/Extremity: No legs edema, no lesion

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

Lab/study: None



Assessment:

1. Lipoma
2. Dyspepsia

Plan:

1. Refer to SHCH for surgical consultation
2. Ranitidine 150mg 1t po qhs x 1month
3. Mebendazole 500mg 1t po qhs once

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

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

Examined by: Nurse Sovann Peng **Date: November 11, 2014**

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

From: Fang, Leslie S.,M.D.
Sent: Tuesday, November 11, 2014 5:46 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM clinic November 2014, Case#5, Dy Niem, 46F

This is clearly a large lesion and should be excised surgically
Not sure that it is a lipoma by the photo

Leslie Fang, MD

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: Tuesday, November 11, 2014 5:48 PM
Subject: Robib TM Clinic November 2014, Case#6, Prum Chhin, 73M

Dear all,

This is case number 6, Prum Chhin, 73M and photos. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

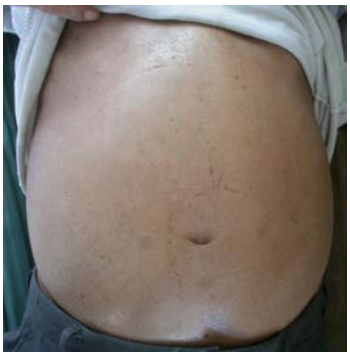
Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Name/Age/Sex/Village: Prum Chhin, 73M (Rovieng Tbong Village)

Subjective: 73M was seen in October 2003 with left leg pain and come to Telemedicine today complaining of abdominal distension. In these three months, he noticed of abdominal distension, fatigue, poor appetite and weight loss, he went to consult with private clinic in provincial hospital, abdominal ultrasound done with result of liver cirrhosis with moderate ascites, lab study serology HBsAg, HBsAb, and HCV antibody was negative and treated with Aldactone 50mg 1t po qd, Furosemide 40mg 1t po bid, and Omeprazole 20mg 1t po qd. In these two weeks, his condition became worse with increased distension, dyspnea, poor appetite and weakness. He was reported of heavy alcohol drinking history.



Current Medications:

1. Aldactone 50mg 1t po qd
2. Furosemide 40mg 1t po bid
3. Omeprazole 20mg 1t po qd

Allergies: NKDA

Objective:

PE:

Vital sign: BP: 129/96 HR: 103 RR: 20 T: 36.4^{o}C Wt: Kg

General: look sick, skinny

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

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

Abd: Soft, severe distension, positive fluid wave test, Liver and spleen is not palpable due to distension, colateral vein dilatation

Skin/Extremity: No legs edema, no lesion

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

Lab/study:

RBS: 129mg/dl

Assessment:

1. Liver cirrhosis (Alcohol?) with ascites

Plan:

1. Paracentesis to release the distension (drain 1L of fluid)
2. Infusion IV fluid NSS 500ml + Vit B complex 10cc
3. Aldactone 50mg 1t po qd
4. Furosemide 40mg 1t po bid for 7d
5. Propranolol 40mg 1/4t po bid
6. Xango powder mix with warm water po bid
7. Draw blood for CBC, Lyte, Creat, Transaminase, TSH at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: November 11, 2014**

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

From: Smulders-Meyer, Olga,M.D.
To: Fiamma, Kathleen M.
Cc: 'to' ; 'rithychau.sihosp@gmail.com'
Sent: Thursday, November 13, 2014 3:40 AM
Subject: RE: Robib TM Clinic November 2014, Case#6, Prum Chhin, 73M

The pt is an unfortunate 73 year old male with end stage liver disease as manifested by cirrhosis. Chronic alcohol use most likely etiology but cannot rule out that he has malignancy as well. He is at risk for spontaneous bacterial peritonitis and hepatic encephalopathy with increased fatigue and mental status changes and reduced cognitive function. Also at risk for cardiomyopathy. The fact that he has ascites means that he also has portal hypertension with increased risk of variceal bleeding.

The treatment of Ascites is Paracenteses, diuretics and Sodium restriction.
His Blood pressure is still in good range now, but when that starts to drop around to 90-100 systolic that means a bad prognosis.

He needs to be instructed to come to clinic in case of fever and increased abdominal pain.
He may need a Chest Xray to assess for a Hepatic Hydrothorax, but for now his lungs are clear per your examination.
The treatment would be the same as ascities.
If he become encephalopathic with rising levels of ammonia in his blood, you can treat him with Lactulose syrup 30 cc tid.

He needs to avoid any further intake of alcohol and other Hepatotoxic medications such a Tylenol and also avoid Nsaids, which can renal vasoconstriction.

He might develop muscle cramps for which you can give him Quinine.

He needs a regular Sodium check as these patients tend to be Hyponatremic.
Need to check platelets as these tend to drop and may be the cause of bleeding.

I agree with using both Aldactone and Lasix, ideally in a 100:40 ration to minimize electrolyte abnormalities.
I think you can increase the Aldactone to 50 mg or later to 100 mg a day. Maximum dose of diuresis is spironolacone 400 mg and Lasix 160 mg. Just so you know the range.
Mortality rate is very high in such patients. Pain management will be important as well.

I agree with your current medical management
This is a hard patient to treat. The art is to get him as comfortable as possible in the final period of his life.

Hope this is helpful.

Olga Smulders Meyer MD

From: Robib Telemedicine
To: Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Cornelia Haener
Cc: Bernie Krisher ; Jason Reinhardt ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, November 12, 2014 4:25 PM
Subject: Robib TM clinic November 2014, Case#7, Teng Chea, 56M

Dear all,

There are three new cases and one follow up case for second day of Robib TM clinic November 2014.

This is case number 7, continued from yesterday, Teng Chea, 56M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

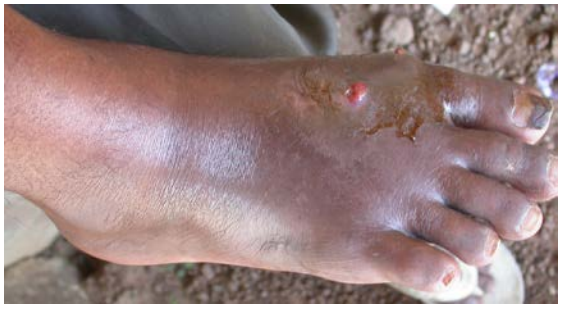
History and Physical

Name/Age/Sex/Village: **Teng Chea, 56M (Thnout Malou Village)**

Chief Complaint (CC): Right foot wound x 2months

History of Present Illness (HPI): 56M, farmer, got injured to dorsum his right foot with axe. He was brought to local health center and the injury was sutured. Then the wound became infected with pus drainage, bad smell, swelling and associated with fever, inguinal lymph node enlargement. The wound has been cleaned with NSS every day and treated with Penicillin 500mg 1t po tid. The wound got better with less swelling, no lymph node

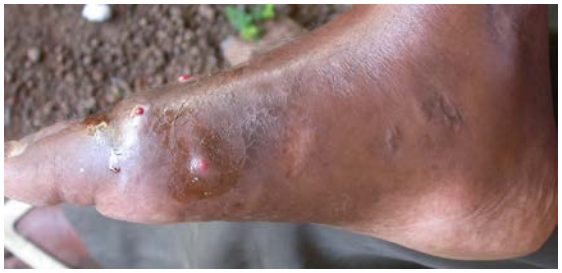
palpable, no fever but the pus drainage still persists and noticed of darkening color of the skin. His blood sugar was checked with result over 200mg/dl but not receive treatment for hyperglycemia.



Past Medical History (PMH): Admission to Kg Thom referral hospital due to mine exploision in 1993 with Dx: left ankle fracture

Family History: No family member with DMII, HTN, TB

Social History: Smoking 1pack of cig per day; heavy alcohol drinking



Current Medications:

1. Penicillin 500mg 1t po tid (stopped 3days)

Allergies: NKDA

Review of Systems (ROS): no fever, no cough, no SOB, (+) polyphagia, (+) polyuria, normal bowel movement, no numbness/tingling

PE:

Vital sign: BP: 135/93 HR: 98 RR: 18 T: 36^{o}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: RRR, no murmur

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

Right foot: Darkening of dorsum of foot with swelling, draining of pus (see photos); positive dorsalis pedis and posterior tibial pulse

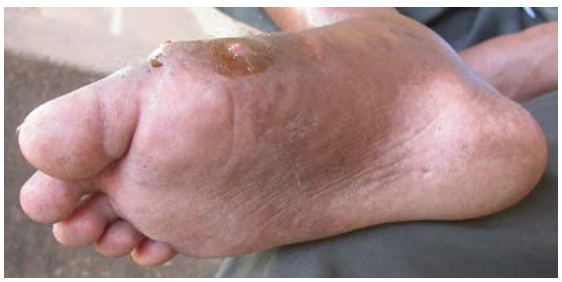
MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

Lab/study:

RBS: 383mg/dl
U/A: glucose 4+, no protein, no blood, no ketone

Assessment:

1. Right foot infected wound
2. DMII



Plan:

1. Clean wound with NSS and dressing qd
2. Augmentin 625mg 1t po tid x 10d

3. Ibuprofen 800mg 1t po tid for 5day
4. Metformin 500mg 1t po bid
5. Draw blood for CBC, Lyte, Creat, Glucose, HbA1C at SHCH
6. Refer to SHCH to surgical consultation

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

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

Examined by: Nurse Sovann Peng **Date: November 12, 2014**

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

From: Paul Heinzelmann
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com ; rithychau.sihosp@gmail.com
Sent: Thursday, November 13, 2014 6:10 PM
Subject: Re: Robib TM clinic November 2014, Case#7, Teng Chea, 56M

Sovaan

I agree with your plan.

Sent from my iPhone
Paul Heinzelmann, MD

From: Robib Telemedicine
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Jason Reinhardt ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, November 12, 2014 4:27 PM
Subject: Robib TM Clinic November 2014, Case#8, Ourng Mar Ty, 16months Female

Dear all,

This is case number 8, Ourng Mar Ty, 16months Female and photos.

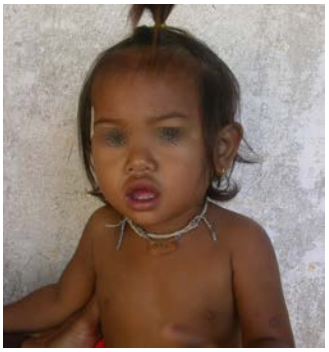
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

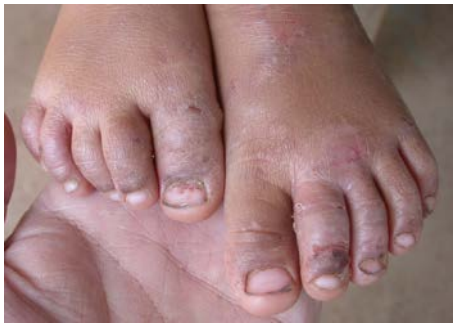
History and Physical



Name/Age/Sex/Village: Ourng Mar Ty, 16months Female (Thkeng Village)

Chief Complaint (CC): Skin rash x 2weeks

History of Present Illness (HPI): 16months Female was brought to TM clinic complaining of skin rash on feet. This rash appeared after ants bite which causing red lesion with itchy, she scratched on it then the lesion became crust, dry and fissure. It was applied with topical cream but not better. The lesion also appeared on the fingers but less than feet.



Past Medical History (PMH): Unremarkable

Family History: No family member with skin lesion

Current Medications:

1. Topical cream apply bid (unknown name)

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: BP: / HR: 100 RR: 22 T: 36^{o}C Wt: 9Kg

General: look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, 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

Skin: Dry, crust and fissure skin of feet and fingers (see photo)

MS/Neuro: Unremarkable

Lab/study: None

Assessment:

1. Dyshydrosis?

2. Eczema?

Plan:

1. Bacitra/Neomy/Polymy Ointment apply tid
2. Apply moisturizing cream bid

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

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

Examined by: Nurse Sovann Peng **Date: November 12, 2014**

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

From: Kroshinsky, Daniela,M.D.,M.P.H.
Sent: Wednesday, November 12, 2014 4:36 PM
To: Fiamma, Kathleen M.
Subject: Re: Robib TM Clinic November 2014, Case#8, Ourng Mar Ty, 16months Female

It sounds and looks eczematous/allergic. I would stop the antibiotics and start a topical steroid.

Would you kindly let us know which topical steroids you are able to obtain?

Best,
Daniela Kroshinsky, MD, MPH

From: Robib Telemedicine
To: Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma
Cc: Bernie Krisher ; Jason Reinhardt ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, November 12, 2014 4:29 PM
Subject: Robib TM Clinic November 2014, Case#9, Dy Srey Touch, 21F

Dear all,

This is case number 9, Dy Srey Touch, 21F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

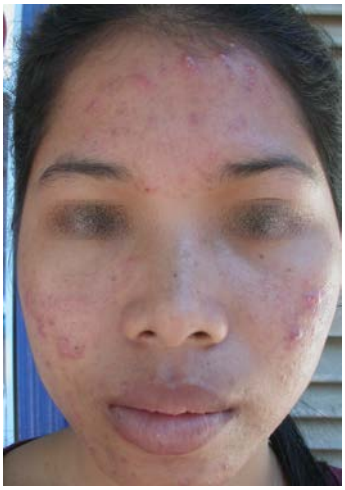
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Dy Srey Touch, 21F (Thnal Keng Village)

Chief Complaint (CC): Facial rash x 3yrs

History of Present Illness (HPI): 21F, farmer, presented with popular skin rashes on the face which had been developed to pustular lesions with itchy feeling, the pustule bursted and the crust lesion had occurred. She got treatment with facial cream for acne but the lesion still persisted. In these few months, more lesion with pustule appeared on her face, she denied of lesions on other sites of the body. She does not receive any treatment for lesion appeared this time.



Past Medical History (PMH): Unremarkable

Family History: Mother with acne

Social History: No cig smoking, no EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstruation, LMP on November 3, 2014

PE:

Vital sign: BP: 119/72 HR: 81 RR: 18 T: 36^{o}C Wt: 50Kg

General: look stable

HEENT: On face, erythematous and pustular and crust lesions on the face (see photo). 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

Extremities: No legs edema, no lesion

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

Lab/study: None

Assessment:

1. Acne vulgaris?
2. Rosacea

Plan:

1. Salicylic acid acne scrub bid
2. If not better with Salicylic acid, start her on Doxycyclin in next two months 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: November 12, 2014**

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

No answer replied

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, November 12, 2014 4:33 PM
Subject: Robib TM clinic November 2014, Case#10, Chhim Ly, 65M

Dear all,

This is the last case of Robib TM clinic November 2014, case number 10, Chhim Ly, 65M and photo (follow up case). Please reply to the cases before Thursday afternooon so that the 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: Chhim Ly, 65M (Sre Thom Village)

Subjective: 65M was seen in July 2010, diagnosed with DMII and treated with Glibenclamide 5mg 1t po bid. He missed follow up in July 2011 and never received any treatment. About these several months, he presented with symptoms of fatigue, polyphagia, polyuria and weight loss 5kg so he come to consult with TM Clinic today. He denied of fever, cough, SOB, chest pain, numbness/tingling, foot wound.

Current Medications: None

Allergies: NKDA

Objective:

PE:

Vital sign: BP: 108/66 HR: 74 RR: 18 T: 36.4^{o}C Wt: 44Kg

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: Tachycardia, no murmur

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

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

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

Lab/study:

RBS: 558mg/dl; U/A glucose 4+, no protein, no blood, no ketone

1L of NSS has been given and 1L water has been drunk then BS: 461mg/dl

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Draw blood for Lyte, Creat, Glucose, Transaminase, HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: November 12, 2014**

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

From: Fang, Leslie S.,M.D.
Sent: Wednesday, November 12, 2014 2:53 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM clinic November 2014, Case#10, Chhim Ly, 65M

Agree with diagnosis and plan

Leslie Fang, MD

Thursday, November 13, 2014

Follow-up Report for Robib TM Clinic

There were 7 new patients and 3 follow up patient seen during this month Robib TM Clinic, and other 50 patients came for brief consult and medication refills, and 35 new patients seen by PA Rithy for minor problem without sending data. The data of all 10 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by CCH/MGH in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

NOTE: [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying on their own. Robib TM clinic STILL pays for transportation, accommodation, and other expenses for the patients visiting the clinic IF they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib Telemedicie Clinic November 2014

1. Choeun Sokhy, 20F (O Village)
Diagnosis:

1. TB lymph node?
2. GERD

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. Mebendazole 500mg 1t po qhs once (#1)
3. Ibuprofen 200mg 2t po tid PRN severe pain (#30)
4. Draw blood for CBC, Lyte, Creat, TSH at SHCH

Lab result on November 14, 2014

WBC	=14.53	[4 - 11x10^9/L]	Na	=136	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10^{12}/L]	K	=3.3	[3.5 - 5.0]
Hb	=12.6	[12.0 - 15.0g/dL]	Cl	=104	[95 – 110]
Ht	=40	[35 - 47%]	Creat	=45	[44 - 80]
MCV	=81	[80 - 100fl]	TSH	=2.16	[0.27 – 4.20]
MCH	=25	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=475	[150 - 450x10^9/L]			
Lymph	=2.61	[1.00 - 4.00x10^9/L]			
Mono	=1.08	[0.10 - 0.80x10^9/L]			
Neut	=10.73	[1.80 - 7.50x10^9/L]			

Note: Patient is suspected as having URTI and Amoxicillin 500mg 1t po tid for one week was added to above treatment

2. Satt Ra, 60F (Koh Pon Village)
Diagnosis:
1. Diffuse goiter

Treatment:
1. Draw blood for CBC, Lyte, Creat, TSH at SHCH

Lab result on November 14, 2014

WBC	=5.25	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=5.6	[3.9 - 5.5x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=12.1	[12.0 - 15.0g/dL]	Cl	=105	[95 – 110]
Ht	=39	[35 - 47%]	Creat	=49	[44 - 80]
MCV	=69	[80 - 100fl]	TSH	=0.67	[0.27 – 4.20]
MCH	=22	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=236	[150 - 450x10^9/L]			
Lymph	=1.55	[1.00 - 4.00x10^9/L]			
Mono	=0.34	[0.10 - 1.00x10^9/L]			
Neut	=2.86	[1.80 - 7.50x10^9/L]			

3. Khom Chivin, 6M (Thnout Malou Village)
Diagnosis:
1. Epileptic seizure

Treatment:
1. Carbamazpine 200mg 1/2t po bid (#35)
2. Draw blood for CBC, Lyte, Creat, Transaminase at SHCH

Lab result on November 14, 2014

WBC	=7.44	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=5.5	[4.6 - 6.0x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=12.6	[14.0 - 16.0g/dL]	Cl	=105	[95 – 110]
Ht	=38	[42 - 52%]	Creat	=38	[53 - 97]
MCV	=70	[80 - 100fl]	Gluc	=4.9	[4.2 - 6.4]
MCH	=23	[25 - 35pg]	Ca2+	=1.04	[1.12 – 1.32]
MHCH	=33	[30 - 37%]	Mg2+	=0.87	[0.66 – 1.07]

Plt	=359	[150 - 450x10^9/L]	AST	=30	[<40]
Lymph	=3.16	[0.70 - 4.40x10^9/L]	ALT	=15	[<41]
Mono	=0.31	[0.10 - 0.80x10^9/L]	RPR	= Non-reactive	
Neut	=2.72	[2.00 - 8.00x10^9/L]			
Eosino	=1.22	[0.8 – 0.40]			
Baso	=0.03	[0.02 – 0.10]			

Note: Since patient can not get access to Cal-D supplement in his location, this patient was advised to drink one glass of milk per day if he can afford and have diet high in Calcium.

4. Thorng Soeurn, 46M (Bos Pey Village)
Diagnosis:

1. Left sciatica
2. Dyspepsia
3. DMII
4. Hypokalemia

Treatment:

1. Avoid long standing or walking
2. Ranitidine 150mg 1t po qhs x 1months (#40)
3. Metformin 500mg 1t po bid (#60)
4. ASA 81mg 1t po qd (buy)
5. Draw blood for CBC, Lyte, Creat, Glucose, Transaminase, HbA1C at SHCH

Lab result on November 14, 2014

WBC	=7.70	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=4.9	[4.6 - 6.0x10^{12}/L]	K	=2.9	[3.5 - 5.0]
Hb	=13.6	[14.0 - 16.0g/dL]	Cl	=103	[95 – 110]
Ht	=42	[42 - 52%]	Creat	=69	[53 - 97]
MCV	=84	[80 - 100fl]	Gluc	=7.9	[4.2 - 6.4]
MCH	=28	[25 - 35pg]	AST	=18	[<40]
MHCH	=33	[30 - 37%]	ALT	=25	[<41]
Plt	=227	[150 - 450x10^9/L]	HbA1C	=10.7	[4.0 – 6.0]
Lymph	=2.53	[1.00 - 4.00x10^9/L]			
Mono	=0.44	[0.10 - 1.00x10^9/L]			
Neut	=4.50	[2.00 - 8.00x10^9/L]			
Eosino	=0.19	[0.8 – 0.40]			
Baso	=0.04	[0.02 – 0.10]			

Note: Avoid long standing or sitting, warm compression, do regular exercise (walking/running/swimming) and massage; Increase Metormin 500mg 2t po bid; hold his ASA until GI sx improved. Eat at least 2 banana each day and use ORS solution 2-3 packet qd for 1-2 weeks.

5. Dy Niem, 46F (Sangke Roang Village)
Diagnosis:

1. Lipoma
2. Dyspepsia

Treatment:

1. Refer to SHCH for surgical consultation
2. Ranitidine 150mg 1t po qhs x 1month (#30)
3. Mebendazole 500mg 1t po qhs once (#1)

6. Prum Chhin, 73M (Rovieng Tbong Village)
Diagnosis:

1. Liver cirrhosis (Alcohol?) with ascites

Treatment:

1. Paracentesis to release the distension (drain 1L of fluid)

2. Infusion IV fluid NSS 500ml + Vit B complex 10cc
3. Aldactone 50mg 1t po bid (buy)
4. Furosemide 40mg 1t po qd for 7d (#30)
5. Propranolol 40mg 1/4t po bid (#20)
6. Xango powder mix with warm water po bid (#1)
7. Draw blood for CBC, Lyte, Creat, Transaminase, TSH at SHCH

Note: patient did not come for blood draw

7. Teng Chea, 56M (Thnout Malou Village)
Diagnosis:

1. Right foot infected wound
2. DMII

Treatment:

1. Clean wound with NSS and dressing qd
2. Augmentin 625mg 1t po tid x 10d (#30)
3. Ibuprofen 800mg 1t po tid for 5day (#15)
4. Metformin 500mg 1t po bid (#60)
5. Captopril 25mg 1/4t po bid (buy)
6. Draw blood for CBC, Lyte, Creat, Glucose, HbA1C at SHCH
7. Refer to SHCH to surgical consultation

Lab result on November 14, 2014

WBC	=8.17	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=5.4	[4.6 - 6.0x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=12.5	[14.0 - 16.0g/dL]	Cl	=105	[95 – 110]
Ht	=40	[42 - 52%]	Creat	=49	[53 - 97]
MCV	=75	[80 - 100fl]	Gluc	=12.0	[4.2 - 6.4]
MCH	=23	[25 - 35pg]	HbA1C	=14.5	[4.0 – 6.0]
MHCH	=31	[30 - 37%]			
Plt	=320	[150 - 450x10^9/L]			
Lymph	=3.91	[1.00 - 4.00x10^9/L]			
Mono	=0.52	[0.10 - 1.00x10^9/L]			
Neut	=3.02	[1.80 - 7.50x10^9/L]			
Eosino	=0.71	[0.8 – 0.40]			
Baso	=0.01	[0.02 – 0.10]			

Note: Add Glibenclamide 5mg 1t po qd

8. Ourng Mar Ty, 16months Female (Thkeng Village)
Diagnosis:

1. Dyshydrosis?
2. Eczema?

Treatment:

1. Bacitra/Neomy/Polymy Ointment apply tid (#2)
2. Apply moisturizing cream bid

9. Dy Srey Touch, 21F (Thnal Keng Village)
Diagnosis:

1. Acne vulgaris?

Treatment:

1. Salicylic acid acne scrub bid (#2)
2. If not better with Salicylic acid, start her on Doxycyclin in next two months follow up

10. Chhim Ly, 65M (Sre Thom Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Draw blood for Lyte, Creat, Glucose, Transaminase, HbA1C at SHCH

Lab result on November 14, 2014

Na	=133	[135 - 145]
K	=3.8	[3.5 - 5.0]
Cl	=100	[95 - 110]
Creat	=64	[53 - 97]
Gluc	=21.5	[4.1 - 6.1]
AST	=107	[<40]
ALT	=152	[<41]
HbA1C	=12.6	[4.0 – 6.0]

Note: Add Glibenclamide 5mg 1t po bid, ASA 81mg 1t chew po qd; Re-evaluate for elevated transaminase in the next follow up

Patients who come for brief consult and refill medicine

1. Chum Thet, 74F (Somrith Village)
Diagnosis:

1. Goiter (euthyroid)
2. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)
2. Do regular exercise, eat low fats diet

2. Em Vin, 56F (Koh Pon Village)
Diagnosis:

1. Hyperthyroidism
2. Osteoarthritis

Treatment:

1. Carbimazole 5mg 2t po tid for two months (#100)
2. Propranolol 40mg 1/4t po bid for two months (#30)
3. Paracetamol 500mg 1-2tab po qid prn pain for two months (#30)
4. Draw blood for Free T4 at SHCH

Lab result on November 14, 2014

Free T4	=8.48	[12.0 - 22.0]

Note: Reduce Carbimazole 1t po bid and recheck free T4 in next follow up

3. In Un, 78F (Samrith Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#70)

4. Heng Phy, 31F (O Village)
Diagnosis:

1. Goiter
2. Hypothyroidism (secondary to carbimazole)

Treatment:

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

Lab result on November 14, 2014

Free T4=9.35 [12.0 - 22.0]

Note: Keep the same treatment and recheck free T4 in next follow up

5. Puth Nem, 72F (Samrith Village)
Diagnosis:

1. HTN

Treatment:

1. Nifedipine 20mg 1t po qd for two months (#60)

6. Chan Kome, 7M (Bang Korn Village)
Diagnosis:

1. Epilepsy post trauma

Treatment:

1. Carbamazepine 200mg 1/2t po qd for two months (#35)
2. MTV 1t po qd for two months (#60)

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

1. Osteoathrtis
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. Losatarn 50mg 1t po bid for two months (#120)

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

1. DMII

Treatment:

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

9. Heng Sokhourn, 44F (Otalauk Village)
Diagnosis:

1. Dyspepsia

Treatment:

1. Ranitidine 150mg 1t po qd for one month (#30)

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

1. Euthyroid goiter
2. HTN

Treatment:

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

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

11. Kouch Be, 85M (Thnout Malou Village)
Diagnosis:

1. HTN
2. COPD

Treatment:

1. Amlodipine 10mg 1/2t po qd for two months (#25)
2. Salbutamol inhaler 2puffs bid prn for two months (#1)

12. 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. Amlodipine 5mg 1t po qd for two months (buy)
5. ASA 100mg 1t po qd for two months (#60)

13. Prak Nai, 45M (Samrith Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#80)
2. ASA 100mg 1t po qd for two months (#60)
3. Review on diabetic diet, regular exercise and foot care

14. Prum Norn, 59F (Thnout Malou Village)
Diagnosis:

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

Treatment:

1. Spironolactone 25mg 1t po qd for two months (#80)
2. Furosemide 40mg 1/2t po bid for two months (#60)
3. Draw blood for CBC, Lyte, Creat, Glucose, BUN, Creat, Transaminase, HbA1C, and TSH at SHCH

Lab result on November 14, 2014

WBC	=7.4	[4 - 11x10^9/L]	Na	=123	[135 - 145]
RBC	=3.4	[3.9 - 5.5x10^{12}/L]	K	=6.2	[3.5 - 5.0]
Hb	=8.7	[12.0 - 15.0g/dL]	Cl	=96	[95 – 110]
Ht	=27	[35 - 47%]	BUN	=18.8	[<8.3]
MCV	=78	[80 - 100fl]	Creat	=350	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=29.4	[4.1 - 6.1]
MHCH	=33	[30 - 37%]	AST	=41	[<40]
Plt	=213	[150 - 450x10^9/L]	ALT	=32	[<41]
Lymph	=1.5	[1.00 - 4.00x10^9/L]	HbA1C	=14.1	[4.0 – 6.0]
Mono	=0.6	[0.10 - 1.00x10^9/L]	TSH	=2.49	[0.27 – 4.20]
Neut	=5.3	[1.80 - 7.50x10^9/L]			

Note: Inform by phone to seek further care at referral hospital or tertiary facility in Phnom Penh

15. Prum Pri, 45M (Rom Chek Village)
Diagnosis:

1. Hyperthyroidism
2. HTN

Treatment:

1. Carbimazole 5mg 1t po bid for two months (buy)
2. Propranolol 40mg 1/2t po bid for two months (#30)
3. HCTZ 25mg 1t po qd for two months (#60)
4. Draw blood for Free T4 at SHCH

Lab result on November 14, 2014

Free T4 =22.30 [12.0 - 22.0]

Note: Keep the same treatment

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

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#100)
2. Metformin 500mg 3t po qAM and 2t po qPM for two months (#100)
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, HbA1C at SHCH

Lab result on November 14, 2014

Gluc =7.7 [4.1 - 6.1]
HbA1C =7.6 [4.0 – 6.0]

Note: Keep the same treatment

17. Ream Sim, 58F (Thnal Keng Village)
Diagnosis:

1. HTN
2. DMII
3. Osteoarthritis
4. Dyspepsia

Treatment:

1. Metformin 500mg 2t po bid for two months (#100)
2. Lorsatan 100mg 1/2t po bid for two months (#65)
3. Atenolol 50mg 1/2t po qd for two months (#35)
4. Amlodipine 5mg 1t po qd for two months (#60)
5. Ranitidine 150mg 1t po qhs for one month (#30)
6. Metoclopramide 10mg 1t po qhs x 10d (#10)
7. Draw blood for Creat, Glucose, HbA1C at SHCH

Lab result on November 14, 2014

Creat =673 [44 – 80]
Gluc =6.7 [4.1 - 6.1]
HbA1C =9.6 [4.0 – 6.0]

Note: The patient was asked by phone to recheck Creatinine in referral hospital and report back for further instruction on referral to seek DM management with insulin instead of oral meds; may stop or replace Lorsartan if creat still highly elevated.

18. Sam Khim, 50F (Taing Treuk Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t qAm and 3t qPM for two months (#100)
2. Glibenclamide 5mg 2t po bid for two months (#150)
3. Pioglitazone 15mg 1t po qd for two months (buy)
4. Captopril 25mg 1/2t po bid for two months (buy)

19. Sann Phen, 58M (Romchek Village)
Diagnosis:

1. PTB
2. DMII

Treatment:

1. Continue TB treatment at local health center
2. Glibenclamide 5mg 1t po bid for two months (#100)
3. Draw blood for Glucose, HbA1C at SHCH

Lab result on November 14, 2014

Gluc	=7.4	[4.1 - 6.1]
HbA1C	=6.7	[4.0 – 6.0]

20. So Chhorm, 77M (Thkeng Village)
Diagnosis:

1. HTN
2. COPD
3. Pneumonia

Treatment:

1. Amlodipine 5mg 1t po qd for two months (buy)
2. HCTZ 50mg 1/2t po qd for two months (#30)
3. Salbutamol inhaler 2puffs bid prn (#1)
4. Clarithromycin 500mg 1t po bid for 7day (#20)

21. 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 100mg 1t po qd for two months (#60)
5. Draw blood for Creat, Glucose, HbA1C at SHCH

Lab result on November 14, 2014

Creat	=49	[44 - 80]
Gluc	=13.0	[4.1 - 6.1]
HbA1C	=10.9	[4.0 – 6.0]

Note: Keep the same treatment

22. Som Hom, 77M (Chhnourn Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#150)
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 Creat, Glucose, HbA1C at SHCH

Lab result on November 14, 2014

Creat	=97	[62 - 106]
Gluc	=13.4	[4.1 - 6.1]
HbA1C	=8.8	[4.0 – 6.0]

Note: Keep the same treatment

23. Thorng Khun, 49F (Thnout Malou Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

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

24. 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)

25. 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 (#120)
2. Lisinopril 5mg 1t po qd 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 November 14, 2014

Gluc	=7.2	[4.1 - 6.1]
HbA1C	=7.4	[4.0 – 6.0]

26. Keum Kourn, 66F (Thkeng Village)
Diagnosis:

1. Euthyroid goiter
2. HTN

Treatment:

1. Atenolol 100mg 1/2t po qd for two months (#30)
2. HCTZ 25mg 1t po qd for two months (#60)
3. Carbimazole 5mg 1/2t po tid for two months (buy)
4. Draw blood for free T4 at SHCH

Lab result on November 14, 2014

Free T4 =14.70 [12.0 - 22.0]

27. Meas Lam Phy, 61M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

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

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

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 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 months (#30)
5. ASA 100mg 1t po qd for two months (#60)

29. Prum Chean, 50F (Sangke Roang Village)
Diagnosis:

1. DMII
2. Renal impairment

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, HbA1C at SHCH

Lab result on November 14, 2014

Creat =120 [53 - 97]
Gluc =10.4 [4.1 - 6.1]
HbA1C =7.3 [4.0 – 6.0]

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

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t qAM and 3t qPM for two months (#100)
2. Glibenclamide 5mg 1t po bid for two months (#100)
3. Enalapril 5mg 1/2t po qd two months (#30)
4. Atenolol 50mg 1/2t po qd for two months (#30)
5. ASA 100mg 1t po qd two months (#60)
6. Draw blood for Creat, Glucose, HbA1C at SHCH

Lab result on November 14, 2014

Creat	=68	[53 - 97]
Gluc	=14.6	[4.1 - 6.1]
HbA1C	=14.1	[4.0 – 6.0]

Note: Review on diabetic diet and exercise

31. Seng Ourng, 63M (Rovieng Cheung Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1t po tid for two months (buy)
2. HCTZ 25mg 1t po qd for two months (#30)
3. Glibenclamide 5mg 1/2t bid for two months (#60)
4. Draw blood for Creat, Glucose, HbA1C at SHCH

Lab result on November 14, 2014

Creat	=109	[62 - 106]
Gluc	=6.9	[4.1 - 6.1]
HbA1C	=6.0	[4.0 – 6.0]

Note: Keep the same treatment

32. 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 tid for two months (buy)
6. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)
7. Draw blood for free T4 at SHCH

Lab result on November 14, 2014

Free T4	=73.49	[12.0 - 22.0]

33. Som Ka, 62M (Taing Treuk Village)
Diagnosis:

1. DMII
2. HTN
3. 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 100mg 1t po qd for two months (#60)
4. Draw blood for Glucose, HbA1C at SHCH

Lab result on November 14, 2014

Gluc	=5.3	[4.1 - 6.1]

HbA1C =5.2 [4.0 – 6.0]

34. Un Chhorn, 47M (Taing Treuk Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glibenclamide 5mg 1t po bid for two months (#60)
2. Metformin 500mg 2t po bid for two months (#90)
3. Captopril 25mg 1t po bid for two months (buy)
4. Draw blood for Glucose, HbA1C at SHCH

Lab result on November 14, 2014

Gluc =13.2 [4.1 - 6.1]
HbA1C =7.2 [4.0 – 6.0]

35. Yin Kheum, 55F (Chhnourn Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for two months (#40)

36. Chan Him, 66F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for four months (# 40)

37. Chum Chandy, 55F (Ta Tong Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 1t po bid for four months (#150)
2. ASA 100mg 1t po qd for four months (#90)

38. Heng Chan Ty, 52F (Ta Tong Village)
Diagnosis:
1. Hyperthyroidism

Treatment:
1. Carbimazole 5mg 1t po bid for four months (buy)
2. Propranolol 40mg ¼ t po qd for four months (#30)

39. Keth Chourn, 60M (Chhnourn Village)
Diagnosis:
1. HTN

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

40. Kham Sary, 51M (Thnal Koang Village)
Diagnosis:
1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t po bid for four months (#200)
2. Glibenclamide 5mg 1t bid four months (#150)
3. Captopril 25mg 1/2t bid four months (buy)

41. Nong Khon, 61F (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

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

42. Prum Rin, 33F (Rovieng Tbong Village)
Diagnosis:

1. Epilepsy

Treatment:

1. Carbamazepine 200mg 1/2t po bid for four months (#45)
2. Paracetamol 500mg 1t po qid prn HA/fever for four months (#30)

43. Prum Vandy, 50F (Taing Treuk Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

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

44. Sam Thourng, 32F (Thnal Keng Village)
Diagnosis:

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

Treatment:

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

45. Sam Yom, 64F (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

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

46. Som An, 66F (Rovieng Tbong)
Diagnosis:

1. HTN

Treatment:

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

47. Som Hon, 53F (Thnal Keng Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (#45)
2. Paracetamol 500mg 1t po qid prn pain/fever (#30)

48. Sourn Chroch, 40M (Sre Village, Reab Roy)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for four months (#150)
2. Glibenclamide 5mg 1/2t po bid for four months (#80)
3. ASA 100mg 1t po qd for four months (#120)

49. Tay Kimseng, 55F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Obesity

Treatment:

1. Atenolol 50mg 1t po qd for four months (#60)
2. HCTZ 50mg 1/2t po qd for four months (#40)

50. Heng Pheary, 33F (Thkeng Village)
Diagnosis:

1. Asthma

Treatment:

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

The next Robib TM Clinic will be held on January 5 - 9, 2014