

Physician Order: 05/13/2025 15:37 Patient: Souza, Joann (MA200429045704) Order #1285857354 Date Received:		Nightingale Visiting Nurses 125 County ST. Taunton, MA, 02780 Phone: (508) 967-0761 Fax: (508) 967-0767	
Address: 181 S Main St, APT 318 Fall River MA 02721		HIC#: Phone: (508) 678 -2706 Date of Birth: 04/28/1957	
Allergies: <input checked="" type="checkbox"/> Allergic to: Amoxicillin - UNKNOWN NSAIDs - UNKNOWN tramADol - UNKNOWN hydroCHLORothiazide - UNKNOWN Lovastatin - UNKNOWN Pravastatin - UNKNOWN			
Episode: 04/09/2025 - 06/07/2025 Diagnosis: K52.9 Noninfective gastroenteritis and colitis, unspecified R11.0 Nausea R11.10 Vomiting, unspecified			
Physician: EHAB SORIAL MD 277 Pleasant St FALL RIVER MA 02721		NPI: 1083608442 Phone: (508) 235-5434 Fax: (508) 235-5436	
Orders: new wound care orders: Hibiclense was once weekly on Mondays, rinse well pat dry All other days Vashe /saline wash to sites, moisturizer to intact skin RLE: Prisma and aquacel Ag to open site cover with DPD , LLE : Iodosorb to gauze to site , exudry/optilock secure with kerlix and surginet Tubi grip G			
Goals and Interventions: Interventions Added (1) (FT) Hibiclense was once weekly on Mondays, rinse well pat dry All other days Vashe /saline wash to sites, moisturizer to intact skin RLE: Prisma and aquacel Ag to open site cover with DPD , LLE : Iodosorb to gauze to site , exudry/optilock secure with kerlix and surginet Tubi grip G Interventions Discontinued (1) (FT) Cleanse right and left leg with Vashe 5-10 minutes with woven gauze. Cutimed to site. Cover with gauze and hypa fix tape. Moisturizer to intact skin. Tubi grip "G " double layer			
Clinician Signature: Digitally Signed by: Beth Lynch , LPN		Date 05/13/2025	
Clinician Co-Signature:		Date	
Physician Signature:		Date	

Physician: Dr. Sorial, Ehab N.

Clinician: Clinician, Agency

Signature:

Date: 6/6/2025

Signature:

Date: 5/30/2025

Electronically signed by Dr. Sorial, Ehab N. on 6/6/2025