

<b>Physician Order:</b> 05/20/2025 20:17 Patient: Souza, Joann (MA200429045704) Order #1288801000 Date Received:		<b>Nightingale Visiting Nurses</b> 125 County ST. Taunton, MA, 02780 Phone: (508) 967-0761 Fax: (508) 967-0767	
<b>Address:</b> 181 S Main St, APT 318 Fall River MA 02721		<b>HIC#:</b> <b>Phone:</b> (508) 678 -2706 <b>Date of Birth:</b> 04/28/1957	
<b>Allergies:</b> <input checked="" type="checkbox"/> Allergic to: Amoxicillin - UNKNOWN NSAIDs - UNKNOWN tramADol - UNKNOWN hydroCHLORothiazide - UNKNOWN Lovastatin - UNKNOWN Pravastatin - UNKNOWN			
<b>Episode:</b> 04/09/2025 - 06/07/2025 <b>Diagnosis:</b> K52.9 Noninfective gastroenteritis and colitis, unspecified R11.0 Nausea R11.10 Vomiting, unspecified			
<b>Physician:</b> EHAB SORIAL MD 277 Pleasant St FALL RIVER MA 02721		<b>NPI:</b> 1083608442 <b>Phone:</b> (508) 235-5434 <b>Fax:</b> (508) 235-5436	
<b>Orders:</b> wound orders  Hibiclense wash 1 x weekly ( Mondays) rinse well , pat dry  Bilateral legs Vashe soak 5-10 minutes with woven gauze or saline Right leg apply Prisma to site aquacel Ag over site secure with kerlix, surginet to secure Tubi grip G left leg aquacel Ag kerlix surginet to secure Tubi grip G * optilock or similar over weepy areas if heavily draining *			
<b>Goals and Interventions:</b> <b>Interventions Added (1)</b> (FT) Hibiclense wash 1 x weekly ( Mondays) rinse well , pat dry Bilateral legs Vashe soak 5-10 minutes with woven gauze or saline Right leg apply Prisma to site aquacel Ag over site secure with kerlix, surginet to secure Tubi grip G left leg aquacel Ag kerlix surginet to secure Tubi grip G * optilock or similar over weepy areas if heavily draining *  <b>Interventions Discontinued (1)</b> (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			
<b>Clinician Signature:</b> Digitally Signed by: Beth Lynch , LPN		<b>Date</b> 05/20/2025	
<b>Clinician Co-Signature:</b>		<b>Date</b>	
<b>Physician Signature:</b>		<b>Date</b>	

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