

Medical Update for Manuel Gastelo DOB: 05/23/1975

Date Order Created: 06/08/2026

Order ID: 1184/592

Agency Assigned Id: 1415

Certification Period: 05/04/2026 to 07/02/2026

*Devotion Home Health Care, LLC MED8891
11201 N Tatum Blvd, Suite 300
Phoenix, AZ 85028-6039
PHONE 480-415-4423 FAX*

Orders:

Increase in frequency for skilled nursing due to development of left posterior heel wound. 2.2cmL x 2.1cmW x 0.2cmD. Wound is a shearing injury with moderate amount of serosanguineous to sanguineous drainage. Increase SN frequency to 2W4 for wound care and education for caregiver for wound care and prevention interventions.

Wound care orders: Cleanse area with wound cleanser, pat dry with sterile gauze, apply barrier ointment to area, cover with dry sterile gauze or bordered foam dressing. Cover bilateral heels with foam heel protection. Change 3 times weekly and as needed for soiling or dislodgement. Reposition q 2 hours and keep heels offloaded.

Gauze loaf - 1

Sterile gauze - 30

wound spray - 1 bottle

Medium gloves - 1 box

tape

Bordered foam dressing 4x4 - 15

Barrier ointment - 1 tube

heel foam dressings - 2-4 for bilateral heel protection (brand covered by insurance)

*PAUL BLOOMQUIST
4212 N 16TH ST*

*4212 N 16TH ST, AZ 85016
Tele:602-263-1200 FAX: 602-263-1548*

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by DELGADO, MELISSA Date 06/08/2026