

DUKE UNIVERSITY HOSPITAL
DOCTOR'S ORDERS
ED CLINICAL EVALUATION UNIT
ALLERGIC REACTION

DATE	TIME	DOCTOR'S ORDERS		EDUC	NURSE
		[] Assign to CEU for Observation of ALLERGIC REACTION			
		CONSULTS: [] _____			
		TREATMENTS: [] Pulse oximetry [] VS q4 hours [] IV Fluids _____ at rate of _____ [] Respiratory Therapy _____ q _____ hours			
		ADVERSE FOOD OR DRUG REACTIONS:			
		MEDICATIONS: Specify dose, route, frequency [] Antihistamine: _____ [] Solumederol: _____ [] Topical Treatment: _____ [] Give patient their following regular daily medications:(Order from pharmacy) _____ _____ _____			
		DIET: _____			
		ACTIVITY: [] _____			
DATE:	TIME:	PHYSICIAN / PA SIGNATURE	PHYSICIAN / PA PRINTED NAME	PHYSICIAN ID#	
		ADDITIONAL INITIAL ORDERS:			
DATE:	TIME:	PHYSICIAN / PA SIGNATURE	PHYSICIAN / PA PRINTED NAME	PHYSICIAN ID#	
		PATIENT DISPOSITION: [] Admit _____ [] Discharge _____			
DATE:	TIME:	PHYSICIAN / PA SIGNATURE	PHYSICIAN / PA PRINTED NAME	PHYSICIAN ID#	