

DUKE UNIVERSITY HOSPITAL
DOCTOR'S ORDERS
ED CLINICAL EVALUATION UNIT
ASTHMA

DATE	TIME	DOCTOR'S ORDERS		EDUC	NURSE
		<input type="checkbox"/> Assign to CEU for Observation of ASTHMA			
		CONSULTS: <input type="checkbox"/> Respiratory Therapy			
		TREATMENTS: <input type="checkbox"/> O2 via cannula: _____l/min <input type="checkbox"/> Pulse oximetry <input type="checkbox"/> Peak flow q1 hour x 2, then q2 hours <input type="checkbox"/> VS q4hr			
		ADVERSE DRUG AND FOOD REACTION:			
		MEDICATIONS: Specify dose, route, and frequency <input type="checkbox"/> Albuterol Nebulizer: _____ <input type="checkbox"/> Atrovent Nebulizer: _____ <input type="checkbox"/> Solumedrol : _____ <input type="checkbox"/> Give patient their following regular daily medications:(Order from pharmacy) _____ _____ _____			
		DIET:			
		ACTIVITY: <input type="checkbox"/> Bed Rest with bathroom privileges <input type="checkbox"/> Activity as tolerates			
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: <input type="checkbox"/> Admit _____ <input type="checkbox"/> Discharge _____			
DATE:	TIME:	PHYSICIAN / PA SIGNATURE	PHYSICIAN / PA PRINTED NAME	PHYSICIAN ID#	