

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

DATE	TIME	<b>DOCTOR'S ORDERS</b>	EDUC	NURSE
		[ ] Assign to CEU for Observation of CELLULITIS		
		<b>CONSULTS:</b> [ ] _____		
		<b>TREATMENTS:</b> [ ] IV Fluids _____ hr [ ] VS Q4hrs [ ] Radiology _____		
		<b>ADVERSE FOOD OR DRUG REACTIONS:</b>		
		<b>MEDICATIONS: specify dose, route, frequency</b> [ ] Antibiotics _____ [ ] Analgesics _____ [ ] Antipyretic _____ [ ] Give patient their following regular daily medications:(Order from pharmacy)  _____                      _____ _____                      _____ _____                      _____		
		<b>DIET:</b> [ ] NPO [ ] Clear Liquids As tolerated		
		<b>ACTIVITY:</b> [ ] Bed Rest [ ] Bathroom Privileges		
<b>DATE:</b>	<b>TIME:</b>	<b>PHYSICIAN / PA SIGNATURE</b>	<b>PHYSICIAN / PA PRINTED NAME</b>	<b>PHYSICIAN ID#</b>
		<b>ADDITIONAL INITIAL ORDERS:</b>		
<b>DATE:</b>	<b>TIME:</b>	<b>PHYSICIAN / PA SIGNATURE</b>	<b>PHYSICIAN / PA PRINTED NAME</b>	<b>PHYSICIAN ID#</b>
		<b>PATIENT DISPOSITION:</b> [ ] Admit _____ [ ] Discharge  _____		
<b>DATE:</b>	<b>TIME:</b>	<b>PHYSICIAN / PA SIGNATURE</b>	<b>PHYSICIAN / PA PRINTED NAME</b>	<b>PHYSICIAN ID#</b>