

DUKE UNIVERSITY HOSPITAL
DOCTOR'S ORDERS
ED CLINICAL EVALUATION UNIT
HEADACHE (WITH CNS SHUNT)

DATE	TIME	DOCTOR'S ORDERS	EDUC	NURSE
		<input type="checkbox"/> Assign to CEU for Observation & Evaluation of HEADACHE WITH CNS SHUNT		
		CONSULTS: <input type="checkbox"/> Neurology <input type="checkbox"/> Neurosurgery		
		TREATMENTS: <input type="checkbox"/> D5 0.45NS at rate of _____ <input type="checkbox"/> VS Q4hrs <input type="checkbox"/> Neuro Check Q2hr <input type="checkbox"/> Labs _____ <input type="checkbox"/> Radiology _____ <input type="checkbox"/> Seizure Precautions		
		ADVERSE FOOD OR DRUG REACTIONS:		
		MEDICATIONS: specify dose, route, frequency <input type="checkbox"/> Analgesics _____ <input type="checkbox"/> Antiemetic _____ <input type="checkbox"/> Give patient their following regular daily medications: (Order from pharmacy) _____ _____ _____		
		DIET: <input type="checkbox"/> NPO <input type="checkbox"/> Clear Liquids As tolerated		
		ACTIVITY: <input type="checkbox"/> Bed Rest <input type="checkbox"/> Bathroom Privileges		
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#