

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

DATE	TIME	DOCTOR'S ORDERS	EDUC	NURSE
		<input type="checkbox"/> Assign to CEU for Observation of HEMATURIA		
		CONSULTS: <input type="checkbox"/> Urology <input type="checkbox"/> _____		
		TREATMENTS: <input type="checkbox"/> IV fluids _____ <input type="checkbox"/> VS Q4hrs <input type="checkbox"/> Continuous Bladder Irrigation <input type="checkbox"/> Labs: H/H q4hrs x 2 <input type="checkbox"/> OP7 q8hrs <input type="checkbox"/> Others _____ <input type="checkbox"/> Send a UA and culture <input type="checkbox"/> Urine for cytology <input type="checkbox"/> Assessment of home medication		
		ADVERSE FOOD OR DRUG REACTIONS:		
		MEDICATIONS: specify dose, route, frequency <input type="checkbox"/> _____ <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#