

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

DATE	TIME	DOCTOR'S ORDERS	EDUC	NURSE
		<input type="checkbox"/> Assign to CEU for Observation & Evaluation of HYPOGLYCEMIA		
		CONSULTS: <input type="checkbox"/> Dietary <input type="checkbox"/> _____		
		TREATMENTS: <input type="checkbox"/> IV fluids _____ <input type="checkbox"/> VS Q4hrs <input type="checkbox"/> Accu Check Q1hr X 2 then Q2hrs <input type="checkbox"/> Labs: _____ <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 ADA		
		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#