

DUKE UNIVERSITY HOSPITAL  
DOCTOR'S ORDERS  
ED CLINICAL EVALUATION UNIT  
**SYNCOPE**

DATE	TIME	<b>DOCTOR'S ORDERS</b>	EDUC	NURSE
		<input type="checkbox"/> Assign to CEU for Observation & Evaluation of SYNCOPE		
		<b>CONSULTS:</b> <input type="checkbox"/>		
		<b>TREATMENTS:</b> <input type="checkbox"/> 0.9NS at rate of _____ hr <input type="checkbox"/> VS Q4hrs <input type="checkbox"/> Continuous Monitoring <input type="checkbox"/> Neuro Check Q2hrs <input type="checkbox"/> CK, CKMB, and Troponin Q4hrs X 2 <input type="checkbox"/> EKG Q4hrs X 3 <input type="checkbox"/> Labs _____ <input type="checkbox"/> Contact CDU for Holter Monitor		
		<b>ADVERSE FOOD OR DRUG REACTIONS:</b>		
		<b>MEDICATIONS: specify dose, route, frequency</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Give patient their following regular daily medications:(Order from pharmacy) _____                    _____ _____                    _____ _____                    _____		
		<b>DIET:</b> <input type="checkbox"/> NPO <input type="checkbox"/> Clear Liquids                    As tolerated		
		<b>ACTIVITY:</b> <input type="checkbox"/> Bed Rest <input type="checkbox"/> 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> <input type="checkbox"/> Admit _____ <input type="checkbox"/> Discharge _____		
<b>DATE:</b>	<b>TIME:</b>	<b>PHYSICIAN / PA SIGNATURE</b>	<b>PHYSICIAN / PA PRINTED NAME</b>	<b>PHYSICIAN ID#</b>