

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

DATE	TIME	<b>DOCTOR'S ORDERS</b>	EDUC	NURSE
		<input type="checkbox"/> Assign to CEU for Observation & Treatment of TOXICOLOGIC INGESTION/EXPOSURE		
		<b>CONSULTS:</b> <input type="checkbox"/> Poison Control <input type="checkbox"/> _____		
		<b>TREATMENTS:</b> <input type="checkbox"/> D5 .45NS at rate of _____ hr <input type="checkbox"/> VS Q4hrs <input type="checkbox"/> Accu Check Q1hr X 2 then Q2hrs <input type="checkbox"/> Labs: _____ <input type="checkbox"/> Continuous Monitoring <input type="checkbox"/> EKG <input type="checkbox"/> O2 _____ l/min		
		<b>ADVERSE FOOD OR DRUG REACTIONS:</b>		
		<b>MEDICATIONS: specify dose, route, frequency</b> <input type="checkbox"/> Charcoal with Sorbitol _____ <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		
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