

DUKE UNIVERSITY HOSPITAL  
DOCTOR'S ORDERS  
ED CLINICAL EVALUATION UNIT  
**ALTERED LEVEL of CONSCIOUSNESS  
W/ POSITIVE SUBSTANCE SCREENING**

DATE	TIME	DOCTOR'S ORDERS	EDUC	NURSE
		<input type="checkbox"/> Assign to CEU for Observation of ALTERED LEVEL OF CONSCIOUSNESS W/ POSITIVE SUBSTANCE SCREENING		
		<b>CONSULTS:</b> <input type="checkbox"/> Trauma Service <input type="checkbox"/> Social Work for substance abuse eval		
		<b>TREATMENTS:</b> <input type="checkbox"/> Vital signs q 4 hrs as indicated <input type="checkbox"/> IV D5 0.45 NS @ rate of _____/hr <input type="checkbox"/> Oxygen saturation q 4 hours and PRN		
		<b>ALLERGIES:</b>		
		<b>MEDICATIONS:</b> <input type="checkbox"/> Antiemetic: _____ <input type="checkbox"/> Pain management: _____ <input type="checkbox"/> _____ <input type="checkbox"/> Give patient their following regular daily medications:(Order from pharmacy) _____ _____		
		<b>DIET:</b>		
		<b>ACTIVITY:</b> <input type="checkbox"/> Bed Rest with bathroom privileges <input type="checkbox"/> Activity as tolerates		
<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>