### DOCTOR’S ORDERS

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<th>DATE</th>
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<th>EDUC</th>
<th>NURSE</th>
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[ ] Assign to CEU for Observation of ALTERED LEVEL OF CONSCIOUSNESS W/ POSITIVE SUBSTANCE SCREENING

**CONSULTS:**
[ ] Trauma Service  [ ] Social Work for substance abuse eval

**TREATMENTS:**
[ ] Vital signs q 4 hrs as indicated  
[ ] IV D5 0.45 NS @ rate of _______/hr  
[ ] Oxygen saturation q 4 hours and PRN

**ALLERGIES:**

**MEDICATIONS:**
[ ] Antiemetic: _________________________________  
[ ] Pain management: _____________________________  
[ ] _________________________________________  
[ ] Give patient their following regular daily medications (Order from pharmacy):

| _____________ | _____________ |
| _____________ | _____________ |

**DIET:**

**ACTIVITY:**
[ ] Bed Rest with bathroom privileges  
[ ] Activity as tolerates

### ADDITIONAL INITIAL ORDERS:

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### PATIENT DISPOSITION:

[ ] Admit ________________  [ ] Discharge ________________

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