### Doctor's Orders

**Vomiting and Dehydration**

**Date Time**: 

**Doctor’s Orders**

- [ ] Assign to CEU for Observation of Vomiting and Dehydration

**Consults**: 

- _______________________

**Treatments**: 

- [ ] Baseline Orthostatics and repeat q8 hours
- [ ] VS q4 hours
- [ ] D5-o.45NS at rate of ________________

**Adverse Food or Drug Reactions**: 

**Medications**: Specify dose, route, and frequency

- [ ] Antiemetic: ________________________________
- [ ] Analgesic: ________________________________
- ________________________________

- [ ] Give patient their following regular daily medications: (Order from pharmacy)

- ________________________________  ________________________________
- ________________________________  ________________________________
- ________________________________  ________________________________

**Diet**: NPO until vomiting ceases, then clear liquids as tolerated

**Activity**: 

- [ ] Bed Rest
- [ ] Bathroom Privileges
- [ ] Activity as Tolerated

**Additional Initial Orders**: 

**Patient Disposition**: 

- [ ] Admit _____________  [ ] Discharge _______________

**Date Time**:  

**Physician / PA Signature**: 

**Physician / PA Printed Name**: 

**Physician ID#**: 

---

**Date Time**:  

**Physician / PA Signature**: 

**Physician / PA Printed Name**: 

**Physician ID#**: 

---

**Date Time**:  

**Physician / PA Signature**: 

**Physician / PA Printed Name**: 

**Physician ID#**: 

---