

DUKE UNIVERSITY HOSPITAL  
DOCTOR'S ORDERS  
ED CLINICAL EVALUATION UNIT  
**FLUID and ELECTROLYTE IMBALANCE**  
In ESRD

DATE	TIME	<b>DOCTOR'S ORDERS</b>	EDUC	NURSE
		<input type="checkbox"/> Assign to CEU for Observation of FLUID/ELECTROLYTE IMBALANCE IN ESRD		
		<b>CONSULTS:</b> <input type="checkbox"/> Nephrology (970-SPIN)_____		
		<b>TREATMENTS:</b> <input type="checkbox"/> Saline Lock <input type="checkbox"/> VS Q4hr <input type="checkbox"/> Continuous Monitoring <input type="checkbox"/> OP7, CA, MAG, PHOS at _____time <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"/> Diuretics _____ <input type="checkbox"/> Nitrates _____ <input type="checkbox"/> BP meds _____ <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>