

DUKE UNIVERSITY HOSPITAL
DOCTOR'S ORDERS
ED CLINICAL EVALUATION UNIT
GI BLEED

DATE	TIME	DOCTOR'S ORDERS	EDUC	NURSE
		<input type="checkbox"/> Assign to CEU for Observation of GI Bleed		
		CONSULTS: <input type="checkbox"/> GI Consult		
		TREATMENTS: <input type="checkbox"/> D5.45NS at rate of _____ hr <input type="checkbox"/> VS Q2hrs <input type="checkbox"/> Labs: ABC Q4 hour x 2 <input type="checkbox"/> Type & Screen <input type="checkbox"/> <input type="checkbox"/>		
		ADVERSE FOOD OR DRUG REACTIONS:		
		MEDICATIONS: <input type="checkbox"/> Zantac 50 mg IVPB Q80 <input type="checkbox"/> Give patient their following regular daily medications: (Order from pharmacy) _____ _____ _____ _____ _____ _____		
		DIET: <input type="checkbox"/> NPO		
		ACTIVITY: <input type="checkbox"/> Bed Rest <input type="checkbox"/> Bathroom Privileges		
DATE:	TIME:	PHYSICIAN / PA SIGNATURE	PHYSICIAN / PA PRINTED NAME	PHYSICIAN ID#
		ADDITIONAL INITIAL ORDERS:		
DATE:	TIME:	PHYSICIAN / PA SIGNATURE	PHYSICIAN / PA PRINTED NAME	PHYSICIAN ID#
		PATIENT DISPOSITION: <input type="checkbox"/> Admit _____ <input type="checkbox"/> Discharge		
DATE:	TIME:	PHYSICIAN / PA SIGNATURE	PHYSICIAN / PA PRINTED NAME	PHYSICIAN ID#