DUKE UNIVERSITY HOSPITAL
DOCTOR’S ORDERS
ED CLINICAL EVALUATION UNIT
HEADACHE (WITH CNS SHUNT)

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[ ] Assign to CEU for Observation & Evaluation of HEADACHE WITH CNS SHUNT

CONSULTS:
[ ] Neurology  [ ] Neurosurgery

TREATMENTS:
[ ] D5 0.45NS at rate of ____________ [ ] VS Q4hrs
[ ] Neuro Check Q2hr
[ ] Labs ________________________
[ ] Radiology ____________________
[ ] Seizure Precautions

ADVERSE FOOD OR DRUG REACTIONS:

MEDICATIONS: specify dose, route, frequency
[ ] Analgesics ____________________________
[ ] Antiemetic ____________________________
[ ] Give patient their following regular daily medications: (Order from pharmacy)

_________________________ ___________________
_________________________ ___________________
_________________________ ___________________

DIET:
[ ] NPO  [ ] Clear Liquids  As tolerated

ACTIVITY:
[ ] Bed Rest  [ ] 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:
[ ] Admit ____________ [ ] Discharge

DATE: TIME: PHYSICIAN / PA SIGNATURE  PHYSICIAN / PA PRINTED NAME  PHYSICIAN ID#