## DOCTOR’S ORDERS

<table>
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- [ ] Assign to CEU for Observation of **HEMATURIA**

### CONSULTS:
- [ ] Urology

### TREATMENTS:
- [ ] IV fluids
- [ ] Continuous Bladder Irrigation
- [ ] Labs: H/H q4hrs x 2
- [ ] OP7 q8hrs
- [ ] Send a UA and culture
- [ ] Urine for cytology
- [ ] Assessment of home medication

### ADVERSE FOOD OR DRUG REACTIONS:

### MEDICATIONS: specify dose, route, frequency
- [ ]
- [ ] Give patient their following regular daily medications:
  - (Order from pharmacy)
  - ______________________
  - ______________________
  - ______________________

### DIET:
- [ ] NPO
- [ ] Clear Liquids
- [ ] As tolerated

### ACTIVITY:
- [ ] Bed Rest
- [ ] Bathroom Privileges

### ADDITIONAL INITIAL ORDERS:

### PATIENT DISPOSITION:
- [ ] Admit
- [ ] Discharge

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### PHYSICIAN / PA SIGNATURE | PHYSICIAN / PA PRINTED NAME | PHYSICIAN ID#