DUKE UNIVERSITY HOSPITAL
DOCTOR'S ORDERS
ED CLINICAL EVALUATION UNIT
TOXICOLOGIC INGESTION

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**DOCTOR’S ORDERS**

[ ] Assign to CEU for Observation & Treatment of TOXICOLOGIC INGESTION/EXPOSURE

**CONSULTS:**
[ ] Poison Control

**TREATMENTS:**
[ ] D5 .45NS at rate of ______________ hr [ ] VS Q4hrs
[ ] Accu Check Q1hr X 2 then Q2hrs
[ ] Labs:____________________________________
[ ] Continuous Monitoring [ ] EKG
[ ] O2 __________________ l/min

**ADVERSE FOOD OR DRUG REACTIONS:**

**MEDICATIONS: specify dose, route, frequency**
[ ] Charcoal with Sorbitol

[ ] 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**

**ADDITIONAL INITIAL ORDERS:**

**DATE: TIME: PHYSICIAN / PA SIGNATURE**

**PATIENT DISPOSITION:**
[ ] Admit _____________
[ ] Discharge

**DATE: TIME: PHYSICIAN / PA SIGNATURE**