

DUKE UNIVERSITY HOSPITAL
DOCTOR'S ORDERS
ED CLINICAL EVALUATION UNIT
IV ANTIBIOTICS FOR OPEN INJURIES

DATE	TIME	DOCTOR'S ORDERS		EDUC	NURSE
		<input type="checkbox"/> Assign to CEU for Observation of IV ANTIBIOTICS FOR OPEN INJURIES			
		CONSULTS: <input type="checkbox"/> Trauma Service <input type="checkbox"/> Orthopedics <input type="checkbox"/> Plastics <input type="checkbox"/> Other <input type="checkbox"/> PRM/Social Work/Resource RN			
		TREATMENTS: <input type="checkbox"/> Vital signs q 4 hrs as indicated <input type="checkbox"/> IV D5 0.45 NS @ rate of _____/hr			
		ALLERGIES:			
		MEDICATIONS: <input type="checkbox"/> Antibiotic: _____ <input type="checkbox"/> Pain management: _____ <input type="checkbox"/> _____ <input type="checkbox"/> Give patient their following regular daily medications:(Order from pharmacy) _____ _____ _____			
		DIET:			
		ACTIVITY: <input type="checkbox"/> Bed Rest with bathroom privileges <input type="checkbox"/> Activity as tolerates			
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#	