

DUKE UNIVERSITY HOSPITAL
DOCTOR'S ORDERS
ED CLINICAL EVALUATION UNIT
MINOR PENETRATING WOUND

DATE	TIME	DOCTOR'S ORDERS		EDUC	NURSE
		[] Assign to CEU for Observation of MINOR PENTRATING WOUND			
		CONSULTS: [] Trauma Service			
		TREATMENTS: [] Vital signs q 4 hrs as indicated [] Oxygen saturation q 4 hrs as indicated [] IV D5 0.45 NS @ rate of _____/hr [] CXR and/or abdominal film in 4-6hrs			
		ALLERGIES:			
		MEDICATIONS: [] Pain management: _____ [] _____ [] Give patient their following regular daily medications:(Order from pharmacy) _____ _____ _____ _____ _____ _____			
		DIET:			
		ACTIVITY: [] Bed Rest with bathroom privileges [] 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: [] Admit _____ [] Discharge _____			
DATE:	TIME:	PHYSICIAN / PA SIGNATURE	PHYSICIAN / PA PRINTED NAME	PHYSICIAN ID#	