DUKE UNIVERSITY HOSPITAL DOCTOR'S ORDERS ED CLINICAL EVALUATION UNIT ABDOMINAL PAIN

DATE	TIME	DOCTOR'S ORDERS	EDUC	NURSE
		[] Assign to CEU for Observation of ABDOMINAL PAIN		
		CONSULTS:		
		TREATMENTS:		
		[] D5-0.45 NS at rate of [] VS q 4 hours		
		[] CT [] U/S Radiology notified athrs		
		ADVERSE FOOD OR DRUG REACTIONS:		
	MEDICATIONS: specify dose, route, frequency [] Antiemetic:			
		[] Pain Management:		
		[] Give patient their following regular daily medications:(Order from pharmacy)		
		DIET		
		DIET: [] NPO [] Clear Liquids As tolerated		
		ACTIVITY:		
		[] Bed Rest		
DATE:	TIME:	[] Bathroom Privileges PHYSICIAN / PA PRINTED NAME	PHYSIC	AN 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	PHYSIC ID#	IAN