DUKE UNIVERSITY HOSPITAL

DOCTOR'S ORDERS

ED CLINICAL EVALUATION UNIT

VOMITING and DEHYDRATION

DATE	TIME	DOCTOR'S ORDERS	EDUC	NURSE
		[ ] Assign to CEU for Observation of **VOMITING and DEHYDRATION**		
		CONSULTS: [ ] _____		
		TREATMENTS: [ ] Baseline Orthostatics and repeat q8 hours [ ] VS q4 hours [ ] D5-o.45NS at rate of _____ [ ] _____		
		ADVERSE FOOD OR DRUG REACTIONS:		
		MEDICATIONS: Specify dose, route, and frequency [ ] Antiemetic: _____ [ ] Analgesic: _____ [ ] _____ [ ] Give patient their following regular daily medications:(Order from pharmacy) _____ _____ _____ _____ _____ _____		
		DIET: NPO until vomiting ceases, then clear liquids as tolerated		
		ACTIVITY: [ ] Bed Rest [ ] Bathroom Privileges [ ] Activity as Tolerated		
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#**	