Carotid Endarterectomy Follow-up Worksheet

	30 Day Follow-Up	1 Year Follow-Up
Contact Date	______/______/______	______/______/______

Current Living Status	○ Home
	○ Nursing Home/Extended Care
	○ Assisted Living
	○ In Hospital
	○ Not documented
	○ Dead
	○ Date of Death_____/_____/_____
	○ Cause of Death
	  ○ Neurologic
	  ○ Cardiac
	  ○ Pulmonary
	  ○ Vascular
	  ○ Infection
	  ○ Renal
	  ○ Unknown
		○ Home
		○ Nursing Home/Extended Care
		○ Assisted Living
		○ In Hospital
		○ Not documented
		○ Dead
		○ Date of Death_____/_____/_____
		○ Cause of Death
		  ○ Neurologic
		  ○ Cardiac
		  ○ Pulmonary
		  ○ Vascular
		  ○ Infection
		  ○ Renal
		  ○ Unknown

Additional Procedure	☐ Yes ☐ No ○ CAS ○ CEA	☐ Yes ☐ No ○ CAS ○ CEA
Cranial Nerve Injury	☐ Yes ☐ No ☐ Not Doc ○ Resolved ○ Persistent	☐ Yes ☐ No ☐ Not Doc ○ Resolved ○ Persistent
Neurologic Deficit(s) Occurred Since Discharge **Date:** _____/_____/_____	☐ Yes ☐ No ☐ Not Doc ○ Deficit occurred and resolved w/in 24 hours (i.e. TIA) ○ Deficit occurred and duration was greater than 24 hours, but completely resolved ○ Persistent deficit occurred, lasted greater than 24 hours, and did not completely resolve	☐ Yes ☐ No ☐ Not Doc ○ Deficit occurred and resolved w/in 24 hours (i.e. TIA) ○ Deficit occurred and duration was greater than 24 hours, but completely resolved ○ Persistent deficit occurred, lasted greater than 24 hours, and did not completely resolve
Territory of Neurologic Deficit	☐ Yes ☐ No ○ Right Retinal ○ Left Retinal ○ Right Hemispheric ○ Left Hemispheric ○ Vertebrobasilar ○ Unknown	☐ Yes ☐ No ○ Right Retinal ○ Left Retinal ○ Right Hemispheric ○ Left Hemispheric ○ Vertebrobasilar ○ Unknown
Carotid Duplex	☐ Yes ☐ No ☐ Not Doc ○ ≤50% ○ >50% ○ >60% ○ >70% ○ >80% ○ Occluded ○ Not Occluded	☐ Yes ☐ No ☐ Not Doc ○ ≤50% ○ >50% ○ >60% ○ >70% ○ >80% ○ Occluded ○ Not Occluded
Smoking	☐ Yes ☐ No ☐ Not documented	☐ Yes ☐ No ☐ Not documented
Antiplatelets	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated
Statin	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated
Aspirin	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated
Beta Blocker	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated
ACE Inhibitor	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated	☐ Yes ☐ No ☐ Not documented ☐ Contraindicated
Anticoagulant	☐ Yes ☐ No ☐ Not documented	☐ Yes ☐ No ☐ Not documented
ARBs	☐ Yes ☐ No ☐ Not documented	☐ Yes ☐ No ☐ Not documented
Other Cholesterol Lowering Agents	☐ Yes ☐ No ☐ Not documented	☐ Yes ☐ No ☐ Not documented
MI	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____
Wound Complication	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____ ☐ Infection ☐ Hematoma ☐ Other	☐ Yes ☐ No ☐ Not documented **Date:** ____/____/____ ☐ Infection ☐ Hematoma ☐ Other
Still Taking Opioid	**30 day Follow-Up ONLY** ☐ No ☐ Same as DC ☐ New Opioid/dose	
Type of Opioid	☐ Hydrocodone (Norco, Vicodin, Lortab, Lorcet) ☐ Oxycodone (OxyContin, Percocet, Roxicodone) ☐ Codeine (Tylenol 2, 3, or 4) ☐ Tramadol (Ultram, Ultram ER) ☐ Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc)	
Opioid 1 Dose/Unit	____________ ☐ mg ☐ ml ☐ mcg/hr ☐ mg/ml ☐ mcg/ml ☐ other	
Opioid 2 Dose/Unit	____________ ☐ mg ☐ ml ☐ mcg/hr ☐ mg/ml ☐ mcg/ml ☐ other	
Prescribing Provider	☐ Procedural physician/surgeon ☐ Primary care physician ☐ Other surgical physician ☐ Pain specialist ☐ Oncologist ☐ Other	
Refills Requested	☐ Yes ☐ No **Refills given** ☐ Yes ☐ No	
Prescribing Provider	☐ Procedural physician/surgeon ☐ Primary care physician ☐ Other surgical physician ☐ Pain specialist ☐ Oncologist ☐ Other	

© 2010 University of Michigan Board of Regents.