

	30 Day Follow-Up				1 Year Follow-Up			
Contact Date								
Current Living Status	Home Nursing Home/Extended Care Assisted Living In Hospital ND	Dead Date of Death _____ Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown			Home Nursing Home/Extended Care Assisted Living In Hospital ND	Dead Date of Death _____ Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown		
Additional Procedure	Yes No CAS CEA Date			Yes No CAS CEA Date				
Cranial Nerve Injury	Yes No ND Resolved Persistent			Yes No ND Resolved Persistent				
Neurologic Deficit(s) Occurred Since Discharge	Yes No ND 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 Date			Yes No ND 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 Date				
Territory of Neurologic Deficit	Yes No RT LT Retinal Hemispheric Vertebrobasilar Unknown			Yes No RT LT Retinal Hemispheric Vertebrobasilar Unknown				
Carotid Duplex	Yes No ND ≤50% >80% >50% Occluded >60% Not Occluded >70%			Yes No ND ≤50% >80% >50% Occluded >60% Not Occluded >70%				
Blood Pressure								
Smoking	Yes No ND			Yes No ND				
Antiplatelets	Yes No ND C/I			Yes No ND C/I				
Statin	Yes No ND C/I			Yes No ND C/I				
Aspirin	Yes No ND C/I			Yes No ND C/I				
Beta Blocker	Yes No ND C/I			Yes No ND C/I				
ACE Inhibitor	Yes No ND C/I			Yes No ND C/I				
Anticoagulant	Yes No ND			Yes No ND				
ARBs	Yes No ND			Yes No ND				
Other Cholesterol Lowering Agents	Yes No ND			Yes No ND				
MI	Yes No ND Date			Yes No ND Date				
Wound Complication	Yes No ND Date Infection Hematoma Other			Yes No ND Date Infection Hematoma Other				
Still Taking Opioid	No Same as DC New Opioid/dose							



Carotid Endarterectomy (CEA) Follow-up Worksheet

30 day Follow-up		
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	Dose_____ mg ml mcg/hr mg/ml other	
Opioid 2 Dose/Unit	Dose_____ mg ml mcg/hr mg/ml other	
Prescribing Provider	Procedural physician surgeon PCP Other surgical physician Pain specialist Oncologist Other	
Refills Requested	Yes No Refills given Yes No	
Prescribing Provider	Procedural physician surgeon PCP Other surgical physician Pain specialist Oncologist Other	