

	30-Day Follow-Up					1-Year Follow-Up				
Contact Date										
Current Living Status	Home Rehab Other acute care Nursing Home/Extended Care Hospice/Comfort care Assisted Living Homeless In Hospital ND	Dead Date of Death _____ Cause of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown				Home Rehab Other acute care Nursing Home/Extended Care Hospice/Comfort care Assisted Living Homeless 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 hrs (i.e. TIA) Deficit occurred and duration was > 24 hrs, but completely resolved Persistent deficit occurred, lasted > 24 hrs, and did not completely resolve Date		Yes	No	ND	Deficit occurred and resolved w/in 24 hrs (i.e. TIA) Deficit occurred and duration was > 24 hrs, but completely resolved Persistent deficit occurred, lasted > 24 hrs, and did not completely resolve Date	
Territory of Neurologic Deficit	Yes	No	RT	LT	Retinal	Yes	No	RT	LT	Retinal
			Hemispheric	Vertebrobasilar	Unk			Hemispheric	Vertebrobasilar	Unk
Carotid Duplex	Yes	No	ND	≤50%	>80%	Yes	No	ND	≤50%	>80%
				>50%	Occluded				>50%	Occluded
				>60%	Not Occluded				>60%	Not Occluded
				>70%					>70%	
Blood Pressure	ND					ND				
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	
Ca+ Channel Blocker	Yes	No	ND	C/I		Yes	No	ND	C/I	
Thiazides	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 Agent	Yes	No	ND			Yes	No	ND		
MI	Yes	No	ND	Date		Yes	No	ND	Date	
Wound Complication	Yes	No	ND	Infection	Hematoma	Other	Yes	No	ND	Infection
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	
Refill Prescribing Provider	Procedural physician/surgeon PCP Other surgical physician Pain specialist Oncologist Other					