

	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
Neurologic Deficit(s) Occurred Since Discharge	Yes	No	ND	Deficit occurred & resolved w/in 24 hrs (i.e., TIA) Deficit occurred & duration was > 24 hrs, but did completely resolve Persistent deficit occurred, lasted > 24 hrs, & did not completely resolve Date	Yes	No	ND	Deficit occurred & resolved w/in 24 hrs (i.e., TIA) Deficit occurred & duration was > 24 hrs, but did completely resolve Persistent deficit occurred, lasted > 24 hrs, & did not completely resolve Date
Territory of Neurologic Deficit	Yes	No			Yes	No		
	RT	LT			RT	LT		
	Retinal	Hemispheric	Vertebrobasilar	Unknown	Retinal	Hemispheric	Vertebrobasilar	Unknown
Carotid Duplex	Yes	No	ND		Yes	No	ND	
	≤50%	>80%			≤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	
ACE-I	Yes	No	ND	C/I	Yes	No	ND	C/I
Anticoagulant	Yes	No	ND		Yes	No	ND	
Antiplatelets	Yes	No	ND	C/I	Yes	No	ND	C/I
ARBs	Yes	No	ND		Yes	No	ND	
Aspirin	Yes	No	ND	C/I	Yes	No	ND	C/I
Beta Blocker	Yes	No	ND	C/I	Yes	No	ND	C/I
CCB	Yes	No	ND	C/I	Yes	No	ND	C/I
Other Cholesterol Lowering Agents	Yes	No	ND		Yes	No	ND	
Statin	Yes	No	ND	C/I	Yes	No	ND	C/I
Thiazides	Yes	No	ND	C/I	Yes	No	ND	C/I
MI	Yes	No	ND	Date	Yes	No	ND	Date
Still Taking Opioid	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, Dilaudid, etc.)							



Carotid Artery Stent (CAS) Follow-up Worksheet for REDCap

30-Day Follow-Up		
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 specialist Other surgical physician Pain specialist Oncologist Other	
Refills Requested	Yes No Refills Given Yes No	
Refill Prescribing Provider	Procedural physician/surgeon specialist Other surgical physician Pain specialist Oncologist Other	