

© BMC2 Carotid Artery Stent (CAS) Follow-up Worksheet

	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 Neurologic Caruse of Death Neurologic Cardiac Pulmonary Vascular Infection Renal Unknown	Home Dead Rehab Date of Death Other acute care Cause of Death Nursing Home/Extended Neurologic Care Cardiac Hospice/Comfort care Pulmonary Assisted Living Vascular Homeless Infection In Hospital Renal ND Unknown
Additional Procedure	Yes No CAS CEA Date	Yes No CAS CEA Date
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 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	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 ARBs	Yes No ND Yes No ND	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
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)	

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Other (Fentanyl, Morphine, Dilaudid, 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 Pain specialist Other surgical physician Oncologist Pain specialist Other Refills Requested Yes No Refills Given Yes No Refill Prescribing Provider Procedural physician/surgeon PCP Pain specialist Procedural physician/surgeon PCP Pain specialist		Carolid Artery Stent (CAS) Pollow-up Worksheet
Opioid 2 Dose/Unit Dose mg ml mcg/hr mg/ml other Prescribing Provider Procedural physician/surgeon PCP Pain specialist Other surgical physician Oncologist Pain specialist Other Refills Requested Yes No Refills Given Yes No Refill Prescribing Provider Procedural physician/surgeon		Other (Fentanyl, Morphine, Dilaudid, etc.)
Prescribing Provider Procedural physician/surgeon PCP Pain specialist Other surgical physician Oncologist Pain specialist Other Refills Requested Yes No Refills Given Yes No Refill Prescribing Provider Procedural physician/surgeon	Opioid 1 Dose/Unit	Dose mg ml mcg/hr mg/ml other
PCP Pain specialist Other surgical physician Oncologist Pain specialist Other Refills Requested Yes No Refills Given Yes No Refill Prescribing Provider Procedural physician/surgeon	Opioid 2 Dose/Unit	Dose mg ml mcg/hr mg/ml other
Refill Prescribing Provider Procedural physician/surgeon	Prescribing Provider	PCP Pain specialist Other surgical physician Oncologist
	Refills Requested	Yes No Refills Given Yes No
PCP Pain specialist	Refill Prescribing Provider	Procedural physician/surgeon
		PCP Pain specialist
Other surgical physician Oncologist		
Pain specialist Other		

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