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________ 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 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	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
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, 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 Other surgical physician Oncologist Pain specialist Other	