

## © BMC2 Carotid Endarterectomy (CEA) Follow-up Worksheet for REDCap

	30-Day F	Follow-Up	1-Year Follow-Up	
Contact Date	00 24, 1	опол ор	Treat ronow op	
Current Living Status	 	1 5 1		n 1
current ziving suitus	Home	Dead	Home	Dead
	Rehab	Date of Death	Rehab	Date of Death
	Other acute care	Cause of Death	Other acute care	Cause of Death
	Nsg Home/Extended	Neurologic	Nsg Home/Extended Care	Neurologic
	Care	Cardiac	Hospice/Comfort care	Cardiac
	Hospice/Comfort care	Pulmonary	Assisted Living	Pulmonary
	Assisted Living	Vascular	Homeless	Vascular
	Homeless	Infection	In Hospital	Infection
	In Hospital	Renal	ND	Renal
	ND	Unknown		Unknown
Additional Procedure	Yes No CAS CEA	A Date	Yes No CAS CEA	Date
Cranial Nerve Injury	Yes No ND Reso	olved Persistent	Yes No ND Resolv	ved Persistent
Neurologic Deficit(s) Occurred	Yes No ND		Yes No ND	
Since Discharge	Deficit occurred & resolved	l w/in 24 hrs (i.e., TIA)	Deficit occurred & resolved w/in 24 hrs (i.e., TIA)	
	Deficit occurred & duration		Deficit occurred & duration was > 24 hrs, but did	
	completely resolved	- <b>,</b>	completely resolved	
	Persistent deficit occurred,	lasted > 24 hrs, & did not	Persistent deficit occurred, lasted > 24 hrs, & did not	
	completely resolve		completely resolve	
	Date		Date	
Territory of Neurologic Deficit	Yes No		Yes No	
	RT LT		RT LT	
	Retinal Hemispheric Ve	ertebrobasilar Unk	Retinal Hemispheric Vertebrobasilar Unk	
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/	<b>/</b> I	Yes No ND C/I	
Anticoagulant	Yes No ND		Yes No ND	
Antiplatelet	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	
ССВ	Yes No ND C	/I	Yes No ND C/I	
Other Cholesterol	Yes No ND		Yes No ND	
Lowering Agent				
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 Da	ate	Yes No ND Dat	re
Wound Complication	Yes No		Yes No	
	Infection Hematoma	Other	Infection Hematoma Other	
Still Taking Opioid		ove Onicid /doc-		
	No Same as DC Ne	ew Opioid/dose		

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<b>S</b> BMC	Carotid Endarterectomy (CEA) Follo		
	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 mcg/ml		
	Other		
Opioid 2 Dose/Unit	Dose mg ml mcg/hr mg/ml mcg/ml		
	Other		
Prescribing Provider	Procedural physician/surgeon		
	PCP		
	Other surgical physician		
	Pain specialist		
	Oncologist		
	Other		
Refills Requested	Yes No <b>Refills given</b> Yes No		
Refill Prescribing Provider	Procedural physician/surgeon		
	PCP		
	Other surgical physician		
	Pain specialist		
	Oncologist		
	Other		

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