UNIVERSITY MEDICAL CENTER INTERDISCIPLINARY

<u>Disclaimer:</u> The is a suggested interdisciplinary plan of care. This is only a guideline. The patient problem, outcomes and interventions may be changed to meet the individual needs of the patient. Physician/Medical orders supersede all pre-printed interventions identified on the

ADDRESSOGRAPH

Carotid Endarterectomy

ESTIMATED LOS: 1-2 Days

Date placed on map: _____

INCLUSIONARY CRITERIA:

All patients undergoing Carotid Endarterectomy

EXCLUSIONARY CRITERIA:

CEA combined with CABG Surgery

CRITERIA FOR REMOVING PATIENTS FROM

- 1. Post Operative CVA
- 2. For LOS > 3 days, transfer to appropriate generic map

Primary Diagnosis/Procedure:	
Pertinent Past Medical History:	
Allergies:	
Code Status:	
CONSULTS OR DISCIPLINES INVOLVED/NOTIFIED:	
1	Initials/Date/Time notified:
2	Initials/Date/Time notified:
3	Initials/Date/Time notified:
4	Initials/Date/Time notified:
5	Initials/Date/Time notified:
SIGNIFICANT EVENTS THIS ADMISSION:	
Date/Event:	
Date/Event:	
Date/Event:	
RN Signature:	
RN Signature:	

Instructions for Documentation:

OUTCOMES/INTERVENTIONS:

- Initial when met or completed
- Use notation N/A, if not applicable for the timeframe
- Initial and circle, if not met or completed

Supplemental Documentation is required on the Progress Record / Patient Focus Notes when an outcome or intervention is initialed and circled, indicating it was not met or completed as stated.

Carotid Endarterectomy Title Initial Signature SIGNATURE REQUIRING CO-SIGNATURE Signature Requiring Co-Signature Date/Shift Initial/Title **ADDRESSOGRAPH** D = DAYS E = EVENINGS N = NIGHTS**DESIRED OUTCOMES** SAS Problem/ Problem/ PAT SAS DE Needs Needs Date: Date: Patient/family verbalizes understanding of Hematoma / anticipated plan of care / participates in Knowledge Bleeding of Deficit related decision making. Patient/family aware of 4 hr. PACU stay **Operative Site** to plan of care after OR. Patient/family aware of 1-2 day LOS. Verbalizes understanding of post-op Pain pain management. Management Post-Operative Temperature Elevation

* indicates medical orders needed

INTERVENTIONS (continued on back)

SAS

DE

PAT

indicated.

Hemodynamic

Instability

Potential for Cranial Nerve

Injury

Patient Care

Categories

Discharge

Plan

Assessment of home environment

Social Services, ext. 2299, 2110 if

completed & discharge needs identified.

Referral to Discharge Planning and / or

PAT

SAS

DE

Remains injury free in a safe

No evidence of skin breakdown.

Patient/family verbalizes satisfaction with

May take PO meds with sips of H2O if

environment.

hospital stay/care.

NPO for OR.

MD wants meds taken.

Patient Safety

Skin Integrity

Patient/Family

Satisfaction

Patient Care

Categories

Nutrition

PAT SAS

DE

Carotid Endarterectomy Signature Title Initial SIGNATURE REQUIRING CO-SIGNATURE Signature Requiring Co-Signature Date/Shift Initial/Title ADDRESSOGRAPH **DESIRED OUTCOMES** D = DAYS E = EVENINGS N = NIGHTSProblem/ PACU E N Problem/ E Needs Date: Needs Patient/family verbalize understanding of No evidence of hematoma. post-op treatment plan, diet, medications, Knowledge Hematoma / Deficit related and activity; participates in decision Bleeding of No signs / symptoms of respiratory making / plan of care. distress. to plan of care **Operative Site** Patient/family aware of 4 hr. PACU stay Minimal bleeding from incision. after OR. Pain free or verbalizes pain relief Pain after intervention. Management Afebrile Post-Operative Temperature No evidence of hematoma at incision line. Elevation PACU Discharge Criteria met. Hemodynamic Instability BP within prescribed parameters of Sys BP > 100 and < 180. Remains injury free in a safe Heart Rate NSR Patient Safety environment. O₂ SATs > 92% No evidence of skin breakdown. Skin Integrity Cranial nerve / neuro assessment Patient/family verbalizes satisfaction with Potential for unchanged from baseline. Patient/Family hospital stay/care. Cranial Nerve Moving all extremities. Satisfaction Injury No evidence of swallowing difficulties. INTERVENTIONS (continued on back) **Patient Care** EN Patient Care E Categories Categories NPO / Ice Chips. Nutrition Discharge Plan

Carotid Endarterectomy

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Title Initial

Initial

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Signature Requiring Co-Signature

Date/Shift Initial/Title

ADDRESSOGRAPH

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	No evidence of swallowing difficulties	+	\vdash	\vdash					1
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	Discuss with patient / family the plan for	1				Clear liquids:			
Discharge					Nutrition				
		T				Assess swallowing / gag reflex, prior to			
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Carotid Endarterectomy Title Initial Signature SIGNATURE REQUIRING CO-SIGNATURE Signature Requiring Co-Signature | Date/Shift Initial/Title ADDRESSOGRAPH DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTS Problem/ POD #1 EN Problem/ E Needs Date: Needs Patient/family verbalize understanding of No evidence of hematoma. Knowledge post-op treatment plan, diet, medications, Hematoma / No signs / symptoms of respiratory Deficit related and activity; participates in decision Bleeding of distress. to plan of care making / plan of care. Operative Site Patient/family aware of possible No bleeding from incision. discharge in am. Pain free or verbalizes pain relief Pain after intervention. Management Prescription for pain management given if needed upon discharge. Afebrile Post-Operative If afebrile and discharged, patient / family Temperature understand to take temperature at home Elevation and report elevations to surgeons. No evidence of hematoma at incision line. BP returned to pre-op baseline. Hemodynamic Heart Rate NSR Instability Remains injury free in a safe Patient Safety environment. No evidence of skin breakdown. Skin Integrity Cranial nerve / neuro assessment Patient/family verbalizes satisfaction with Potential for unchanged from baseline. Patient/Family hospital stay/care. Cranial Nerve Moving all extremities. Satisfaction Injury No evidence of swallowing difficulties. INTERVENTIONS (continued on back) Patient Care E E Patient Care D N Categories Categories Low fat, low cholesterol Discharge plan completed. ADA diet Discharge Nutrition % of diet consumed: Plan Discharged at: Breakfast ____ % Lunch _ Dinner %

Carotid Endarterectomy

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Signature Requiring Co-Signature	Date/Shift	Initial/	Title	
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ADDRESSOGRAPH

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Management	Prescription for pain management given if needed upon discharge.					Special Communication of American Section (Communication Communication C			
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Carotid Endarterectomy

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Signature Requiring Co-Signature	Date/Shift	Initial/T	itle
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ADDRESSOGRAPH

Problem/	POD #3	D	E	N	Problem/		D	E	N
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Post-Operative	Afebrile If afebrile and discharged, patient / family		-	-					
Temperature	understand to take temperature at home								
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	Cranial nerve / neuro assessment	+		\vdash					
Potential for	unchanged from baseline.				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with	+	\vdash	十
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