UNIVERSITY MEDICAL CENTER
INTERDISCIPLINARY

Disclaimer: *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: _____

Date/Event: _____

RN Signature: _____ ***Date/Time:*** _____

RN Signature: _____ ***Date/Time:*** _____

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

Signature	Title	Initial

SIGNATURE REQUIRING CO-SIGNATURE		
Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

DESIRED OUTCOMES — D = DAYS E = EVENINGS N = NIGHTS

Problem/ Needs	PAT Date: _____ SAS Date: _____	PAT	SAS D	SAS E
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care / participates in decision making.			
	Patient/family aware of 4 hr. PACU stay after OR.			
	Patient/family aware of 1-2 day LOS.			
Pain Management	Verbalizes understanding of post-op pain management.			
Post-Operative Temperature Elevation				
Hemodynamic Instability				
Potential for Cranial Nerve Injury				

Problem/ Needs		PAT	SAS D	SAS E
Hematoma / Bleeding of Operative Site				
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		PAT	SAS D	SAS E
Discharge Plan	Assessment of home environment completed & discharge needs identified.			
	Referral to Discharge Planning and / or Social Services, ext. 2299, 2110 if indicated.			

Patient Care Categories		PAT	SAS D	SAS E
Nutrition	NPO for OR.			
	May take PO meds with sips of H2O if MD wants meds taken.			

** indicates medical orders needed*

Carotid Endarterectomy

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DESIRED OUTCOMES — **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	PACU Date: _____	D	E	N	Problem/ Needs		D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalize understanding of post-op treatment plan, diet, medications, and activity; participates in decision making / plan of care.				Hematoma / Bleeding of Operative Site	No evidence of hematoma.			
	Patient/family aware of 4 hr. PACU stay after OR.					No signs / symptoms of respiratory distress.			
						Minimal bleeding from incision.			
Pain Management	Pain free or verbalizes pain relief after intervention.								
Post-Operative Temperature Elevation	Afebrile								
	No evidence of hematoma at incision line.								
Hemodynamic Instability	PACU Discharge Criteria met.								
	BP within prescribed parameters of Sys BP > 100 and < 180.								
	Heart Rate NSR				Patient Safety	Remains injury free in a safe environment.			
	O_2 SATs > 92%								
					Skin Integrity	No evidence of skin breakdown.			
Potential for Cranial Nerve Injury	Cranial nerve / neuro assessment unchanged from baseline.								
	Moving all extremities.				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
	No evidence of swallowing difficulties.								

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N	Patient Care Categories		D	E	N
Discharge Plan					Nutrition	* NPO / Ice Chips.			

* indicates medical orders needed

Carotid Endarterectomy

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DESIRED OUTCOMES — **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	Day of Surgery / 3 West Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalize understanding of post-op treatment plan, diet, medications, and activity; participates in decision making / plan of care.			
	Patient/family aware of possible discharge in am.			
Pain Management	Pain free or verbalizes pain relief after intervention.			
Post-Operative Temperature Elevation	Afebrile			
	No evidence of hematoma at incision line.			
Hemodynamic Instability	BP within prescribed parameters of Sys BP > 100 and < 180.			
	Heart Rate NSR			
Potential for Cranial Nerve Injury	Cranial nerve / neuro assessment unchanged from baseline.			
	Moving all extremities.			
	No evidence of swallowing difficulties.			

Problem/ Needs		D	E	N
Hematoma / Bleeding of Operative Site	No evidence of hematoma.			
	No signs / symptoms of respiratory distress.			
	Minimal bleeding from incision.			
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Discuss with patient / family the plan for potential discharge tomorrow.			
	Insurance:			

Patient Care Categories		D	E	N
Nutrition	Clear liquids:			
	Assess swallowing / gag reflex, prior to starting diet.			
	High Risk Nutritional Assessment completed.			

** indicates medical orders needed*

Carotid Endarterectomy

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DESIRED OUTCOMES — D = DAYS E = EVENINGS N = NIGHTS

Problem/ Needs	POD #1 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalize understanding of post-op treatment plan, diet, medications, and activity; participates in decision making / plan of care.			
	Patient/family aware of possible discharge in am.			
Pain Management	Pain free or verbalizes pain relief after intervention.			
	Prescription for pain management given if needed upon discharge.			
Post-Operative Temperature Elevation	Afebrile			
	If afebrile and discharged, patient / family understand to take temperature at home and report elevations to surgeons.			
	No evidence of hematoma at incision line.			
Hemodynamic Instability	BP returned to pre-op baseline.			
	Heart Rate NSR			
Potential for Cranial Nerve Injury	Cranial nerve / neuro assessment unchanged from baseline.			
	Moving all extremities.			
	No evidence of swallowing difficulties.			

Problem/ Needs		D	E	N
Hematoma / Bleeding of Operative Site	No evidence of hematoma.			
	No signs / symptoms of respiratory distress.			
	No bleeding from incision.			
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Discharge plan completed.			
	Discharged at:			

Patient Care Categories		D	E	N
Nutrition	Low fat, low cholesterol _____ ADA diet			
	% of diet consumed:			
	Breakfast _____%			
	Lunch _____ %			
	Dinner _____ %			

* indicates medical orders needed

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DESIRED OUTCOMES — **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	POD #2 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalize understanding of post-op treatment plan, diet, medications, and activity; participates in decision making / plan of care.			
Pain Management	Pain free or verbalizes pain relief after intervention.			
	Prescription for pain management given if needed upon discharge.			
Post-Operative Temperature Elevation	Afebrile			
	If afebrile and discharged, patient / family understand to take temperature at home and report elevations to surgeons.			
Hemodynamic Instability	BP returned to pre-op baseline.			
Potential for Cranial Nerve Injury	Cranial nerve / neuro assessment unchanged from baseline.			
	Moving all extremities.			
	No evidence of swallowing difficulties.			

Problem/ Needs		D	E	N
Hematoma / Bleeding of Operative Site	No evidence of hematoma.			
	No bleeding from incision.			
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Prepare patient for discharge.			
	Discharged at:			

Patient Care Categories		D	E	N
Nutrition	Low fat, low cholesterol _____ ADA diet			
	% of diet consumed:			
	Breakfast _____ %			
	Lunch _____ %			
	Dinner _____ %			

* indicates medical orders needed

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DESIRED OUTCOMES — D = DAYS E = EVENINGS N = NIGHTS

Problem/ Needs	POD #3 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalize understanding of post-op treatment plan, diet, medications, and activity; participates in decision making / plan of care.			
Pain Management	Pain free or verbalizes pain relief after intervention.			
	Prescription for pain management given if needed upon discharge.			
Post-Operative Temperature Elevation	Afebrile			
	If afebrile and discharged, patient / family understand to take temperature at home and report elevations to surgeons.			
Hemodynamic Instability	BP returned to pre-op baseline.			
Potential for Cranial Nerve Injury	Cranial nerve / neuro assessment unchanged from baseline.			
	Moving all extremities.			
	No evidence of swallowing difficulties.			

Problem/ Needs		D	E	N
Hematoma / Bleeding of Operative Site	No evidence of hematoma.			
	No bleeding from incision.			
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Prepare patient for discharge.			
	Discharged at:			

Patient Care Categories		D	E	N
Nutrition	Low fat, low cholesterol _____ ADA diet			
	% of diet consumed:			
	Breakfast _____%			
	Lunch _____ %			
	Dinner _____ %			

* indicates medical orders needed