

PROTOCOL FOR: Carotid Endarterectomy: Postoperative Care of the Patient Undergoing

POLICY: 1. Patients undergoing carotid endarterectomy will be scheduled as the first case of the day whenever possible.

DESIRED PATIENT

- OUTCOMES:**
1. Appropriate prescribed medications, which may but will not necessarily include vasoactive agents, will be administered safely to maintain blood pressure within the prescribed range.
 2. Neurological function will be consistent with baseline levels established preoperatively.
 3. No signs of respiratory impairment or risk will occur and pulmonary function will be consistent with baseline levels established preoperatively.
 4. Cardiac function will be consistent with baseline levels established preoperatively as evidenced by absence of significant dysrhythmias which require treatment.
 5. Transfer from PACU to the surgical ward will occur after 3 hours for patients who:
 - are neurologically and hemodynamically stable,
 - have no significant dysrhythmias which require treatment, and
 - require no vasoactive agents to maintain blood pressure within the prescribed range for a minimum of 2 hours prior to discharge from PACU.
 6. Transfer from PACU to the IMCU will occur after 1 hour/initial postanesthesia recovery for patients scheduled as the first case of the day and who:
 - have required vasoactive agents to maintain blood pressure within the prescribed range and continue to require these agents,
 - have neurological function impaired from baseline level established preoperatively, e.g., aphasia, dysphasia, facial asymmetry, extremity weakness, disorientation or somnolence, or
 - experience significant dysrhythmias.
 7. Transfer to IMCU after recovery from anesthesia may occur for any patient who was not scheduled as the first case of the day.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Vital signs minimum q 15 mins. X 8 (2 hours), then q 30 mins. thereafter; more frequently when patient is unstable or when titrating vasoactive agents.
 2. Neurological checks q 30 mins. X 4 (2 hours), then hourly

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thereafter, to include:

- hypoglossal nerve - tongue extension
 - facial nerve - smiling and eyebrow lift
 - vocal chords - speech, swallowing, breathing
 - optic nerve distal branches - vision
 - motor and sensory function
3. Respiratory assessment in conjunction with neurological assessment
 4. Hourly urine output calculation
 5. Low semi-Fowler's position

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 4/96

REVISION DATES: 8/97, 2/08, 8/09