Post Carotid Endarterectomy

- Place in a supine position with head and neck in midline alignment. Elevate the head of the bed 30 degrees unless contraindicated.
- Teach client to support the head with the hands when changing position.
- Maintain patency of wound drains.
- Monitor for hemorrhage: Assess for hematoma or bleeding at incision site. Assess neck size and check for drainage under the client’s neck and shoulders.
- Monitor for respiratory distress: Assess respiratory rate, rhythm, depth, and effort. Assess for difficulty swallowing, tracheal deviation from the midline, and restlessness. Keep a tracheostomy set at the bedside.
- Monitor for cranial nerve impairment: Assess for facial drooping, hoarseness, dysphagia, tongue deviation, speech difficulty, or shoulder sag on one side.
- Monitor for carotid artery occlusion or CVA: Assess for confusion, dizziness, slurred speech, or hemiparesis. Check for carotid bruit.
- Monitor for hypertension or hypotension: Monitor blood pressure at least hourly. Report hypertension immediately because of the risk of CVA, artery rupture, or hypotension that could lead to myocardial ischemia.