



Service: General

Care Venue: GGH HSC SBH VGH Maples*

Case Details <small>*all fields are mandatory in Novari ATC</small>	Patient Name*:		DOB: MM/DD/YYYY	
	PHIN*:			
Diagnosis Category*				
<input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> HEME AND LYMPHATIC DISORDER <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> OTHER GENERAL SURGERY DIAGNOSES <input type="checkbox"/> BENIGN TUMOR <input type="checkbox"/> PENILE AND SCROTUM DISORDERS <input type="checkbox"/> BILE DUCT AND PANCREATIC DISEASE <input type="checkbox"/> SMALL BOWEL AND OTHER INTESTINAL DISEASE <input type="checkbox"/> DISEASES OF TERMINAL ILEUM COLON AND RECTUM <input type="checkbox"/> SOFT TISSUE AND SKIN CONDITION <input type="checkbox"/> DISEASES OF UPPER GI TRACT <input type="checkbox"/> VULVA AND PERINEUM DISORDERS <input type="checkbox"/> HEAD & NECK DIAGNOSES				
If Cancer*: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Treatment <input type="checkbox"/> Reconstruction <input type="checkbox"/> Prophylactic <input type="checkbox"/> Staging <input type="checkbox"/> Surveillance <input type="checkbox"/> Palliative				
Please refer to the Case Priority Criteria to complete this section				
Wait 2 Priority*: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Diagnosis Description:		
Consented Procedure*:				Est. Procedure Time*: <small>Default value provided by system when available</small> ____ mins
Procedure Notes:				
DTT*: MM/DD/YYYY	Laterality*: <small>(if applicable)</small> <input type="checkbox"/> Left <input type="checkbox"/> Right	Attend Short*: <small>Patient is available on short notice as a last-minute case replacement.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Type*: <input type="checkbox"/> Day Surgery <input type="checkbox"/> Inpatient <input type="checkbox"/> Same Day Admit <input type="checkbox"/> Short Stay	Post Procedural Destination*: <small>Day Surgery</small> <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: ____ days
Special Instructions:				

Case Priority Criteria

Priority / Target Days	Diagnosis Description		
<p>1 (21 days)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> BOWEL OBSTRUCTION (Partial or Incomplete) <input type="checkbox"/> ESOPHAGEAL DIAPHRAGMATIC HERNIA <input type="checkbox"/> HYPERPARATHYROIDISM WITH SEVERE HYPERCALCEMIA <input type="checkbox"/> ESOPHAGEAL FISTULA 	<ul style="list-style-type: none"> <input type="checkbox"/> ESOPHAGEAL MANAGEMENT OF COMPLICATIONS POST CANCER TREATMENT STRICTURES OR RECURRENCE OR OBSTRUCTION <input type="checkbox"/> ESOPHAGEAL MOTILITY DISORDER SYMPTOMATIC NUTRITIONAL CRISIS <input type="checkbox"/> ESOPHAGEAL STENT INSERTION OR HARDWARE REMOVAL BENIGN <input type="checkbox"/> PHIMOSIS WITH URINARY OBSTRUCTION 	<ul style="list-style-type: none"> <input type="checkbox"/> VASCULAR ANOMALIES SOFT TISSUE AND SKIN WITH FUNCTIONAL IMPAIRMENT <input type="checkbox"/> WOUND CARE OF INFECTED SKIN OR FLAPS <input type="checkbox"/> ERODED MESH INFECTED OR EXPOSED <input type="checkbox"/> WOUND INFECTIONS OR OTHER POST OPERATIVE OR IMPLANT COMPLICATIONS SUBACUTE (NON-MESH IMPLANTS)
<ul style="list-style-type: none"> <input type="checkbox"/> Urgent; does not require emergency slate 			
<p>2 (90 days)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> ABDOMINAL WALL MASS <input type="checkbox"/> ADRENAL INCIDENTALOMA CUSHINGS <input type="checkbox"/> ADRENAL LESION PHEOCHROMOCYTOMA ALDOSTERONISM <input type="checkbox"/> ANAL FISSURE ACUTE <input type="checkbox"/> APPENDICITIS INTERVAL <input type="checkbox"/> AUTOIMMUNE HEMOLYTIC ANEMIA <input type="checkbox"/> BILE DUCT STRICTURE BENIGN <input type="checkbox"/> BILIARY COLIC <input type="checkbox"/> BONE MARROW DONOR LIVING <input type="checkbox"/> BOWEL FISTULA <input type="checkbox"/> BOWEL INFLAMMATORY CROHNS OR COLITIS NO OBSTRUCTION <input type="checkbox"/> BOWEL OBSTRUCTION INTERMITTENT <input type="checkbox"/> BOWEL POLYP OR LESION PATHOLOGY BENIGN <input type="checkbox"/> BREAST CANCER RECONSTRUCTION UNPLANNED REVISIONARY PROCEDURES INCLUDING IMPLANT REVISIONS <input type="checkbox"/> BREAST DISEASE BENIGN NO ABSCESS <input type="checkbox"/> CHOLEDOCHOLITHIASIS WITH OR WITHOUT GALLSTONE PANCREATITIS <input type="checkbox"/> DECUBITUS ULCER <input type="checkbox"/> DIVERTICULAR DISEASE (Moderate to Severe) <input type="checkbox"/> DUPUYTREN'S CONTRACTURE <input type="checkbox"/> ERODED MESH OTHER <input type="checkbox"/> ESOPHAGEAL DIVERTICULUM MALNUTRITION AND OR ASPIRATION <input type="checkbox"/> ESOPHAGEAL DIVERTICULUM STABLE 	<ul style="list-style-type: none"> <input type="checkbox"/> ESOPHAGEAL STRICTURE MINOR SYMPTOMS <input type="checkbox"/> EXTREMITY NERVE COMPRESSION SYNDROME <input type="checkbox"/> FISTULA BETWEEN GASTROINTESTINAL TRACT AND GENITAL TRACT <input type="checkbox"/> FISTULA IN ANO ACUTE OR CROHNS <input type="checkbox"/> FOREIGN BODY SUBCUTANEOUS NON-ACUTE <input type="checkbox"/> GASTRIC OUTLET OBSTRUCTION BENIGN <input type="checkbox"/> GRAVES DISEASE OR THYROTOXICOSIS <input type="checkbox"/> HEMORRHOIDS ACUTE <input type="checkbox"/> HERNIA OF ANY TYPE (Moderate to Severe Symptoms) <input type="checkbox"/> HYPERPARATHYROIDISM WITH ESCALATING HYPERCALCEMIA <input type="checkbox"/> IDIOPATHIC THROMBOCYTOPENIC PURPURA <input type="checkbox"/> INFERTILITY (MALE OR FEMALE) <input type="checkbox"/> MORBID OBESITY - GASTROSCOPY ANATOMICAL ASSESSMENT PRIOR TO INVASIVE INTERVENTION <input type="checkbox"/> MORBID OBESITY - INVASIVE SURGICAL TREATMENT <input type="checkbox"/> MORBID OBESITY - REVISITING OR TREATING COMPLICATIONS OF PREVIOUS SURGERY <input type="checkbox"/> MORBID OBESITY - SEVERE DYSPHAGIA OR UNCONTROLLED REFLUX AFTER PREVIOUS BARIATRIC SURGERY <input type="checkbox"/> NECK MASS INFLAMMATORY CHRONIC ATYPICAL MYCOBACTERIAL <input type="checkbox"/> PANCREATIC PSEUDOCYST 	<ul style="list-style-type: none"> <input type="checkbox"/> PERIPHERAL NERVE COMPRESSION <input type="checkbox"/> PHIMOSIS PATHOLOGICAL (P-CATS 3748 EQUIVALENT) <input type="checkbox"/> POST NEOPLASM RESECTION SKIN OR SOFT TISSUE DEFECT OR DELAYED WOUND CLOSURE <input type="checkbox"/> RECTOVAGINAL FISTULA FROM BOWEL COLON OR RECTUM <input type="checkbox"/> RECTUM NEOPLASM BENIGN <input type="checkbox"/> REFRACTORY PEPTIC ULCER DISEASE <input type="checkbox"/> RETROPERITONEAL OR AGGRESSIVE TUMOUR BENIGN <input type="checkbox"/> SALIVARY GLAND TUMOUR BENIGN <input type="checkbox"/> SCAR OR BURN REVISION WITH FUNCTIONAL IMPAIRMENT <input type="checkbox"/> SPLEEN PATHOLOGY BENIGN <input type="checkbox"/> STOMA COMPLICATION <input type="checkbox"/> STOMA CREATION OR REVERSAL (HIGH OUTPUT OSTOMY MALNUTRITION) <input type="checkbox"/> STOMACH NEOPLASM BENIGN <input type="checkbox"/> TESTICULAR TORSION INTERMITTENT <input type="checkbox"/> TONSILS AND OR ADENOIDS AIRWAY OBSTRUCTIVE SYMPTOMS <input type="checkbox"/> TRACHEAL STOMA REVERSAL OR REVISION <input type="checkbox"/> VENOUS ACCESS FOR OTHER THERAPIES <input type="checkbox"/> VENOUS INSUFFICIENCY COMPLICATED <input type="checkbox"/> WOUND CARE PRIMARY <input type="checkbox"/> WOUND INFECTIONS OR OTHER POST OPERATIVE OR IMPLANT COMPLICATIONS CHRONIC (NON-MESH IMPLANTS)
<ul style="list-style-type: none"> <input type="checkbox"/> Constant, frequent or severe pain/symptoms (biological, psychological) <input type="checkbox"/> Significantly impacts ability to perform usual activities <input type="checkbox"/> High probability of disease progression with morbidity that might affect function or life expectancy <input type="checkbox"/> Recurring unscheduled visits i.e. ED/primary care physician/surgeon 			
<p>3 (182 days)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> ABDOMINAL PAIN CHRONIC <input type="checkbox"/> ABDOMINAL WALL FAILURE WITH LOSS OF DOMAIN <input type="checkbox"/> ANAL FISSURE CHRONIC <input type="checkbox"/> ANAL STENOSIS NON-NEOPLASTIC <input type="checkbox"/> ANKYLOGLOSSIA <input type="checkbox"/> ANOGENITAL CONDYLOMATA OR OTHER BENIGN LESIONS <input type="checkbox"/> BARTHOLIN CYST <input type="checkbox"/> BREAST CANCER DELAYED RECONSTRUCTION AFTER MASTECTOMY <input type="checkbox"/> BREAST CANCER RECONSTRUCTION PLANNED SECOND STAGE AND REVISIONARY PROCEDURES <input type="checkbox"/> BREAST CANCER RISK PROPHYLACTIC OR CONFIRMED HEREDITARY GENETIC PREDISPOSITION WITH IMMEDIATE RECONSTRUCTION <input type="checkbox"/> BREAST CANCER RISK PROPHYLACTIC OR CONFIRMED HEREDITARY GENETIC PREDISPOSITION WITH NO RECONSTRUCTION <input type="checkbox"/> BREAST IMPLANT REMOVAL INCREASED RISK OF DEVELOPING LYMPHOMA <input type="checkbox"/> BREAST RECONSTRUCTION FOR BENIGN CONDITIONS <input type="checkbox"/> DIVERTICULAR DISEASE MILD <input type="checkbox"/> ESOPHAGEAL DIAPHRAGMATIC HERNIA <input type="checkbox"/> ESOPHAGEAL MOTILITY DISORDER MILDLY SYMPTOMATIC NO NUTRITIONAL CRISIS 	<ul style="list-style-type: none"> <input type="checkbox"/> FECAL INCONTINENCE <input type="checkbox"/> FISTULA IN ANO CHRONIC <input type="checkbox"/> GALLBLADDER POLYP BENIGN <input type="checkbox"/> GASTROESOPHAGEAL REFLUX DISEASE CHRONIC <input type="checkbox"/> GENDER REAFFIRMING SURGERY (GRS) MASTECTOMY <input type="checkbox"/> HEMORRHOIDS CHRONIC <input type="checkbox"/> HERNIA OF ANY TYPE MILD SYMPTOMS <input type="checkbox"/> HYPERHIDROSIS <input type="checkbox"/> HYPERPARATHYROIDISM PRIMARY SECONDARY OR TERTIARY <input type="checkbox"/> INGROWN TOENAIL <input type="checkbox"/> LIVER CYST OR OTHER BENIGN LIVER CONDITIONS <input type="checkbox"/> MORBID OBESITY - WEIGHT GAIN RECIDIVISM FOLLOWING PRIMARY SURGICAL TREATMENT <input type="checkbox"/> NECK MASS BENIGN CONGENITAL OR DEVELOPMENTAL INCLUDING THYROGLOSSAL CYST OR BRANCHIAL CLEFT NOT THYROID OR SALIVARY GLAND <input type="checkbox"/> NOSTRIL OR ORAL OR LIP OR FACIAL OR TONGUE OR EAR LESION OR ABNORMALITIES BENIGN <input type="checkbox"/> PANCREATITIS CHRONIC <input type="checkbox"/> PARAPHIMOSIS RESOLVED <input type="checkbox"/> PELVIC OR PERITONEAL ADHESIONS <input type="checkbox"/> PHIMOSIS 	<ul style="list-style-type: none"> <input type="checkbox"/> PILONIDAL PERIANAL CYST OR SINUS <input type="checkbox"/> RECTAL OR ANAL PRECANCEROUS LESIONS <input type="checkbox"/> RECTAL PROLAPSE <input type="checkbox"/> RECTOCELE <input type="checkbox"/> SCAR OR BURN REVISION WITHOUT FUNCTIONAL IMPAIRMENT <input type="checkbox"/> SKIN LESION LIPOMA BENIGN <input type="checkbox"/> SOFT TISSUE AND SKIN VASCULAR ANOMALIES WITHOUT FUNCTIONAL IMPAIRMENT <input type="checkbox"/> SOFT TISSUE MAJOR AND RETAINED ALLOPLASTIC DEVICES FOR REVISION OR REMOVAL PLANNED <input type="checkbox"/> SOFT TISSUE OR NERVE OR SKIN LESION BENIGN <input type="checkbox"/> STOMA REVISION OR REVERSAL <input type="checkbox"/> SURGICAL STERILIZATION <input type="checkbox"/> THYROID NODULE BENIGN <input type="checkbox"/> THYROID NODULE MULTINODULAR GOITER <input type="checkbox"/> TONSILS AND OR ADENOIDS RECURRENT INFECTION <input type="checkbox"/> VAGINAL CYST <input type="checkbox"/> VULVA OR PERINEUM DISORDERS INCLUDING LABIAL CYSTS OR HYPERTROPHIC LABIA OR VULVULAR LESION <input type="checkbox"/> WOUND CARE FOR DELAYED PRIMARY CLOSURE CHRONIC
<ul style="list-style-type: none"> <input type="checkbox"/> Mild or occasional pain/symptoms (biological, psychological) <input type="checkbox"/> Minimally or moderately impacts ability to perform usual activities <input type="checkbox"/> Low probability of disease progression that might affect function or life expectancy <input type="checkbox"/> Minimal unscheduled visits to ED/primary care physician/surgeon 			

<p>4 (274 days)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> BREAST MALE GYNECOMASTIA AND OTHER ANOMALIES <input type="checkbox"/> CIRCUMCISION (NON-MEDICAL) <input type="checkbox"/> TRUNK AND EXTREMITIES POST WEIGHT LOSS REDUNDANCY OF SOFT TISSUES AND SKIN <input type="checkbox"/> VENOUS INSUFFICIENCY UNCOMPLICATED <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Elective indication for surgery <input type="checkbox"/> Minimal risk of morbidity incurred in waiting
Oncology	
<p>1 (14 days)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> BOWEL CANCER NEAR COMPLETE OBSTRUCTION <input type="checkbox"/> THYROID CARCINOMA CONFIRMED ANAPLASTIC <input type="checkbox"/> VENOUS ACCESS FOR CHEMOTHERAPY <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases
<p>2 (28 days)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> ADRENAL MASS GREATER THAN OR EQUAL TO 3 CM <input type="checkbox"/> BOWEL CARCINOMA <input type="checkbox"/> BREAST CANCER INVASIVE WITH OR WITHOUT IMMEDIATE RECONSTRUCTION <input type="checkbox"/> THYROID CARCINOMA CONFIRMED AGGRESSIVE WELL DIFFERENTIATED <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Patients diagnosed with highly aggressive malignancies
<p>3 (42 days)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> BOWEL POLYP OR LESION SUSPICIOUS FOR MALIGNANCY <input type="checkbox"/> BREAST CANCER DUCTAL CARCINOMA IN SITU (DCIS) WITH OR WITHOUT IMMEDIATE RECONSTRUCTION <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> All patients with known or suspected highly invasive cancer <input type="checkbox"/> Cancer is not highly aggressive or indolent
<p>4 (84 days)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> OTHER CANCER <input type="checkbox"/> ADRENAL MASS LESS THAN 3 CM <input type="checkbox"/> BREAST MASS UNDIAGNOSED (ADH and similar lesions) <input type="checkbox"/> THYROID CARCINOMA CONFIRMED NON-AGGRESSIVE WELL DIFFERENTIATED OR THYROID NODULE INDETERMINATE <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies