



**Service:** General

**Care Venue:**  GGH  HSC  SBH  VGH  Maples\*

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

# Case Priority Criteria

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

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