



Service: Gynecology/Obstetrics

Care Venue: GGH HSC SBH VGH Maples* | BEH BRC BTC DHC NES SGH TGH TPC

<h2 style="margin: 0;">Case Details</h2> <p style="font-size: small; margin: 5px 0;">*all fields are mandatory in Novari ATC</p>		Patient Name*: _____	DOB: MM/DD/YYYY												
		PHIN*: _____													
Diagnosis Category*															
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> [C] Known Cancer</td> <td style="width: 50%; border: none;"><input type="checkbox"/> GENITAL TRAUMA</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> [C] Suspected Cancer</td> <td style="border: none;"><input type="checkbox"/> GENITOURINARY DISORDER</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> BENIGN TUMOR</td> <td style="border: none;"><input type="checkbox"/> GYNECOLOGICAL ABNORMALITIES</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> CESAREAN SECTION (PLANNED)</td> <td style="border: none;"><input type="checkbox"/> OTHER GYNECOLOGICAL DIAGNOSES</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> DISEASES OF THE OVARIES, FALLOPIAN TUBES</td> <td style="border: none;"><input type="checkbox"/> PELVIC AND PERITONEAL CONDITION</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> DISEASES OF THE UTERUS, VULVA, CERVIX, VAGINA</td> <td style="border: none;"></td> </tr> </table>				<input type="checkbox"/> [C] Known Cancer	<input type="checkbox"/> GENITAL TRAUMA	<input type="checkbox"/> [C] Suspected Cancer	<input type="checkbox"/> GENITOURINARY DISORDER	<input type="checkbox"/> BENIGN TUMOR	<input type="checkbox"/> GYNECOLOGICAL ABNORMALITIES	<input type="checkbox"/> CESAREAN SECTION (PLANNED)	<input type="checkbox"/> OTHER GYNECOLOGICAL DIAGNOSES	<input type="checkbox"/> DISEASES OF THE OVARIES, FALLOPIAN TUBES	<input type="checkbox"/> PELVIC AND PERITONEAL CONDITION	<input type="checkbox"/> DISEASES OF THE UTERUS, VULVA, CERVIX, VAGINA	
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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* (Gyne): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Diagnosis Description: _____ _____ _____													
Wait 2 Priority* (Obs): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8															
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	Anesthetic*: <small>Regional sites only</small> <small>Anesthetist required</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	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				
1 (28 days)	EMERGENT PRIORITY <input type="checkbox"/> Conditions requiring hospitalization <input type="checkbox"/> Stable bowel obstruction <input type="checkbox"/> Surgery for pregnancy termination, etc.				
2 (90 days)	URGENT PRIORITY <input type="checkbox"/> Premalignant conditions / Benign gynecological conditions causing: - severe functional impairment refractory to medical treatment - transfusion dependent anemia - pain - prolapse with renal compromise or retention requiring catheterization - urosepsis etc. <input type="checkbox"/> Highly time-sensitive Infertility <input type="checkbox"/> Highly time-sensitive tubal ligation, etc.				
3 (182 days)	HIGH PRIORITY ELECTIVE <input type="checkbox"/> PMB & cannot biopsy <input type="checkbox"/> Persistent bleeding from postmenopausal polyp <input type="checkbox"/> Benign gynecological conditions causing moderate functional impairment refractory to medical treatment <input type="checkbox"/> Severe abnormal uterine bleeding not amenable to medical therapy <input type="checkbox"/> Benign but symptomatic ovarian cystectomy (incontinence resulting in UTIs) <input type="checkbox"/> Benign but symptomatic ovarian cystectomy (chronic severe pelvic pain) <input type="checkbox"/> Moderately time sensitive Infertility <input type="checkbox"/> Moderately time sensitive tubal ligation, obstructive anomalies				
4 (274 days)	MEDIUM PRIORITY ELECTIVE <input type="checkbox"/> Benign gynecological conditions causing mild functional impairment refractory to medical treatment - abnormal uterine bleeding not amenable to medical therapy - incontinence - prolapse - chronic pelvic pain - infertility <input type="checkbox"/> Mildly time sensitive tubal ligation <input type="checkbox"/> Time sensitive hereditary prophylactic surgery				
5 (364 days)	LOW PRIORITY ELECTIVE <input type="checkbox"/> Benign gynecological conditions without functional impairment <input type="checkbox"/> Tubal ligation with effective alternative contraception <input type="checkbox"/> Prophylactic BSO in patients with breast cancer				
Oncology					
1 (14 days)	<input type="checkbox"/> CERVICAL NEOPLASM MALIGNANCY <input type="checkbox"/> ENDOMETRIAL MALIGNANCY GRADE 2 <input type="checkbox"/> FALLOPIAN TUBE MALIGNANCY <input type="checkbox"/> GENITAL ORGANS UNSPECIFIED NEOPLASM CONFIRMED MALIGNANT <input type="checkbox"/> OVARIAN AND OR ADNEXA MALIGNANCY <input type="checkbox"/> VULVA MALIGNANCY <input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases				
2 (28 days)	<input type="checkbox"/> EXAMINATION UNDER ANESTHETIC DUE TO PREVIOUS CANCER <input type="checkbox"/> CERVICAL NEOPLASM MALIGNANCY SUSPECTED <input type="checkbox"/> ENDOMETRIAL MALIGNANCY GRADE 3 <input type="checkbox"/> GENITAL ORGANS UNSPECIFIED NEOPLASM CANCER SUSPECTED <input type="checkbox"/> OVARIAN AND OR ADNEXA MALIGNANCY SUSPECTED <input type="checkbox"/> VULVA OR PERINEUM LESION SUSPECTED MALIGNANCY <input type="checkbox"/> Patients diagnosed with highly aggressive malignancies				
3 (42 days)	<input type="checkbox"/> ENDOMETRIAL CARCINOMA GRADE 1 <input type="checkbox"/> POST MENOPAUSAL BLEEDING MALIGNANCY SUSPECTED <input type="checkbox"/> CERVICAL DYSPLASIA UNSPECIFIED <input type="checkbox"/> UTERINE MALIGNANCY SUSPECTED OR ENDOMETRIAL HYPERPLASIA <input type="checkbox"/> All patients with known or suspected highly invasive cancer <input type="checkbox"/> Cancer is not highly aggressive or indolent				
4 (84 days)	<input type="checkbox"/> CERVICAL POLYP <input type="checkbox"/> LYNCH SYNDROME <input type="checkbox"/> OVARIAN CANCER RISK PROPHYLACTIC <input type="checkbox"/> URETERIC STENT PLANNED REMOVAL OR EXCHANGE DUE TO PREVIOUS CANCER SURGERY <input type="checkbox"/> VULVAR DYSPLASIA VIN III <input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies				
Obstetrics					
0 (14 days)	<input type="checkbox"/> "Urgent; does not require the emergency slate (based on expected date of delivery)	3 (90 days)	<input type="checkbox"/> Scheduled Surgery is required within 3 month (based on expected date of delivery)	6 (182 days)	<input type="checkbox"/> Scheduled Surgery is required within 6 month (based on expected date of delivery)
1 (28 days)	<input type="checkbox"/> Scheduled Surgery is required within 1 month (based on expected date of delivery)	4 (128 days)	<input type="checkbox"/> Scheduled Surgery is required within 4 month (based on expected date of delivery)	7 (210 days)	<input type="checkbox"/> Scheduled Surgery is required within 7 month (based on expected date of delivery)
2 (60 days)	<input type="checkbox"/> Scheduled Surgery is required within 2 month (based on expected date of delivery)	5 (150 days)	<input type="checkbox"/> Scheduled Surgery is required within 5 month (based on expected date of delivery)	8 (240 days)	<input type="checkbox"/> Scheduled Surgery is required within 8 month (based on expected date of delivery)