



Service: Gynecology/Obstetrics

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"/> 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				
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				
<i>Please refer to the Case Priority Criteria to complete this section</i>				
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*:				
Procedure Notes:				
DTT*: MM/DD/YYYY	Laterality*: <i>(if applicable)</i> <input type="checkbox"/> Left <input type="checkbox"/> Right	Attend Short*: <i>Patient is available on short notice as a last-minute case replacement.</i> <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*: <i>Day Surgery</i> <input type="checkbox"/> ICU <input type="checkbox"/> Unit <i>LOS: _____ days</i>
Special Instructions:				
Review by:			Entered by:	

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 proven cancer, pregnancy termination, etc.				
2 (90 days)	URGENT PRIORITY <input type="checkbox"/> Probable cancer / 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"/> Possible cancer, PMB & cannot biopsy <input type="checkbox"/> Possible cancer, 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 <input type="checkbox"/> LYNCH SYNDROME <input type="checkbox"/> OVARIAN CANCER RISK PROPHYLACTIC				
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"/> GERM CELL CANCER <input type="checkbox"/> GTN (MALIGNANT) <input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases				
2 (21 days)	<input type="checkbox"/> CERVICAL MALIGNANCY <input type="checkbox"/> ENDOMETRIAL MALIGNANCY HIGH-GRADE <input type="checkbox"/> GENITAL ORGANS UNSPECIFIED NEOPLASM CONFIRMED OR SUSPECTED MALIGNANT		<input type="checkbox"/> OVARIAN AND OR ADNEXA MALIGNANCY CONFIRMED OR SUSPECTED <input type="checkbox"/> VULVA OR PERINEUM LESION SUSPECTED MALIGNANCY		
3 (42 days)	<input type="checkbox"/> ENDOMETRIAL CARCINOMA (GRADE 1 OR 2) LOW-GRADE <input type="checkbox"/> PELVIC MASS UNDIAGNOSED, SUSPICIOUS FOR MALIGNANCIES		<input type="checkbox"/> UTERINE MALIGNANCY SUSPECTED		
4 (84 days)	<input type="checkbox"/> CERVICAL DYSPLASIA HIGH-GRADE <input type="checkbox"/> ENDOMETRIAL HYPERPLASIA		<input type="checkbox"/> VULVAR/VAGINAL DYSPLASIA HIGH-GRADE		
Obstetrics					
0 (14 days)	<input type="checkbox"/> 'Urgent; does not require the emergency slate <i>(based on expected date of delivery)</i>	3 (90 days)	<input type="checkbox"/> Scheduled Surgery is required within 3 month <i>(based on expected date of delivery)</i>	6 (182 days)	<input type="checkbox"/> Scheduled Surgery is required within 6 month <i>(based on expected date of delivery)</i>
1 (28 days)	<input type="checkbox"/> Scheduled Surgery is required within 1 month <i>(based on expected date of delivery)</i>	4 (128 days)	<input type="checkbox"/> Scheduled Surgery is required within 4 month <i>(based on expected date of delivery)</i>	7 (210 days)	<input type="checkbox"/> Scheduled Surgery is required within 7 month <i>(based on expected date of delivery)</i>
2 (60 days)	<input type="checkbox"/> Scheduled Surgery is required within 2 month <i>(based on expected date of delivery)</i>	5 (150 days)	<input type="checkbox"/> Scheduled Surgery is required within 5 month <i>(based on expected date of delivery)</i>	8 (240 days)	<input type="checkbox"/> Scheduled Surgery is required within 8 month <i>(based on expected date of delivery)</i>