



Service: Neurosurgery

Care Venue: HSC Adult SBH

Case Details <i>*all fields are mandatory in Novari ATC</i>		Patient Name*:		DOB: MM/DD/YYYY	
		PHIN*:			
Diagnosis Category*					
<input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> BENIGN TUMOURS NERVOUS SYSTEM AND ITS COVERINGS <input type="checkbox"/> CRANIOFACIAL DISORDERS <input type="checkbox"/> DEGENERATIVE DISEASES OF THE BRAIN AND SPINAL CORD <input type="checkbox"/> DISORDERS OF THE CEREBROVASCULAR SYSTEM <input type="checkbox"/> DISORDERS OF THE PERIPHERAL NERVES AND MUSCLES			<input type="checkbox"/> FUNCTIONAL DISORDERS, PAIN, EPILEPSY, MOVEMENT DISORDERS <input type="checkbox"/> HYDROCEPHALUS AND OTHER CONGENITAL DISORDERS <input type="checkbox"/> INFECTIOUS DISEASES NERVOUS SYSTEM AND ITS COVERINGS <input type="checkbox"/> INTERVERTEBRAL DISC DISEASE AND OTHER DISORDERS OF THE SPINAL COLUMN <input type="checkbox"/> OTHER NEUROLOGIC DIAGNOSES <input type="checkbox"/> SPINAL DYSRAPHISM <input type="checkbox"/> TRAUMA OF BRAIN, SPINAL CORD AND THEIR COVERINGS		
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*:					
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*: Day Surgery <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: _____ days	
Special Instructions:					
Review by:			Entered by:		

Case Priority Criteria

Priority / Target Days	Diagnosis Description
1 (14 days)	<input type="checkbox"/> HYDROCEPHALUS SUBACUTE <input type="checkbox"/> ANEURYSM UNRUPTURED ACUTE SYMPTOMATIC PRESENTATION OR HIGH RUPTURE RISK <input type="checkbox"/> HEAD INJURY PROGRESSIVE DEFICIT <input type="checkbox"/> CAROTID STENOSIS SYMPTOMATIC <input type="checkbox"/> TEMPORAL ARTERITIS <input type="checkbox"/> Urgent; does not require emergency slate
2 (30 days)	<input type="checkbox"/> ANEURYSM UNRUPTURED SUBACUTE SYMPTOMATIC PRESENTATION OR VASCULAR MALFORMATION WITH INTERMEDIATE RUPTURE RISK <input type="checkbox"/> TRIGEMINAL NEURALGIA ACUTE <input type="checkbox"/> HEAD INJURY STABLE <input type="checkbox"/> EPILEPSY WITH RISK OF SUDEP (SUDDEN UNEXPECTED DEATH IN EPILEPSY) <input type="checkbox"/> SPINAL CORD OR NERVE ROOT OR MENINGEAL TUMOUR PROGRESSIVE DEFICIT BENIGN <input type="checkbox"/> SYRINGOHYDROMYELIA <input type="checkbox"/> WOUND COMPLICATION <input type="checkbox"/> Constant, frequent or severe pain or symptoms <input type="checkbox"/> High probability that treatment delay will affect physical or cognitive abilities
3 (90 days)	<input type="checkbox"/> ANEURYSM UNRUPTURED SUBACUTE ASYMPTOMATIC PRESENTATION OR VASCULAR MALFORMATION WITH LOW RUPTURE RISK <input type="checkbox"/> CAROTID STENOSIS ASYMPTOMATIC <input type="checkbox"/> CEREBROSPINAL FLUID LEAK CHRONIC <input type="checkbox"/> DEPRESSION TREMOR DYSTONIA OR PARKINSON DISEASE SEVERE <input type="checkbox"/> DYSTONIA OR TOURETTE'S SYNDROME WITH SEVERE FUNCTIONAL IMPAIRMENT <input type="checkbox"/> EPILEPSY <input type="checkbox"/> HEMIFACIAL SPASM <input type="checkbox"/> HYDROCEPHALUS NORMAL OR LOW PRESSURE <input type="checkbox"/> INTRACRANIAL CYST OR DEVELOPMENTAL ABNORMALITY <input type="checkbox"/> INTRACRANIAL LOW-GRADE TUMOUR STABLE BENIGN <input type="checkbox"/> MAJOR NERVE INJURY <input type="checkbox"/> NERVE TUMOUR SUSPECTED BENIGN <input type="checkbox"/> NEUROSURGICAL IMPLANTS REMOVAL REPLACEMENT OR INSERTION <input type="checkbox"/> PERIPHERAL NERVE COMPRESSION <input type="checkbox"/> SPINAL CORD OR NERVE ROOT OR MENINGEAL TUMOUR STABLE BENIGN <input type="checkbox"/> SPINAL DYSRAPHISM OR TETHERED CORD <input type="checkbox"/> TRIGEMINAL NEURALGIA CHRONIC <input type="checkbox"/> Moderate pain/symptoms <input type="checkbox"/> Moderately impacts ability to perform usual workday <input type="checkbox"/> Low probability that treatment delay will adversely affect physical or cognitive abilities <input type="checkbox"/> Occasional unscheduled health care encounters i.e., ED/family physician/surgeon
4 (182 days)	<input type="checkbox"/> DEPRESSION TREMOR DYSTONIA OR PARKINSON DISEASE MODERATE <input type="checkbox"/> CHIARI MALFORMATION OR HEADACHE <input type="checkbox"/> CRANIOFACIAL DEFORMITIES OR DEFICIENCIES <input type="checkbox"/> SPASTICITY OR CHRONIC PAIN <input type="checkbox"/> NEUROSURGICAL IMPLANT REMOVAL REPLACEMENT OR INSERTION ROUTINE <input type="checkbox"/> Mild or occasional pain/symptoms <input type="checkbox"/> Elective indication for surgery <input type="checkbox"/> Minimal impact on ability to perform usual workday <input type="checkbox"/> Low probability that treatment will affect physical or cognitive abilities
Oncology	
1 (14 days)	<input type="checkbox"/> ACOUSTIC NEUROMA BRAINSTEM COMPRESSION WITH SYMPTOMS <input type="checkbox"/> INTRACRANIAL HIGH-GRADE TUMOUR RAPID DEFICIT <input type="checkbox"/> INTRACRANIAL LOW-GRADE TUMOUR RAPID DEFICIT <input type="checkbox"/> PITUITARY ADENOMA APOPLEXY OR VISUAL ACUITY LOSS <input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases
2 (28 days)	<input type="checkbox"/> ACOUSTIC NEUROMA BRAINSTEM COMPRESSION WITHOUT SYMPTOMS <input type="checkbox"/> INTRACRANIAL HIGH-GRADE TUMOUR PROGRESSIVE DEFICIT <input type="checkbox"/> INTRACRANIAL LOW-GRADE TUMOUR PROGRESSIVE DEFICIT <input type="checkbox"/> MAJOR NERVE TUMOUR SUSPECTED MALIGNANT <input type="checkbox"/> PITUITARY ADENOMA VISUAL FAILURE <input type="checkbox"/> Patients diagnosed with highly aggressive malignancies
3 (42 days)	<input type="checkbox"/> ACOUSTIC NEUROMA ASYMPTOMATIC <input type="checkbox"/> INTRACRANIAL HIGH-GRADE TUMOUR STABLE <input type="checkbox"/> PITUITARY ADENOMA ENDOCRINE <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"/> Patients diagnosed or suspected to have indolent malignancies