



Service: Otolaryngology

Care Venue: HSC SBH VGH Maples

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 <input type="checkbox"/> DISEASE OF RESPIRATORY SYSTEM <input type="checkbox"/> DISEASES OF THE ENDOCRINE SYSTEM <input type="checkbox"/> DISEASES OF THE NERVOUS SYSTEM <input type="checkbox"/> DISEASES OF THE PHARYNX, TONSILS AND ADENOIDS <input type="checkbox"/> DISEASES OF THE UPPER GI TRACT <input type="checkbox"/> DISORDERS OF THE MOUTH <input type="checkbox"/> DISORDERS OF THE NOSE AND SEPTUM <input type="checkbox"/> DISORDERS OF THE SALIVARY GLANDS <input type="checkbox"/> FOREIGN BODIES <input type="checkbox"/> INFECTIVE OR INFLAMMATORY DISEASES OF THE EAR <input type="checkbox"/> INFECTIVE OR INFLAMMATORY OF THE NOSE AND SINUSES <input type="checkbox"/> OSSICULAR CHAIN DISORDER <input type="checkbox"/> OTHER OTOLARYNGOLOGIC DIAGNOSES <input type="checkbox"/> OTOSCLEROSIS AND OTHER DISORDERS OF HEARING <input type="checkbox"/> TRAUMA					
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*: (if applicable) <input type="checkbox"/> Left <input type="checkbox"/> Right	Attend Short*: Patient is available on short notice as a last-minute case replacement. <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 (21 days)	<input type="checkbox"/> TRACHEAL STOMA COMPLICATIONS <input type="checkbox"/> EXAMINATION URGENT <input type="checkbox"/> HYPERPARATHYROIDISM WITH SEVERE HYPERCALCEMIA <input type="checkbox"/> SKULL BASE NEOPLASM BENIGN WITH BRAIN COMPRESSION <input type="checkbox"/> DENTAL CARIES ADVANCED WITH PAIN HIGH MEDICAL RISK REQUIRE HYPERBARIC OXYGEN TREATMENT	<input type="checkbox"/> EYELID DEFORMITY <input type="checkbox"/> FACIAL FRACTURE <input type="checkbox"/> LARYNGEAL STENOSIS WITH SIGNIFICANT AIRWAY ISSUES <input type="checkbox"/> OTITIS MEDIA RECURRENT SEVERE <input type="checkbox"/> POSTERIOR FOSSA OR CEREBELLOPONTINE ANGLE CPA TUMOUR BENIGN WITH BRAIN COMPRESSION	<input type="checkbox"/> EPISTAXIS HEREDITARY HEMORRHAGIC TELANGIECTASIA <input type="checkbox"/> SINUS OR NASAL ABNORMALITIES EXCLUDING FOREIGN BODY <input type="checkbox"/> FACIAL SKELETAL HARDWARE AND DEVICE COMPLICATIONS ACUTE <input type="checkbox"/> WOUND INFECTIONS OR OTHER POST OPERATIVE OR IMPLANT COMPLICATIONS (Subacute, Chronic)
	<input type="checkbox"/> Urgent; does not require emergency slate		
2 (90 days)	<input type="checkbox"/> BENIGN/DIAGNOSTIC THYROIDECTOMY <input type="checkbox"/> CHOANAL ATRESIA <input type="checkbox"/> CRANIOFACIAL DEFORMITY WITH FUNCTIONAL IMPAIRMENT <input type="checkbox"/> EPISTAXIS RECURRENT <input type="checkbox"/> ESOPHAGEAL STRICTURE OR DIVERTICULUM WITHOUT OBSTRUCTION <input type="checkbox"/> EXAMINATION NON-URGENT <input type="checkbox"/> FACIAL HARDWARE RETAINED <input type="checkbox"/> FACIAL NERVE PALSY CHRONIC BENIGN TUMOUR OR BELL'S PALSY <input type="checkbox"/> FACIAL SKELETAL HARDWARE AND DEVICE COMPLICATIONS SUBACUTE AND CHRONIC <input type="checkbox"/> FACIAL SOFT TISSUE DEFORMITY WITH FUNCTIONAL IMPAIRMENT <input type="checkbox"/> HEAD AND NECK DEFECTS RECONSTRUCTION CHRONIC <input type="checkbox"/> HEARING LOSS SENSORINEURAL REQUIRING COCHLEAR IMPLANT AFTER MENINGITIS <input type="checkbox"/> HYPERPARATHYROIDISM WITH ESCALATING HYPERCALCEMIA	<input type="checkbox"/> LARYNGEAL NODULE BENIGN WITHOUT SIGNIFICANT AIRWAY OBSTRUCTION <input type="checkbox"/> LARYNGEAL STENOSIS WITHOUT SIGNIFICANT AIRWAY ISSUES <input type="checkbox"/> MAXILLA AND MANDIBLE OSTEO NECROSIS OR OSTEOADIONECROSIS <input type="checkbox"/> MAXILLA AND OR MANDIBULAR NEOPLASM BENIGN <input type="checkbox"/> MAXILLA OR MANDIBLE REHABILITATION PHASE I OSSEOINTEGRATION POST RECONSTRUCTION AND OR WITH TISSUE REDUCTION" <input type="checkbox"/> MENIERE'S DISEASE <input type="checkbox"/> NASAL POLYP <input type="checkbox"/> OBSTRUCTIVE SLEEP APNEA MODERATE AND SEVERE NOT USING CPAP <input type="checkbox"/> ORAL DEFORMITY WITH FUNCTIONAL IMPAIRMENT <input type="checkbox"/> OTITIS MEDIA RECURRENT <input type="checkbox"/> OTITIS MEDIA WITH EFFUSION <input type="checkbox"/> PARATHYROIDECTOMY	<input type="checkbox"/> PERIORBITAL DEFORMITY WITH FUNCTIONAL IMPAIRMENT <input type="checkbox"/> POST NEOPLASM RESECTION SKIN OR SOFT TISSUE DEFECT OR DELAYED WOUND CLOSURE <input type="checkbox"/> POSTERIOR FOSSA OR CEREBELLOPONTINE ANGLE CPA TUMOUR BENIGN WITH IMPENDING BRAIN COMPRESSION <input type="checkbox"/> RHINITIS CHRONIC <input type="checkbox"/> SALIVARY GLAND TUMOUR BENIGN <input type="checkbox"/> SIALOLITHIASIS AND SIALADENITIS <input type="checkbox"/> SINO NASAL MASS NEOPLASM BENIGN <input type="checkbox"/> SINUSITIS CHRONIC <input type="checkbox"/> TONSILS AND OR ADENOIDS AIRWAY OBSTRUCTIVE SYMPTOMS <input type="checkbox"/> TRACHEAL STOMA REVERSAL OR REVISION <input type="checkbox"/> VERTIGO <input type="checkbox"/> VOCAL CORD PARALYSIS SYMPTOMATIC
	<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		
3 (182 days)	<input type="checkbox"/> ANKYLOGLOSSIA <input type="checkbox"/> CLEFT LIP AND PALATE <input type="checkbox"/> CRANIOFACIAL BONE LESION BENIGN <input type="checkbox"/> CRANIOFACIAL DEFORMITY WITHOUT FUNCTIONAL IMPAIRMENT <input type="checkbox"/> EAR CANAL STENOSIS <input type="checkbox"/> EAR DEFORMITY EXTERNAL OTOPLASTY <input type="checkbox"/> EUSTACHIAN TUBE DYSFUNCTION <input type="checkbox"/> FACIAL PARALYSIS FACIAL REANIMATION <input type="checkbox"/> FACIAL SOFT TISSUE DEFORMITY WITHOUT FUNCTIONAL IMPAIRMENT <input type="checkbox"/> GENDER REAFFIRMING SURGERY (GRS) <input type="checkbox"/> LARYNGEAL SHAVING <input type="checkbox"/> GENDER REAFFIRMING SURGERY (GRS) VOCAL CORD WEBBING <input type="checkbox"/> HEARING LOSS BONE CONDUCTING HEARING AID AND OR MIDDLE EAR IMPLANT <input type="checkbox"/> HEARING LOSS RECONSTRUCTIVE MIDDLE EAR SURGERY <input type="checkbox"/> HEARING LOSS SENSORINEURAL REQUIRING COCHLEAR IMPLANT <input type="checkbox"/> HYPERPARATHYROIDISM PRIMARY SECONDARY OR TERTIARY	<input type="checkbox"/> MASTOID AND MIDDLE EAR DISEASES NON-TUMOUR <input type="checkbox"/> MAXILLA OR MANDIBLE ATROPHIC REQUIRING BONE GRAFT <input type="checkbox"/> MAXILLA OR MANDIBLE REHABILITATION PHASE I OSSEOINTEGRATION POST RECONSTRUCTION AND OR WITH BONE GRAFT <input type="checkbox"/> MAXILLA OR MANDIBLE REHABILITATION PHASE I POST RECONSTRUCTION <input type="checkbox"/> MAXILLA OR MANDIBLE REHABILITATION PHASE II OSSEOINTEGRATION <input type="checkbox"/> NASAL DEFORMITY WITH FUNCTIONAL IMPAIRMENT <input type="checkbox"/> NASAL HYPERTROPHIED TURBINATES CAUSING OBSTRUCTION <input type="checkbox"/> NASAL SEPTUM DEVIATION <input type="checkbox"/> NECK MASS BENIGN CONGENITAL OR DEVELOPMENTAL INCLUDING THYROGLOSSAL CYST OR <input type="checkbox"/> 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"/> OBSTRUCTIVE SLEEP APNEA MILD NOT USING CPAP <input type="checkbox"/> OBSTRUCTIVE SLEEP APNEA MODERATE AND SEVERE USING CPAP <input type="checkbox"/> ORAL DEFORMITY WITHOUT FUNCTIONAL IMPAIRMENT <input type="checkbox"/> ORAL SOFT TISSUE REVISION WITH STENT POST RECONSTRUCTION <input type="checkbox"/> PERIORBITAL DEFORMITY WITHOUT FUNCTIONAL IMPAIRMENT <input type="checkbox"/> POSTERIOR FOSSA OR CEREBELLOPONTINE ANGLE CPA TUMOUR BENIGN <input type="checkbox"/> SCAR UNACCEPTABLE <input type="checkbox"/> SEPTAL PERFORATION <input type="checkbox"/> SOFT TISSUE OR NERVE OR SKIN LESION BENIGN <input type="checkbox"/> SUPERIOR SEMICIRCULAR CANAL DEHISCENCE SYNDROME <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"/> TYMPANIC MEMBRANE PERFORATION
	<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		
4 (274 days)	<input type="checkbox"/> OBSTRUCTIVE SLEEP APNEA MILD USING CPAP <input type="checkbox"/> NASAL DEFORMITY WITHOUT FUNCTIONAL IMPAIRMENT		
	<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"/> CRANIOFACIAL BONE LESION MALIGNANT <input type="checkbox"/> EAR AND OR MASTOID NEOPLASM CONFIRMED MALIGNANT <input type="checkbox"/> HEAD AND NECK NEOPLASM MALIGNANT CONFIRMED WITH HIGH RISK TO AIRWAY OR SWALLOWING COMPROMISE <input type="checkbox"/> SALIVARY GLAND NEOPLASM CONFIRMED MALIGNANT <input type="checkbox"/> SINUS NEOPLASM CONFIRMED MALIGNANT WITH VISION COMPROMISE 	<ul style="list-style-type: none"> <input type="checkbox"/> SKIN OR SQUAMOUS CELL NEOPLASM CONFIRMED HIGH-GRADE MALIGNANT <input type="checkbox"/> SKULL BASE NEOPLASM CONFIRMED MALIGNANT WITH HIGH RISK TO CANCER PROGRESSION OR VISION COMPROMISE <input type="checkbox"/> SOFT TISSUE OR NERVE HIGH-GRADE TUMOUR MALIGNANT CONFIRMED <input type="checkbox"/> THYROID CARCINOMA CONFIRMED ANAPLASTIC
<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"/> CRANIOFACIAL BONE LESION CANCER SUSPECTED <input type="checkbox"/> HEAD AND NECK NEOPLASM MALIGNANT CONFIRMED WITH MODERATE RISK TO AIRWAY OR SWALLOWING COMPROMISE <input type="checkbox"/> HEAD AND NECK NEOPLASM MALIGNANT SUSPECTED DIAGNOSTIC WORKUP <input type="checkbox"/> PARAPHARYNGEAL NEOPLASM MALIGNANT SUSPECTED <input type="checkbox"/> POST NEOPLASM RESECTION SKIN OR SOFT TISSUE DEFECT OR DELAYED WOUND CLOSURE 	<ul style="list-style-type: none"> <input type="checkbox"/> SALIVARY GLAND NEOPLASM SUSPECTED <input type="checkbox"/> SINUS NEOPLASM CONFIRMED MALIGNANT <input type="checkbox"/> SKULL BASE NEOPLASM CONFIRMED MALIGNANT WITH MODERATE RISK TO CANCER PROGRESSION <input type="checkbox"/> SOFT TISSUE OR NERVE CANCER SUSPECTED <input type="checkbox"/> THYROID CARCINOMA CONFIRMED AGGRESSIVE WELL DIFFERENTIATED
<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"/> MAXILLA OR MANDIBLE REHABILITATION PHASE I OSSEOINTEGRATION POST-RECONSTRUCTION AND OR WITH TISSUE REDUCTION <input type="checkbox"/> NOSTRIL OR ORAL OR LIP OR FACIAL OR TONGUE OR EAR LESION 	<ul style="list-style-type: none"> <input type="checkbox"/> PARAGANGLIOMA NECK <input type="checkbox"/> SKIN BASAL CELL NEOPLASM CONFIRMED LOW-GRADE MALIGNANT <input type="checkbox"/> SOFT TISSUE OR NERVE LOW-GRADE TUMOUR MALIGNANT CONFIRMED
<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"/> MAXILLA OR MANDIBLE ATROPHIC REQUIRING BONE GRAFT <input type="checkbox"/> MAXILLA OR MANDIBLE REHABILITATION PHASE I OSSEOINTEGRATION POST-RECONSTRUCTION AND OR WITH BONE GRAFT <input type="checkbox"/> MAXILLA OR MANDIBLE REHABILITATION PHASE I POST RECONSTRUCTION 	<ul style="list-style-type: none"> <input type="checkbox"/> MAXILLA OR MANDIBLE REHABILITATION PHASE II OSSEOINTEGRATION <input type="checkbox"/> ORAL SOFT TISSUE REVISION WITH STENT POST RECONSTRUCTION <input type="checkbox"/> THYROID CARCINOMA CONFIRMED NON-AGGRESSIVE WELL DIFFERENTIATED OR THYROID NODULE INDETERMINATE
<ul style="list-style-type: none"> <input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies 		