



Service: Plastics

Care Venue: COH HSC Pan Am SBH VGH Maples*

<h2 style="margin: 0;">Case Details</h2> <p style="font-size: small; margin-top: 5px;">*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; vertical-align: top;"> <input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> ABDOMINAL RECONSTRUCTION <input type="checkbox"/> BENIGN TUMOURS <input type="checkbox"/> BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY) <input type="checkbox"/> BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED) <input type="checkbox"/> BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE) <input type="checkbox"/> BURNS, FROSTBITE, NECROTIZING INFECTION" <input type="checkbox"/> CONGENITAL ABNORMALITIES <input type="checkbox"/> COSMETIC PROCEDURES </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> DISORDERS OF BONES (CRANIOFACIAL, HAND, WRIST) <input type="checkbox"/> DISORDERS OF HEAD AND NECK BONES, CARTILAGE <input type="checkbox"/> DISORDERS OF JOINTS <input type="checkbox"/> DISORDERS OF TENDONS/LIGAMENTS OF HANDS, WRIST, FEET <input type="checkbox"/> DISORDERS OF THE BRACHIAL PLEXUS, PERIPHERAL NERVES AND MUSCLES <input type="checkbox"/> INFECTIONS OF SKIN SOFT TISSUES AND HANDS <input type="checkbox"/> OTHER PLASTICS DIAGNOSES <input type="checkbox"/> RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION <input type="checkbox"/> SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SKIN AND SUBCUT TISSUES <input type="checkbox"/> TRAUMA </td> </tr> </table>					<input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> ABDOMINAL RECONSTRUCTION <input type="checkbox"/> BENIGN TUMOURS <input type="checkbox"/> BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY) <input type="checkbox"/> BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED) <input type="checkbox"/> BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE) <input type="checkbox"/> BURNS, FROSTBITE, NECROTIZING INFECTION" <input type="checkbox"/> CONGENITAL ABNORMALITIES <input type="checkbox"/> COSMETIC PROCEDURES	<input type="checkbox"/> DISORDERS OF BONES (CRANIOFACIAL, HAND, WRIST) <input type="checkbox"/> DISORDERS OF HEAD AND NECK BONES, CARTILAGE <input type="checkbox"/> DISORDERS OF JOINTS <input type="checkbox"/> DISORDERS OF TENDONS/LIGAMENTS OF HANDS, WRIST, FEET <input type="checkbox"/> DISORDERS OF THE BRACHIAL PLEXUS, PERIPHERAL NERVES AND MUSCLES <input type="checkbox"/> INFECTIONS OF SKIN SOFT TISSUES AND HANDS <input type="checkbox"/> OTHER PLASTICS DIAGNOSES <input type="checkbox"/> RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION <input type="checkbox"/> SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SKIN AND SUBCUT TISSUES <input type="checkbox"/> TRAUMA
<input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> ABDOMINAL RECONSTRUCTION <input type="checkbox"/> BENIGN TUMOURS <input type="checkbox"/> BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY) <input type="checkbox"/> BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED) <input type="checkbox"/> BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE) <input type="checkbox"/> BURNS, FROSTBITE, NECROTIZING INFECTION" <input type="checkbox"/> CONGENITAL ABNORMALITIES <input type="checkbox"/> COSMETIC PROCEDURES	<input type="checkbox"/> DISORDERS OF BONES (CRANIOFACIAL, HAND, WRIST) <input type="checkbox"/> DISORDERS OF HEAD AND NECK BONES, CARTILAGE <input type="checkbox"/> DISORDERS OF JOINTS <input type="checkbox"/> DISORDERS OF TENDONS/LIGAMENTS OF HANDS, WRIST, FEET <input type="checkbox"/> DISORDERS OF THE BRACHIAL PLEXUS, PERIPHERAL NERVES AND MUSCLES <input type="checkbox"/> INFECTIONS OF SKIN SOFT TISSUES AND HANDS <input type="checkbox"/> OTHER PLASTICS DIAGNOSES <input type="checkbox"/> RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION <input type="checkbox"/> SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SKIN AND SUBCUT TISSUES <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 <input type="checkbox"/> 5		Diagnosis Description: 				
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	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*: Day Surgery <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: ____ days		
Special Instructions: 						

Case Priority Criteria

Priority / Target Days	Diagnosis Description	
1 (14 days)	<input type="checkbox"/> BURNS (ACUTE) <input type="checkbox"/> EXTREMITY OR CRANIOFACIAL FRACTURE (ACUTE) <input type="checkbox"/> FROSTBITE (ACUTE) <input type="checkbox"/> NECROTIZING INFECTION <input type="checkbox"/> NERVE TENDON OR LIGAMENT INJURY (ACUTE)	<input type="checkbox"/> SOFT TISSUE AND SKIN VASCULAR ANOMALIES (WITH FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> TRAUMA/ACUTE DISORDERS OF THE HEAD AND NECK BONES AND CARTILAGE <input type="checkbox"/> TRAUMA/ACUTE DISORDERS OF THE BRACHIAL PLEXUS, PERIPHERAL NERVE AND MUSCLES <input type="checkbox"/> TRAUMA/ACUTE DISORDERS OF JOINTS, TENDONS OR LIGAMENTS
	<input type="checkbox"/> Urgent; does not require emergency slate:	
2 (28 days)	<input type="checkbox"/> AMPUTATION DEFORMITY <input type="checkbox"/> BENIGN TUMORS (NERVE, GIANT CELL) <input type="checkbox"/> COSMETIC PROCEDURES <input type="checkbox"/> RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION	<input type="checkbox"/> SCARS, ULCERS AND OTHER NON-TUMOUROUS LESIONS OF THE SKIN AND SUBCUTANEOUS TISSUES <input type="checkbox"/> RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION <input type="checkbox"/> WOUND CARE (PRIMARY)
	<input type="checkbox"/> Constant, frequent and/or severe pain/symptoms <input type="checkbox"/> Significantly impacts ability to play, attend school, or engage in other age-appropriate activities <input type="checkbox"/> High probability that treatment delay will adversely affect physical, emotional, or psychosocial development <input type="checkbox"/> Recurring unscheduled health care encounters (i.e., ED/pediatrician/surgeon)	
3 (90 days)	<input type="checkbox"/> ABDOMINAL RECONSTRUCTION <input type="checkbox"/> BRACHIAL PLEXUS PALSY, EXTREMITY <input type="checkbox"/> BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY) <input type="checkbox"/> CRANIOFACIAL BONE LESION <input type="checkbox"/> EAR DEFORMITIES (FOLLOWING TRAUMA OR TUMOUR RESECTION) <input type="checkbox"/> EXTREMITY NERVE INJURY (NONACUTE) <input type="checkbox"/> EXTREMITY TENDON OR LIGAMENT INJURY (NONACUTE) <input type="checkbox"/> FACIAL HARDWARE (RETAINED) <input type="checkbox"/> FACIAL NERVE PALSY (CHRONIC TUMOUR OR BELL'S PALSY)	<input type="checkbox"/> FACIAL SOFT TISSUE DEFORMITY (WITH FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> NASAL DEFORMITY (WITH FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> NERVE COMPRESSION SYNDROME, EXTREMITY <input type="checkbox"/> ORAL DEFORMITY (WITH FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> PERIPHERAL NERVE COMPRESSION <input type="checkbox"/> PERIORBITAL DEFORMITY (WITH FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> POST-OPERATIVE SKIN OR SOFT TISSUE TUMOR DEFECT/DELAYED WOUND CLOSURE <input type="checkbox"/> SCAR OR BURN REVISION (WITH FUNCTIONAL IMPAIRMENT)
	<input type="checkbox"/> Mild or occasional pain/symptoms <input type="checkbox"/> Minimally or moderately impacts ability to play, attend school, or engage in other age appropriate activities <input type="checkbox"/> Moderate probability that treatment delay will adversely affect physical, emotional, or psychosocial development <input type="checkbox"/> Occasional unscheduled health care encounters (i.e., ED/pediatrician/surgeon)	
4 (182 days)	<input type="checkbox"/> ARTHRITIS TREATMENT <input type="checkbox"/> BREAST MACROMASTIA AND OTHER BENIGN CONDITIONS <input type="checkbox"/> BREAST IMPLANTS RUPTURED OR LEAKING <input type="checkbox"/> BREAST RECONSTRUCTION FOR BENIGN CONDITIONS <input type="checkbox"/> BREAST CANCER RISK PROPHYLACTIC OR CONFIRMED HEREDITARY GENETIC PREDISPOSITION WITH OR WITHOUT IMMEDIATE RECONSTRUCTION <input type="checkbox"/> BREAST IMPLANT REMOVAL INCREASED RISK OF DEVELOPING LYMPHOMA <input type="checkbox"/> DECUBITUS ULCER BREAST CAPSULAR CONTRACTURES <input type="checkbox"/> DUPUYTREN'S CONTRACTURE	<input type="checkbox"/> EAR DEFORMITIES (CONGENITAL) <input type="checkbox"/> EAR MICROTIA <input type="checkbox"/> EXTREMITY FRACTURE DEFORMITY (NONACUTE) <input type="checkbox"/> FOREIGN BODY SUBCUTANEOUS <input type="checkbox"/> NERVE OR SKIN LESION (BENIGN) <input type="checkbox"/> REVISION/REMOVAL RETAINED ALLOPLASTIC DEVICES (PLANNED)
	<input type="checkbox"/> Minimal impact on ability to play, attend school, or engage in other age-appropriate activities <input type="checkbox"/> Low risk of adversely affecting physical, emotional, or social development associated with treatment delay	
5 (274 days)	<input type="checkbox"/> BREAST GYNECOMASTIA AND OTHER ANOMALIES (MALE) <input type="checkbox"/> CRANIOFACIAL DEFORMITY (WITHOUT FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> HYPERHIDROSIS <input type="checkbox"/> NASAL DEFORMITY (WITHOUT FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> ORAL DEFORMITY (WITHOUT FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> PERIORBITAL DEFORMITY (WITHOUT FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> POST-OPERATIVE TUMOR/TRAUMATIC DEFECT (NONACUTE)	<input type="checkbox"/> POST WEIGHT-LOSS REDUNDANCY OF SOFT TISSUES AND SKIN, TRUNK AND EXTREMITIES <input type="checkbox"/> SCAR OR BURN REVISION (WITHOUT FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> SKIN LESION/LIPOMA (BENIGN) <input type="checkbox"/> SOFT TISSUE DEFORMITY (WITHOUT FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> SOFT TISSUE AND SKIN VASCULAR ANOMALIES (WITHOUT FUNCTIONAL IMPAIRMENT) <input type="checkbox"/> WOUND CARE FOR DELAYED PRIMARY CLOSURE (CHRONIC)
	<input type="checkbox"/> Elective indication for surgery	
Oncology		
1 (14 days)	<input type="checkbox"/> COMPLEX WOUND RECONSTRUCTION WITH EXPOSED VITAL STRUCTURES <input type="checkbox"/> CRANIOFACIAL BONE LESION MALIGNANT	<input type="checkbox"/> SKIN OR SQUAMOUS CELL NEOPLASM CONFIRMED HIGH-GRADE MALIGNANT <input type="checkbox"/> SOFT TISSUE OR NERVE HIGH-GRADE TUMOUR MALIGNANT CONFIRMED
	<input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases	
2 (28 days)	<input type="checkbox"/> BREAST CANCER INVASIVE WITH OR WITHOUT IMMEDIATE RECONSTRUCTION <input type="checkbox"/> CRANIOFACIAL BONE LESION CANCER SUSPECTED	<input type="checkbox"/> POST NEOPLASM RESECTION SKIN OR SOFT TISSUE DEFECT OR DELAYED WOUND CLOSURE <input type="checkbox"/> SOFT TISSUE OR NERVE CANCER SUSPECTED
	<input type="checkbox"/> Patients diagnosed with highly aggressive malignancies	
3 (42 days)	<input type="checkbox"/> BREAST CANCER DUCTAL CARCINOMA IN SITU (DCIS) WITH OR WITHOUT IMMEDIATE RECONSTRUCTION <input type="checkbox"/> BREAST CANCER RECONSTRUCTION UNPLANNED REVISIONARY PROCEDURES INCLUDING IMPLANT REVISIONS	<input type="checkbox"/> SKIN BASAL CELL NEOPLASM CONFIRMED LOW-GRADE MALIGNANT <input type="checkbox"/> SOFT TISSUE OR NERVE LOW-GRADE TUMOUR MALIGNANT CONFIRMED
	<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"/> BREAST CANCER DELAYED RECONSTRUCTION AFTER MASTECTOMY <input type="checkbox"/> BREAST CANCER RECONSTRUCTION PLANNED SECOND STAGE AND REVISIONARY PROCEDURES	<input type="checkbox"/> LYMPHEDEMA AFTER NEOPLASM EXCISION
	<input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies	