



Service: Spine

Care Venue: COH HSC Adult

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"/> [C] Suspected Cancer <input type="checkbox"/> BENIGN TUMOURS NERVOUS SYSTEM AND ITS COVERINGS <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"/> INFECTIVE 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"/> 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*:					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 (21 days)	<input type="checkbox"/> CERVICAL OR THORACIC MYELOPATHY (MODERATE TO SEVERE; PROGRESSIVE) <input type="checkbox"/> POST SURGICAL SPINE WOUND INFECTION <input type="checkbox"/> POST SURGICAL SPINE IMPLANT COMPLICATIONS (ACUTE IMPAIRMENT) <input type="checkbox"/> SPINAL INFECTION (SUBACUTE) <input type="checkbox"/> SPINE NONUNION REVISION <input type="checkbox"/> SPINAL RADICULOPATHY OR NEUROGENIC CLAUDICATION (SEVERE IMPAIRMENT) <input type="checkbox"/> SPINAL TUMOUR (FOR DIAGNOSIS) <input type="checkbox"/> SPINAL TUMOR (NEUROLOGICALLY IMPAIRED/AGGRESSIVE MALIGNANCY) <input type="checkbox"/> TRAUMATIC SPINAL FRACTURE (MODERATE SEVERITY)
	<input type="checkbox"/> Urgent; does not require emergency slate
2 (90 days)	<input type="checkbox"/> CERVICAL OR THORACIC MYELOPATHY (MILD AND STABLE; NON-PROGRESSIVE) <input type="checkbox"/> SPINE IMPLANT COMPLICATIONS (MODERATE IMPAIRMENT) <input type="checkbox"/> SPINAL TUMOUR (NEUROLOGICALLY INTACT)
	<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 (182 days)	<input type="checkbox"/> SPINAL INSTABILITY/DEFORMITY (MODERATE TO SEVERE IMPAIRMENT) <input type="checkbox"/> SPINAL OSTEOPENIC INSUFFICIENCY FRACTURE <input type="checkbox"/> SPINAL RADICULOPATHY OR NEUROGENIC CLAUDICATION (MODERATE IMPAIRMENT)
	<input type="checkbox"/> Moderate pain/symptoms <input type="checkbox"/> Moderately impacts ability to perform usual work day <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 (274 days)	<input type="checkbox"/> SPINAL INSTABILITY/DEFORMITY (MILD IMPAIRMENT) <input type="checkbox"/> SPINAL RADICULOPATHY OR NEUROGENIC CLAUDICATION WITH IMPAIRMENT <input type="checkbox"/> SPINAL TUMOUR (BENIGN RESECTION; NOT URGENT)
	<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 work day <input type="checkbox"/> Low probability that treatment delay will affect physical or cognitive abilities
Oncology	
1 (14 days)	<input type="checkbox"/> SPINAL CORD OR NERVE ROOT OR MENINGEAL TUMOUR PROGRESSIVE DEFICIT MODERATE RISK CANCER OR CANCER SUSPECTED
	<input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases
2 (28 days)	<input type="checkbox"/> SPINAL CORD OR NERVE ROOT OR MENINGEAL TUMOUR PROGRESSIVE DEFICIT LOW RISK CANCER OR CANCER SUSPECTED
	<input type="checkbox"/> Patients diagnosed with highly aggressive malignancies
3 (42 days)	<input type="checkbox"/> N/A
	<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"/> OTHER SPINE-RELATED CANCER
	<input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies