



Service: Thoracic

Care Venue: HSC SBH

Case Details <small>*all fields are mandatory in Novari ATC</small>	Patient Name*:		DOB: MM/DD/YYYY			
	PHIN*:					
Diagnosis Category*						
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> AUTONOMIC NERVOUS SYSTEM DISORDERS <input type="checkbox"/> BENIGN TUMOURS <input type="checkbox"/> BRONCHIECTASIS <input type="checkbox"/> CONGENITAL ABNORMALITIES <input type="checkbox"/> DISEASES OF UPPER GI SYSTEM <input type="checkbox"/> EMPHYSEMA AND PNEUMOTHORAX <input type="checkbox"/> EMPYAEMA AND OTHER ACUTE INFECTIONS OF RESPIRATORY SYSTEM </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> HIATUS HERNIA AND ASSOCIATED REFLUX CONDITIONS <input type="checkbox"/> MYASTHENIA GRAVIS <input type="checkbox"/> OTHER DISEASES OF RESPIRATORY SYSTEM <input type="checkbox"/> OTHER DISEASES OR SYMPTOMS OF THE RESPIRATORY SYSTEM <input type="checkbox"/> OTHER MYCOTIC PARASITIC OR GRANULOMATOUS DISEASES <input type="checkbox"/> OTHER THORACIC DIAGNOSES <input type="checkbox"/> TRAUMA <input type="checkbox"/> TUBERCULOSIS </td> </tr> </table>					<input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> AUTONOMIC NERVOUS SYSTEM DISORDERS <input type="checkbox"/> BENIGN TUMOURS <input type="checkbox"/> BRONCHIECTASIS <input type="checkbox"/> CONGENITAL ABNORMALITIES <input type="checkbox"/> DISEASES OF UPPER GI SYSTEM <input type="checkbox"/> EMPHYSEMA AND PNEUMOTHORAX <input type="checkbox"/> EMPYAEMA AND OTHER ACUTE INFECTIONS OF RESPIRATORY SYSTEM	<input type="checkbox"/> HIATUS HERNIA AND ASSOCIATED REFLUX CONDITIONS <input type="checkbox"/> MYASTHENIA GRAVIS <input type="checkbox"/> OTHER DISEASES OF RESPIRATORY SYSTEM <input type="checkbox"/> OTHER DISEASES OR SYMPTOMS OF THE RESPIRATORY SYSTEM <input type="checkbox"/> OTHER MYCOTIC PARASITIC OR GRANULOMATOUS DISEASES <input type="checkbox"/> OTHER THORACIC DIAGNOSES <input type="checkbox"/> TRAUMA <input type="checkbox"/> TUBERCULOSIS
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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*: <i>Day Surgery</i> <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"/> EMPYEMA INPATIENT <input type="checkbox"/> ESOPHAGEAL DIAPHRAGMATIC HERNIA <input type="checkbox"/> ESOPHAGEAL TUMOUR OR STRICTURE BENIGN NUTRITIONAL CRISIS <input type="checkbox"/> ESOPHAGEAL MOTILITY DISORDER SYMPTOMATIC NUTRITIONAL CRISIS <input type="checkbox"/> ESOPHAGEAL MANAGEMENT OF COMPLICATIONS POST CANCER TREATMENT STRICTURES OR RECURRENCE OR OBSTRUCTION	<input type="checkbox"/> ESOPHAGEAL STENT INSERTION OR HARDWARE REMOVAL BENIGN <input type="checkbox"/> PERICARDIAL EFFUSION <input type="checkbox"/> PNEUMOTHORAX INPATIENT <input type="checkbox"/> TRACHEO BRONCHIAL STENOSIS REQUIRING BRONCHOSCOPY POST CANCER TREATMENT <input type="checkbox"/> TRACHEO BRONCHIAL STENOSIS ENDOSCOPY
	<input type="checkbox"/> Urgent; does not require emergency slate	
2 (90 days)	<input type="checkbox"/> CHRONIC OBSTRUCTIVE PULMONARY DISEASE REQUIRING LUNG VOLUME REDUCTION SURGERY <input type="checkbox"/> EMPYEMA OUTPATIENTS <input type="checkbox"/> ESOPHAGEAL TUMOUR OR STRICTURE BENIGN NO NUTRITIONAL CRISIS <input type="checkbox"/> ESOPHAGEAL DIVERTICULA <input type="checkbox"/> ESOPHAGEAL RECONSTRUCTION <input type="checkbox"/> ESOPHAGEAL STENT INSERTION OR HARDWARE REMOVAL POST CANCER TREATMENT <input type="checkbox"/> ESOPHAGEAL STRICTURE MINOR SYMPTOMS <input type="checkbox"/> LUNG MANAGEMENT OF AIRWAY AND COMPLICATIONS POST CANCER TREATMENT <input type="checkbox"/> INTERSTITIAL PARENCHYMAL LUNG DISEASE	<input type="checkbox"/> MYASTHENIA GRAVIS <input type="checkbox"/> MEDIASTINAL OR CERVICAL ADENOPATHY <input type="checkbox"/> PNEUMOTHORAX OUTPATIENT <input type="checkbox"/> POST SURGERY COMPLICATIONS CHRONIC <input type="checkbox"/> PULMONARY ALVEOLAR PROTEINOSIS <input type="checkbox"/> THORACIC OUTLET SYMPTOMATIC ARTERIAL <input type="checkbox"/> THORACIC OUTLET POST VENOUS OCCLUSION <input type="checkbox"/> TRACHEO BRONCHIAL STENOSIS SURGERY
	<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"/> CHEST WALL TUMOUR POST CANCER TREATMENT <input type="checkbox"/> CHEST WALL HERNIA OR CHRONIC TRAUMA OR TUMOUR BENIGN <input type="checkbox"/> CHEST WALL OR STERNUM FIXATION OR STABILIZATION <input type="checkbox"/> DIAPHRAGMATIC PARALYSIS CHRONIC	<input type="checkbox"/> ESOPHAGEAL DIAPHRAGMATIC HERNIA <input type="checkbox"/> ESOPHAGEAL MOTILITY DISORDER MILDLY SYMPTOMATIC NO NUTRITIONAL CRISIS <input type="checkbox"/> GASTROESOPHAGEAL REFLUX DISEASE CHRONIC
	<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"/> CHEST WALL PECTUS <input type="checkbox"/> HYPERHIDROSIS SYMPATHECTOMY <input type="checkbox"/> THORACIC OUTLET NEUROGENIC SYMPTOMS	
	<input type="checkbox"/> Elective indication for surgery <input type="checkbox"/> Minimal risk of morbidity incurred in waiting	
Oncology		
1 (14 days)	<input type="checkbox"/> ESOPHAGEAL MANAGEMENT OF COMPLICATIONS POST CANCER TREATMENT STRICTURES OR RECURRENCE OR OBSTRUCTION <input type="checkbox"/> LUNG CANCER SYMPTOMATIC <input type="checkbox"/> MEDIASTINAL MASS SYMPTOMATIC <input type="checkbox"/> MEDIASTINAL OR CERVICAL ADENOPATHY WORKUP	<input type="checkbox"/> TRACHEO BRONCHIAL STENOSIS REQUIRING BRONCHOSCOPY CANCER OR CANCER SUSPECTED <input type="checkbox"/> TRACHEO BRONCHIAL STENOSIS REQUIRING BRONCHOSCOPY POST CANCER TREATMENT <input type="checkbox"/> TRACHEO BRONCHIAL TUMOUR
	<input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases	
2 (28 days)	<input type="checkbox"/> CHEST WALL TUMOUR CANCER OR CANCER SUSPECTED <input type="checkbox"/> ESOPHAGEAL MANAGEMENT OF HIGH-GRADE DYSPLASIA AND OTHER PREMALIGNANT CONDITIONS <input type="checkbox"/> ESOPHAGEAL STENT INSERTION OR HARDWARE REMOVAL POST CANCER TREATMENT <input type="checkbox"/> ESOPHAGEAL TUMOUR MALIGNANT CANCER OR CANCER SUSPECTED <input type="checkbox"/> GASTRIC CANCER CONFIRMED <input type="checkbox"/> LUNG CANCER ASYMPTOMATIC	<input type="checkbox"/> LUNG CANCER METASTASIS FROM OTHER ORGAN <input type="checkbox"/> LUNG CANCER SUSPECTED <input type="checkbox"/> LUNG MANAGEMENT OF AIRWAY AND COMPLICATIONS POST CANCER TREATMENT <input type="checkbox"/> MEDIASTINAL MASS ASYMPTOMATIC <input type="checkbox"/> PLEURAL EFFUSION <input type="checkbox"/> THYMOMA
	<input type="checkbox"/> Patients diagnosed with highly aggressive malignancies	
3 (42 days)	<input type="checkbox"/> CHEST WALL TUMOUR POST CANCER TREATMENT	
	<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 THORACIC CANCER-RELATED DIAGNOSIS	
	<input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies	