



**Service:** Vascular

**Care Venue:**  HSC  SBH

<b>Case Details</b>  <small>*all fields are mandatory in Novari ATC</small>	<b>Patient Name*:</b>		<b>DOB:</b> MM/DD/YYYY	
	<b>PHIN*:</b>			
<b>Diagnosis Category*</b>				
<input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> AAA > 8 CM <input type="checkbox"/> AAA 5 TO 5.9 CM <input type="checkbox"/> AAA 6 TO 8 CM <input type="checkbox"/> ANEURYSM AND OTHER DISORDERS OF THE GREAT VESSELS <input type="checkbox"/> ASYMPTOMATIC CAROTID <input type="checkbox"/> CEREBROVASCULAR DISEASE <input type="checkbox"/> DISORDERS OF THE VISCERAL ARTERIES <input type="checkbox"/> OTHER PERIPHERAL VASCULAR DISEASE <input type="checkbox"/> OTHER VASCULAR DIAGNOSES <input type="checkbox"/> PVD WITH REST PAIN <input type="checkbox"/> SYMPTOMATIC CAROTID <input type="checkbox"/> TRAUMA <input type="checkbox"/> VASCULAR ACCESS <input type="checkbox"/> VENOUS DISEASE				
<b>If Cancer*:</b> <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 <b>Case Priority Criteria</b> to complete this section				
<b>Wait 2 Priority*:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<b>Diagnosis Description:</b>		
<b>Consented Procedure*:</b>				
<b>Procedure Notes:</b>				
<b>DTT*:</b> MM/DD/YYYY	<b>Laterality*:</b> <i>(if applicable)</i> <input type="checkbox"/> Left <input type="checkbox"/> Right	<b>Attend Short*:</b> <i>Patient is available on short notice as a last-minute case replacement.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Admission Type*:</b> <input type="checkbox"/> Day Surgery <input type="checkbox"/> Inpatient <input type="checkbox"/> Same Day Admit <input type="checkbox"/> Short Stay	<b>Post Procedural Destination*:</b> <i>Day Surgery</i> <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: _____ days
<b>Special Instructions:</b>				
<b>Review by:</b>			<b>Entered by:</b>	

# Case Priority Criteria

Priority / Target Days	Diagnosis Description
1 (14 days)	<input type="checkbox"/> ABDOMINAL AORTA ANEURYSM > 7CM DIAMETER (ASYMPTOMATIC) <input type="checkbox"/> CAROTID STENOSIS (SYMPTOMATIC) <input type="checkbox"/> CHRONIC OR SUBACUTE MESENTERIC ISCHEMIA <input type="checkbox"/> CRITICAL LIMB THREATENING ISCHEMIA <input type="checkbox"/> GRAFT FAILURE IMPENDING OR OCCLUSION WITHOUT ISCHEMIA OR ANEURYSM <input type="checkbox"/> LIMB GANGRENE OR ULCER <input type="checkbox"/> VASCULAR GRAFT INFECTION
	<input type="checkbox"/> Urgent; does not require emergency slate
2 (42 days)	<input type="checkbox"/> ABDOMINAL AORTA ANEURYSM 5-6.9CM DIAMETER (ASYMPTOMATIC) OR SACCULAR ANEURYSM <input type="checkbox"/> CAROTID BODY TUMOUR SHAMBLIN II (WITHOUT NERVE OR VASCULAR COMPROMISE) <input type="checkbox"/> CRITICAL LIMB ISCHEMIA (CHRONIC) <input type="checkbox"/> CHRONIC OR SUBACUTE MESENTERIC ISCHEMIA <input type="checkbox"/> CRITICAL LIMB THREATENING ISCHEMIA <input type="checkbox"/> HEPATIC OR SPLENIC ANEURYSM <input type="checkbox"/> HEMODIALYSIS ACCESS <input type="checkbox"/> HEMOACCESS REVISION <input type="checkbox"/> LIMB GANGRENE OR ULCER <input type="checkbox"/> PERIPHERAL ANEURYSM > 2CM DIAMETER (ASYMPTOMATIC) <input type="checkbox"/> ILIAC ANEURYSM <input type="checkbox"/> RENOVASCULAR VESSEL ISCHEMIA <input type="checkbox"/> SUBCLAVIAN ARTERY STEAL OR ISCHEMIA <input type="checkbox"/> THORACOABDOMINAL ANEURYSM > 6CM <input type="checkbox"/> THORACIC AORTA ANEURYSM > 6.5CM <input type="checkbox"/> THORACIC OUTLET POST VENOUS OCCLUSION <input type="checkbox"/> VASCULAR GRAFT INFECTION (CHRONIC)
	<input type="checkbox"/> Constant, frequent, severe pain or symptoms; and/or <input type="checkbox"/> High probability that treatment delay will affect physical or cognitive ability; and/or <input type="checkbox"/> High probability that treatment delay could affect life expectancy or function
3 (90 days)	<input type="checkbox"/> ABDOMINAL AORTA ANEURYSM > 5CM DIAMETER <input type="checkbox"/> CAROTID ARTERY STENOSIS (ASYMPTOMATIC) > 60% STENOSIS <input type="checkbox"/> HEMODIALYSIS ACCESS <input type="checkbox"/> LIMB CLAUDICATION
	<input type="checkbox"/> Moderate pain or symptoms; and/or <input type="checkbox"/> Moderately impacts ability to perform usual daily activities; and/or <input type="checkbox"/> Moderate probability that treatment delay could affect function or life expectancy
4 (274 days)	<input type="checkbox"/> CAROTID BODY TUMOUR SHAMBLIN I <input type="checkbox"/> FISTULA UNDESIRE OR NO LONGER REQUIRED <input type="checkbox"/> LIMB CLAUDICATION <input type="checkbox"/> THORACIC OUTLET NEUROGENIC SYMPTOMS <input type="checkbox"/> VENOUS INSUFFICIENCY
	<input type="checkbox"/> Elective indication for surgery; and/or <input type="checkbox"/> Minimal risk of morbidity incurred by waiting
<b>Oncology</b>	
1 (14 days)	<input type="checkbox"/> VENOUS ACCESS FOR CHEMOTHERAPY
	<input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases
2 (28 days)	<input type="checkbox"/> N/A
	<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"/> N/A
	<input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies