



**Service:** Vascular

**Care Venue:**  HSC  SBH

|  |  |  |   |   |
|--|--|--|---|---|
| <b>Case Details</b><br><br><small>*all fields are mandatory in Novari ATC</small>  | <b>Patient Name*:</b>  |  | <b>DOB:</b><br>MM/DD/YYYY   |   |
|  | <b>PHIN*:</b>  |  |   |   |
| <b>Diagnosis Category*</b>   |  |  |   |   |
| <input type="checkbox"/> [C] Known Cancer<br><input type="checkbox"/> [C] Suspected Cancer<br><input type="checkbox"/> AAA > 8 CM<br><input type="checkbox"/> AAA 5 TO 5.9 CM<br><input type="checkbox"/> AAA 6 TO 8 CM<br><input type="checkbox"/> ANEURYSM AND OTHER DISORDERS OF THE GREAT VESSELS<br><input type="checkbox"/> ASYMPTOMATIC CAROTID<br><input type="checkbox"/> CEREBROVASCULAR DISEASE <input type="checkbox"/> DISORDERS OF THE VISCERAL ARTERIES<br><input type="checkbox"/> OTHER PERIPHERAL VASCULAR DISEASE<br><input type="checkbox"/> OTHER VASCULAR DIAGNOSES<br><input type="checkbox"/> PVD WITH REST PAIN<br><input type="checkbox"/> SYMPTOMATIC CAROTID<br><input type="checkbox"/> TRAUMA<br><input type="checkbox"/> VASCULAR ACCESS<br><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><br><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>Est. Procedure Time*:</b><br><small>Default value provided by system when available</small><br><br>____ mins                                       |
| <b>Procedure Notes:</b>  |  |  |   |   |
| <b>DTT*:</b><br>MM/DD/YYYY   | <b>Laterality*:</b><br><small>(if applicable)</small><br><input type="checkbox"/> Left<br><input type="checkbox"/> Right | <b>Attend Short*:</b><br><small>Patient is available on short notice as a last-minute case replacement.</small><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>Admission Type*:</b><br><input type="checkbox"/> Day Surgery<br><input type="checkbox"/> Inpatient<br><input type="checkbox"/> Same Day Admit<br><input type="checkbox"/> Short Stay | <b>Post Procedural Destination*:</b><br><small>Day Surgery</small><br><input type="checkbox"/> ICU<br><input type="checkbox"/> Unit<br>LOS: ____ days |
| <b>Special Instructions:</b>   |  |  |   |   |

## Case Priority Criteria

| Priority / Target Days | Diagnosis Description  |
|------------------------|--|
| <b>1</b><br>(14 days)  | <input type="checkbox"/> ABDOMINAL AORTA ANEURYSM > 7CM DIAMETER (ASYMPTOMATIC)<br><input type="checkbox"/> CAROTID STENOSIS (SYMPTOMATIC)<br><input type="checkbox"/> CHRONIC OR SUBACUTE MESENTERIC ISCHEMIA<br><input type="checkbox"/> CRITICAL LIMB THREATENING ISCHEMIA<br><input type="checkbox"/> GRAFT FAILURE IMPENDING OR OCCLUSION WITHOUT ISCHEMIA OR ANEURYSM<br><input type="checkbox"/> LIMB GANGRENE OR ULCER<br><input type="checkbox"/> VASCULAR GRAFT INFECTION<br><br><input type="checkbox"/> Urgent; does not require emergency slate   |
| <b>2</b><br>(42 days)  | <input type="checkbox"/> ABDOMINAL AORTA ANEURYSM 5-6.9CM DIAMETER (ASYMPTOMATIC) OR SACCULAR ANEURYSM<br><input type="checkbox"/> CAROTID BODY TUMOUR SHAMBLIN II (WITHOUT NERVE OR VASCULAR COMPROMISE)<br><input type="checkbox"/> CRITICAL LIMB ISCHEMIA (CHRONIC)<br><input type="checkbox"/> CHRONIC OR SUBACUTE MESENTERIC ISCHEMIA<br><input type="checkbox"/> CRITICAL LIMB THREATENING ISCHEMIA<br><input type="checkbox"/> HEPATIC OR SPLENIC ANEURYSM<br><input type="checkbox"/> HEMODIALYSIS ACCESS<br><input type="checkbox"/> HEMOACCESS REVISION<br><input type="checkbox"/> LIMB GANGRENE OR ULCER<br><input type="checkbox"/> PERIPHERAL ANEURYSM > 2CM DIAMETER (ASYMPTOMATIC)<br><input type="checkbox"/> ILIAC ANEURYSM<br><input type="checkbox"/> RENOVASCULAR VESSEL ISCHEMIA<br><input type="checkbox"/> SUBCLAVIAN ARTERY STEAL OR ISCHEMIA<br><input type="checkbox"/> THORACOABDOMINAL ANEURYSM > 6CM<br><input type="checkbox"/> THORACIC AORTA ANEURYSM > 6.5CM<br><input type="checkbox"/> THORACIC OUTLET POST VENOUS OCCLUSION<br><input type="checkbox"/> VASCULAR GRAFT INFECTION (CHRONIC)<br><br><input type="checkbox"/> Constant, frequent, severe pain or symptoms; and/or<br><input type="checkbox"/> High probability that treatment delay will affect physical or cognitive ability; and/or<br><input type="checkbox"/> High probability that treatment delay could affect life expectancy or function |
| <b>3</b><br>(90 days)  | <input type="checkbox"/> ABDOMINAL AORTA ANEURYSM > 5CM DIAMETER<br><input type="checkbox"/> CAROTID ARTERY STENOSIS (ASYMPTOMATIC) > 60% STENOSIS<br><input type="checkbox"/> HEMODIALYSIS ACCESS<br><input type="checkbox"/> LIMB CLAUDICATION<br><br><input type="checkbox"/> Moderate pain or symptoms; and/or<br><input type="checkbox"/> Moderately impacts ability to perform usual daily activities; and/or<br><input type="checkbox"/> Moderate probability that treatment delay could affect function or life expectancy   |
| <b>4</b><br>(274 days) | <input type="checkbox"/> CAROTID BODY TUMOUR SHAMBLIN I<br><input type="checkbox"/> FISTULA UNDESIRE OR NO LONGER REQUIRED<br><input type="checkbox"/> LIMB CLAUDICATION<br><input type="checkbox"/> THORACIC OUTLET NEUROGENIC SYMPTOMS<br><input type="checkbox"/> VENOUS INSUFFICIENCY<br><br><input type="checkbox"/> Elective indication for surgery; and/or<br><input type="checkbox"/> Minimal risk of morbidity incurred by waiting  |
| <b>Oncology</b>        |  |
| <b>1</b><br>(14 days)  | <input type="checkbox"/> VENOUS ACCESS FOR CHEMOTHERAPY<br><br><input type="checkbox"/> Urgent; does not require emergency slate<br><input type="checkbox"/> Diagnostic Surgical Oncology Cases  |
| <b>2</b><br>(28 days)  | <input type="checkbox"/> N/A<br><br><input type="checkbox"/> Patients diagnosed with highly aggressive malignancies  |
| <b>3</b><br>(42 days)  | <input type="checkbox"/> CHEST WALL TUMOUR POST CANCER TREATMENT<br><br><input type="checkbox"/> All patients with known or suspected highly invasive cancer<br><input type="checkbox"/> Cancer is not highly aggressive or indolent   |
| <b>4</b><br>(84 days)  | <input type="checkbox"/> N/A<br><br><input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies   |