



**Service:** Ophthalmology

**Care Venue:**  BRC  MIC  PDH  SVH

<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"/> BENIGN TUMOURS <input type="checkbox"/> CATARACT AND REFRACTIVE DISORDERS <input type="checkbox"/> CORNEAL DISORDERS <input type="checkbox"/> DISEASES OF CONJUNCTIVA AND LIDS <input type="checkbox"/> DISEASES OF THE LACRIMAL SYSTEM		<input type="checkbox"/> GLAUCOMA <input type="checkbox"/> INFECTIVE DISEASES OF THE EYE/ORBIT <input type="checkbox"/> OTHER OPHTHALMOLOGIC DIAGNOSES <input type="checkbox"/> RETINAL AND VITREOUS DISORDERS <input type="checkbox"/> STRABISMUS <input type="checkbox"/> TRAUMA			
<b>If Cancer*:</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Treatment <input type="checkbox"/> Reconstruction <input checked="" 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 <input type="checkbox"/> 5		<b>Diagnosis Description:</b>			
<b>Consented Procedure*:</b>				<b>Est. Procedure Time*:</b> <small>Default value provided by system when available</small>  ____ mins	
<b>Procedure Notes:</b>					
<b>DTT*:</b> MM/DD/YYYY	<b>Laterality*:</b> <small>(if applicable)</small>  <input type="checkbox"/> Left <input type="checkbox"/> Right	<b>Anesthetic*:</b> <small>Regional sites only</small> <small>Anesthetist required</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attend Short*:</b> <small>Patient is available on short notice as a last-minute case replacement.</small>  <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> <small>Day Surgery</small> <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: ____ days
<b>Special Instructions:</b>					

# Case Priority Criteria

Priority / Target Days	Diagnosis Description	
<b>1</b> (10 days)	<b>Choroidal:</b> <input type="checkbox"/> CHOROIDDAL HEMORRHAGE WITHOUT TOUCH <b>Eye:</b> <input type="checkbox"/> CONJUNCTIVAL ADHESIONS <input type="checkbox"/> INTRAOCULAR BENIGN TUMOUR WITH VISUAL COMPROMISE OR IMPENDING VISUAL COMPROMISE <input type="checkbox"/> PHTHISICAL OR BLIND EYE WITH SEVERE PAIN ( > 7/10 AND / OR AFFECTING ACTIVITIES OF DAILY LIVING ) <b>Eyelids:</b> <input type="checkbox"/> ENTROPION OR ECTROPION WITH CORNEAL INVOLVEMENT OR PAIN <input type="checkbox"/> EYELID ABNORMALITY WITH IMPENDING VISUAL COMPROMISE <input type="checkbox"/> TRICHIASIS WITH CORNEAL INVOLVEMENT	<b>Lacrimal:</b> <input type="checkbox"/> DRY EYE WITH IMPENDING VISUAL LOSS <b>Orbit:</b> <input type="checkbox"/> ORBITAL ABNORMALITY WITH IMPENDING VISUAL OR NEUROLOGIC COMPROMISE <input type="checkbox"/> ORBITAL BENIGN TUMOUR WITH VISUAL OR NEUROLOGIC COMPROMISE / IMPENDING VISUAL COMPROMISE <input type="checkbox"/> ORBITAL FRACTURE WITH ENTRAPMENT <b>Retina:</b> <input type="checkbox"/> VITREORETINAL TRACTION WITH IMMINENT VISUAL LOSS
	<input type="checkbox"/> Urgent; does not require emergency slate	
<b>2</b> 28 days	<input type="checkbox"/> CORNEAL SUTURE EXPOSURE OR LOOSENING <input type="checkbox"/> RETINAL DETACHMENT (CHRONIC) <input type="checkbox"/> MACULAR HOLE	
	<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	
<b>3</b> (60 days)	<b>Anterior Chamber:</b> <input type="checkbox"/> APHAKIA SECONDARY IOL <input type="checkbox"/> CORNEAL EXPOSURE <input type="checkbox"/> CORNEAL OPACITY DUE TO PAIN OR UNIOCCULAR PATIENT URGENT <input type="checkbox"/> CATARACT WITH ONE OF THE FOLLOWING : <input type="checkbox"/> DOES NOT MEET VISUAL REQUIREMENT FOR CLASS OF DRIVERS LICENCE HELD <input type="checkbox"/> SIGNIFICANT IMPAIRMENT OF ACTIVITIES OF DAILY LIVING <input type="checkbox"/> INABILITY TO WORK DUE TO CATARACT <input type="checkbox"/> DIFFICULTY VISUALIZING FUNDUS SUCH THAT REQUIRED RETINAL TREATMENT CANNOT BE GIVEN <input type="checkbox"/> SECOND EYE CATARACT <input type="checkbox"/> GLAUCOMA UNCONTROLLED BUT VISUAL LOSS NOT IMMINENT OR INTOLERANT OF MEDICAL THERAPY <b>Eye:</b> <input type="checkbox"/> EYE RETAINED HARDWARE <input type="checkbox"/> PHTHISICAL OR BLIND EYE WITH MODERATE PAIN ( > 7/10 AND / OR AFFECTING ACTIVITIES OF DAILY LIVING ) <input type="checkbox"/> INTRAOCULAR BENIGN TUMOUR WITH NO VISUAL COMPROMISE <b>Eyelids:</b> <input type="checkbox"/> ENTROPION OR ECTROPION WITHOUT CORNEAL INVOLVEMENT	<b>Lacrimal:</b> <input type="checkbox"/> NASOLACRIMAL DUCT OBSTRUCTION WITH RECURRENT INFECTION <b>Orbit:</b> <input type="checkbox"/> ORBITAL BENIGN TUMOUR WITH NO VISUAL COMPROMISE <input type="checkbox"/> ORBITAL FRACTURE WITH NO ENTRAPMENT <b>Retina:</b> <input type="checkbox"/> VITREORETINAL TRACTION WITHOUT IMMINENT VISUAL LOSS <input type="checkbox"/> SILICONE OIL IN SITU URGENT <input type="checkbox"/> RETINAL LESION VASCULAR OR OTHER <input type="checkbox"/> RETINAL VEIN OCCLUSION <input type="checkbox"/> RETINOPATHY (DIABETIC OR OTHER) <input type="checkbox"/> VITREOUS HEMORRHAGE (DIABETIC OR OTHER) <input type="checkbox"/> VITREOUS OPACITY <input type="checkbox"/> VITREOUS PROLAPSE <b>Strabismus:</b> <input type="checkbox"/> STRABISMUS WITH DIPLOPIA
	<input type="checkbox"/> Constant, frequent or severe pain/symptoms (biological, psychological) <input type="checkbox"/> Moderate or occasional pain/symptoms (biological, psychological) <input type="checkbox"/> Moderate probability of disease progression that might affect function or life expectancy <input type="checkbox"/> Moderately impacts ability to perform usual activities	
<b>4</b> (112 days)	<b>Anterior Chamber:</b> <input type="checkbox"/> CATARACT VISUALLY SIGNIFICANT THAT IS NOT BETTER DEFINED BY ONE OF THE ABOVE CATEGORIES <input type="checkbox"/> CORNEAL OPACITY OR DYSTROPHY SEMI URGENT <input type="checkbox"/> IRIDODIALYSIS <input type="checkbox"/> PTERYGIUM AFFECTING VISION <input type="checkbox"/> SECONDARY MEMBRANE OF ANTERIOR CHAMBER <b>Eye:</b> <input type="checkbox"/> CONJUNCTIVAL TUMOUR (BENIGN) <input type="checkbox"/> PHTHISICAL OR BLIND EYE WITH NO PAIN	<b>Eyelids:</b> <input type="checkbox"/> BLEPHAROSPASM <input type="checkbox"/> DERMATOCHALASIS INVOLVING VISUAL AXIS <input type="checkbox"/> EYELID ABNORMALITY WITH NO VISUAL COMPROMISE <input type="checkbox"/> EYELID BENIGN NON-VISUAL THREATENING TUMOUR <input type="checkbox"/> PTOSIS OBSCURING VISUAL AXIS <input type="checkbox"/> TRICHIASIS WITHOUT CORNEAL INVOLVEMENT <b>Retina:</b> <input type="checkbox"/> EPIRETINAL MEMBRANE WITHOUT EDEMA OR TRACTION <input type="checkbox"/> MACULAR EDEMA <input type="checkbox"/> SILICONE OIL IN SITU NON-URGENT
	<input type="checkbox"/> Moderate or occasional pain/symptoms (biological, psychological) <input type="checkbox"/> Moderate probability of disease progression that might affect function or life expectancy <input type="checkbox"/> Moderately impacts ability to perform usual activities	
<b>5</b> (182 days)	<b>Anterior Chamber:</b> <input type="checkbox"/> CORNEAL OPACITY (NON-URGENT) <input type="checkbox"/> CORNEAL ASTIGMATISM <input type="checkbox"/> CORNEAL DERMOID <input type="checkbox"/> IRIS SYNECHIAE <input type="checkbox"/> PTERYGIUM NOT AFFECTING VISION <b>Eyelids:</b> <input type="checkbox"/> FRONTALIS DROOP <input type="checkbox"/> PTOSIS NOT OBSCURING VISUAL AXIS <input type="checkbox"/> DERMATOCHALASIS NOT INVOLVING VISUAL AXIS	<b>Lacrimal:</b> <input type="checkbox"/> DRY EYE WITH NO VISUAL LOSS <input type="checkbox"/> NASOLACRIMAL DUCT OBSTRUCTION <input type="checkbox"/> PUNCTAL STENOSIS <b>Orbit:</b> <input type="checkbox"/> ANOPHTHALMOS OR ENOPHTHALMOS OR EXOPHTHALMOS <b>Strabismus:</b> <input type="checkbox"/> NYSTAGMUS <input type="checkbox"/> STRABISMUS WITHOUT DIPLOPIA
	<input type="checkbox"/> Elective indication for surgery and/or <input type="checkbox"/> Minimally impacts ability to perform usual activities <input type="checkbox"/> Minimal risk of morbidity incurred in waiting	

## Oncology

<b>1</b> (14 days)	<b>Eye:</b> <input type="checkbox"/> CONJUNCTIVAL MALIGNANCY CONFIRMED OR SUSPECTED <input type="checkbox"/> INTRAOCULAR MALIGNANCY CONFIRMED OR SUSPECTED	<b>Eyelids:</b> <input type="checkbox"/> EYELID TUMOUR WITH VISUAL COMPROMISE IMPENDING OR AGGRESSIVE MALIGNANCY CONFIRMED OR SUSPECTED  <b>Orbit:</b> <input type="checkbox"/> ORBITAL MALIGNANCY CONFIRMED OR SUSPECTED
	<input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases	
<b>2</b> (28 days)	<b>Eyelids:</b> <input type="checkbox"/> EYELID MALIGNANCY WITHOUT VISUAL COMPROMISE OR NOT AGGRESSIVE MALIGNANCY CONFIRMED OR SUSPECTED	
	<input type="checkbox"/> Patients diagnosed with highly aggressive malignancies	
<b>3</b> (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	
<b>4</b> (84 days)	<input type="checkbox"/> N/A	
	<input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies	