



**Service:** Dentistry - Pediatric

**Care Venue:**  HSC Childrens

<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"/> CONGENITAL AND DEVELOPMENTAL DISORDERS <input type="checkbox"/> DENTAL PROCEDURES FOR PERSONS WITH DISABILITY <input type="checkbox"/> MANAGEMENT OF INFECTION <input type="checkbox"/> OTHER DENTAL DIAGNOSES					
<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 <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 <small>LOS: ____ days</small>
<b>Special Instructions:</b>					

## Case Priority Criteria

Priority / Target Days	Diagnosis Description
<b>1</b> (21 days)	<b>P-CATS IIB Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> MALIGNANT TUMOR (AFTER NEW ADJUVANT THERAPY)</li> <li><input type="checkbox"/> INFECTION (HARD AND/OR SOFT TISSUE)</li> <li><input type="checkbox"/> MODERATE RISK MEDICAL STATUS</li> </ul>
<b>2</b> (42 days)	<b>P-CATS III Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ADVANCED DENTAL CARIES: VISIBLE CARIOUS LESIONS AND/OR PAIN; MODERATE RISK MEDICAL STATUS</li> <li><input type="checkbox"/> ALVEOLAR CLEFT</li> <li><input type="checkbox"/> COMORBIDITY AND/OR DISCOMFORT PRODUCING ANTISOCIAL BEHAVIOUR</li> <li><input type="checkbox"/> DENTAL ABSCESS/PULP NECROSIS; LOW &amp; MODERATE RISK MEDICAL STATUS</li> <li><input type="checkbox"/> INFECTION (HARD AND/OR SOFT TISSUE); LOW RISK MEDICAL STATUS</li> <li><input type="checkbox"/> PERICORONITIS (IMPACTED MOLAR); LOW &amp; MODERATE RISK MEDICAL STATUS</li> <li><input type="checkbox"/> SIALOLITHIASIS</li> <li><input type="checkbox"/> SUSPECTED BENIGN LESIONS (HARD AND/OR SOFT TISSUE)</li> </ul>
<b>3</b> (90 days)	<b>P-CATS IV Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ADVANCED DENTAL CARIES: VISIBLE CARIOUS LESIONS AND/OR PAIN; LOW RISK MEDICAL STATUS</li> <li><input type="checkbox"/> DENTAL HYPOPLASIA</li> <li><input type="checkbox"/> MUCCOCELE OF SALIVARY GLAND</li> <li><input type="checkbox"/> RETAINED PRIMARY TEETH</li> </ul>
<b>4</b> (184 days)	<b>P-CATS V Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> DENTAL IMPACTION (ASYMPTOMATIC)</li> <li><input type="checkbox"/> DENTOALVEOLAR DEFICIENCY (CROWDING)</li> <li><input type="checkbox"/> EXAMINATION UNDER ANESTHESIA - UNABLE TO EXAMINE ANKYLOGLOSSIA</li> <li><input type="checkbox"/> GINGIVAL HYPERPLASIA</li> <li><input type="checkbox"/> OLIGODONTIA</li> <li><input type="checkbox"/> PERIODONTAL DISORDER (NON-SPECIFIC)</li> </ul>
<b>5</b> (364 days)	<b>P-CATS VI Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> OTHER DENTAL DISORDERS</li> </ul>
<b>Oncology</b>	
<b>1</b> (14 days)	<ul style="list-style-type: none"> <li><input type="checkbox"/> P-CATS IIB CANCER Criteria:</li> <li><input type="checkbox"/> SUSPECTED MALIGNANT LESIONS (HARD AND/OR SOFT TISSUE)</li> <li><input type="checkbox"/> MALIGNANT TUMOR (AFTER NEW ADJUVANT THERAPY)</li> <li><input type="checkbox"/> Pediatric Diagnostic Surgical Oncology Cases</li> </ul>
<b>2</b> (21 days)	<ul style="list-style-type: none"> <li><input type="checkbox"/> P-CATS III CANCER Criteria: N/A (no specific diagnosis examples or criteria)</li> <li><input type="checkbox"/> Pediatric patients diagnosed with highly aggressive malignancies</li> </ul>
<b>3</b> (28 days)	<ul style="list-style-type: none"> <li><input type="checkbox"/> P-CATS IV CANCER Criteria: N/A (no specific diagnosis examples or criteria)</li> <li><input type="checkbox"/> Cancer is not highly aggressive or indolent</li> <li><input type="checkbox"/> Pediatric patients with suspected highly invasive Cancer</li> </ul>
<b>4</b> (42 days)	<ul style="list-style-type: none"> <li><input type="checkbox"/> P-CATS V CANCER Criteria: N/A (no specific diagnosis examples or criteria)</li> <li><input type="checkbox"/> Pediatric patients diagnosed or suspected to have indolent malignancies</li> </ul>