



**Service:** Gastroenterology 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"/> BILE DUCT AND PANCREATIC DISEASE <input type="checkbox"/> DISEASES OF RESPIRATORY TRACT <input type="checkbox"/> DISEASES OF TERMINAL ILEUM COLON AND RECTUM <input type="checkbox"/> DISEASES OF UPPER GI TRACT <input type="checkbox"/> OTHER GASTROENTEROLOGY DIAGNOSES <input type="checkbox"/> SMALL BOWEL AND OTHER INTESTINAL 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>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>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> (21 days)	<input type="checkbox"/> URGENT; DOES NOT REQUIRE EMERGENCY SLATE
<b>2</b> (42 days)	<input type="checkbox"/> PATIENT REQUIRES AN ENDOSCOPIC PROCEDURE WITHIN 6 WEEKS
<b>3</b> (64 days)	<input type="checkbox"/> PATIENT REQUIRES AN ENDOSCOPIC PROCEDURE WITHIN 2 MONTHS
<b>4</b> (128 days)	<input type="checkbox"/> PATIENT REQUIRES AN ENDOSCOPIC PROCEDURE WITHIN 4 MONTHS
<b>Oncology</b>	
<b>1</b> (14 days)	<input type="checkbox"/> Pediatric Diagnostic Surgical Oncology Cases
<b>2</b> (21 days)	<input type="checkbox"/> Pediatric patients diagnosed with highly aggressive malignancies
<b>3</b> (28 days)	<input type="checkbox"/> Cancer is not highly aggressive or indolent <input type="checkbox"/> Pediatric patients with suspected highly invasive Cancer
<b>4</b> (42 days)	<input type="checkbox"/> Pediatric patients diagnosed or suspected to have indolent malignancies