



Service: Gastroenterology Pediatric

Care Venue: HSC Childrens

Case Details <small>*all fields are mandatory in Novari ATC</small>		Patient Name*:		DOB: MM/DD/YYYY	
		PHIN*:			
Diagnosis Category*					
<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					
If Cancer*: <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 Case Priority Criteria to complete this section					
Wait 2 Priority*: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Diagnosis Description:			
Consented Procedure*:					
Procedure Notes:					
DTT*: MM/DD/YYYY	Laterality*: (if applicable) <input type="checkbox"/> Left <input type="checkbox"/> Right	Attend Short*: Patient is available on short notice as a last-minute case replacement. <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Type*: <input type="checkbox"/> Day Surgery <input type="checkbox"/> Inpatient <input type="checkbox"/> Same Day Admit <input type="checkbox"/> Short Stay	Post Procedural Destination*: Day Surgery <input type="checkbox"/> ICU <input type="checkbox"/> Monitored <input type="checkbox"/> Unit LOS: _____ days	
Special Instructions:					
Review by:			Entered by:		

Case Priority Criteria

Priority / Target Days	Diagnosis Description
1 (21 days)	<input type="checkbox"/> URGENT; DOES NOT REQUIRE EMERGENCY SLATE
2 (42 days)	<input type="checkbox"/> PATIENT REQUIRES AN ENDOSCOPIC PROCEDURE WITHIN 6 WEEKS
3 (64 days)	<input type="checkbox"/> PATIENT REQUIRES AN ENDOSCOPIC PROCEDURE WITHIN 2 MONTHS
4 (128 days)	<input type="checkbox"/> PATIENT REQUIRES AN ENDOSCOPIC PROCEDURE WITHIN 4 MONTHS
Oncology	
1 (14 days)	<input type="checkbox"/> Pediatric Diagnostic Surgical Oncology Cases
2 (21 days)	<input type="checkbox"/> Pediatric patients diagnosed with highly aggressive malignancies
3 (28 days)	<input type="checkbox"/> Cancer is not highly aggressive or indolent <input type="checkbox"/> Pediatric patients with suspected highly invasive Cancer
4 (42 days)	<input type="checkbox"/> Pediatric patients diagnosed or suspected to have indolent malignancies