



**Service:** General Pediatrics

**Care Venue:**  HSC Childrens

<h3>Case Details</h3> <p><i>*all fields are mandatory in Novari ATC</i></p>	<b>Patient Name*:</b>		<b>DOB:</b> MM/DD/YYYY													
	<b>PHIN*:</b>															
<h3>Diagnosis Category*</h3> <table border="0"> <tr> <td><input type="checkbox"/> [C] Known Cancer</td> <td><input type="checkbox"/> HEME AND LYMPHATIC DISORDER</td> </tr> <tr> <td><input type="checkbox"/> [C] Suspected Cancer</td> <td><input type="checkbox"/> OTHER GENERAL SURGERY DIAGNOSES</td> </tr> <tr> <td><input type="checkbox"/> BENIGN TUMOR</td> <td><input type="checkbox"/> PENILE AND SCROTUM DISORDERS</td> </tr> <tr> <td><input type="checkbox"/> BILE DUCT AND PANCREATIC DISEASE</td> <td><input type="checkbox"/> SMALL BOWEL AND OTHER INTESTINAL DISEASE</td> </tr> <tr> <td><input type="checkbox"/> DISEASES OF TERMINAL ILEUM COLON AND RECTUM</td> <td><input type="checkbox"/> SOFT TISSUE AND SKIN CONDITION</td> </tr> <tr> <td><input type="checkbox"/> DISEASES OF UPPER GI TRACTHEAD &amp; NECK DIAGNOSES</td> <td><input type="checkbox"/> VULVA AND PERINEUM DISORDERS</td> </tr> </table>					<input type="checkbox"/> [C] Known Cancer	<input type="checkbox"/> HEME AND LYMPHATIC DISORDER	<input type="checkbox"/> [C] Suspected Cancer	<input type="checkbox"/> OTHER GENERAL SURGERY DIAGNOSES	<input type="checkbox"/> BENIGN TUMOR	<input type="checkbox"/> PENILE AND SCROTUM DISORDERS	<input type="checkbox"/> BILE DUCT AND PANCREATIC DISEASE	<input type="checkbox"/> SMALL BOWEL AND OTHER INTESTINAL DISEASE	<input type="checkbox"/> DISEASES OF TERMINAL ILEUM COLON AND RECTUM	<input type="checkbox"/> SOFT TISSUE AND SKIN CONDITION	<input type="checkbox"/> DISEASES OF UPPER GI TRACTHEAD & NECK DIAGNOSES	<input type="checkbox"/> VULVA AND PERINEUM DISORDERS
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<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> Default value provided by system when available _____ mins												
<b>Procedure Notes:</b>																
<b>DTT*:</b> MM/DD/YYYY	<b>Laterality*:</b> (if applicable) <input type="checkbox"/> Left <input type="checkbox"/> Right	<b>Attend Short*:</b> Patient is available on short notice as a last-minute case replacement. <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> Day Surgery <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: _____ days												
<b>Special Instructions:</b>																

# Case Priority Criteria

Priority / Target Days	Diagnosis Description
1 (21 days)	<p><b>P-CATS IIb Criteria:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ABDOMINAL: UMBILICAL DISCHARGE</li> <li><input type="checkbox"/> ABDOMINAL: INGUINAL HERNIA: &lt; 1 YEAR NON-INCARCERATED</li> <li><input type="checkbox"/> COLON, RECTUM, ANUS: ANORECTAL MALFORMATIONS WITHOUT OBSTRUCTION</li> <li><input type="checkbox"/> COLON, RECTUM, ANUS: HIRSCHSPRUNG'S DISEASE: NON-NEONATAL</li> <li><input type="checkbox"/> GASTRO CUTANEOUS FISTULA</li> <li><input type="checkbox"/> REFLUX WITH ESOPHAGEAL STRICTURE , CORROSIVE INJURY TO ESOPHAGUS</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> SPLEEN: CHOLEDOCHAL CYST, PORTAL HYPERTENSION - NON-ACUTE</li> <li><input type="checkbox"/> STOMACH, DUODENUM, SMALL BOWEL: NEED FOR EXTERNAL ACCESS</li> <li><input type="checkbox"/> STOMACH, DUODENUM, SMALL BOWEL: ROTATIONAL ANOMALIES - ASYMPTOMATIC</li> <li><input type="checkbox"/> SUSPECTED BENIGN TUMOR - SYMPTOMATIC</li> <li><input type="checkbox"/> THORACIC: MEDIASTINAL CYSTIC MASS - SYMPTOMATIC</li> <li><input type="checkbox"/> VASCULAR RING (ACUTE)</li> </ul>
2 (42 days)	<p><b>P-CATS III Criteria:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> BREAST DISEASE</li> <li><input type="checkbox"/> COLON, RECTUM, ANUS: PERIANAL ABSCESS/FISTULA</li> <li><input type="checkbox"/> CHRONIC NECK MASS INFLAMMATORY (ATYPICAL MYCOBACTERIAL)</li> <li><input type="checkbox"/> CHRONIC RENAL FAILURE</li> <li><input type="checkbox"/> ESOPHAGUS: REFLUX WITHOUT ESOPHAGEAL STRICTURE , ACHALASIA</li> <li><input type="checkbox"/> OVARIAN PATHOLOGY (NON-ACUTE)</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> SPLEEN: CHRONIC GALLBLADDER DISEASE - SYMPTOMATIC</li> <li><input type="checkbox"/> SPLEEN: PANCREATIC DISEASE (NO MALIGNANT POTENTIAL)</li> <li><input type="checkbox"/> STOMACH, DUODENUM, SMALL BOWEL: CHRONIC GASTRIC VOLVULUS</li> <li><input type="checkbox"/> THORACIC: PATENT DUCTAL ANOMALIES (NON-NEONATAL), MYASTHENIA GRAVIS</li> <li><input type="checkbox"/> TISSUE BIOPSY</li> <li><input type="checkbox"/> OTHER NEED FOR VENOUS ACCESS DEVICES (NON-URGENT)</li> </ul>
3 (64 days)	<p><b>P-CATS IV Criteria:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ABDOMINAL WALL, INGUINAL HERNIA: &gt; 1 YEAR NON-INCARCERATED</li> <li><input type="checkbox"/> HISTORY OF PERFORATED APPENDICITIS MANAGED NONOPERATIVELY</li> <li><input type="checkbox"/> HIRSCHSPRUNG'S DISEASE</li> <li><input type="checkbox"/> NECK MASS: NO SUSPICION OF CANCER (INCLUDING THYROGLOSSAL, BRANCHIAL CLEFT ETC.)</li> <li><input type="checkbox"/> OROPHARYNX: MUCOCELE/RANULA</li> <li><input type="checkbox"/> OTHER ABDOMINAL WALL HERNIAS (EPIGASTRIC, INCISIONAL, VENTRAL HERNIA, OTHER)</li> <li><input type="checkbox"/> PATENT DUCTUS ARTERIOSUS (CHRONIC)</li> <li><input type="checkbox"/> PHIMOSIS, PATHOLOGICAL</li> <li><input type="checkbox"/> PILONIDAL DISEASE (CHRONIC)</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> INGROWN TOENAILS</li> <li><input type="checkbox"/> REMOVAL OF HARDWARE/VENOUS ACCESS DEVICES/PEG - NON-URGENT</li> <li><input type="checkbox"/> SKIN LESIONS (CHRONIC)</li> <li><input type="checkbox"/> SPLEEN: DISEASE POTENTIALLY REQUIRING SPLENECTOMY</li> <li><input type="checkbox"/> STOMACH, SMALL BOWEL, LARGE BOWEL: CHRONIC FUNCTIONAL, ANATOMICAL, INFLAMMATORY</li> <li><input type="checkbox"/> SUSPECTED BENIGN SOLID TUMOR, ASYMPTOMATIC</li> <li><input type="checkbox"/> THORACIC: MEDIASTINAL CYSTIC MASS, ASYMPTOMATIC</li> <li><input type="checkbox"/> THORACIC: DIAPHRAGMATIC ABNORMALITIES, ASYMPTOMATIC</li> <li><input type="checkbox"/> VASCULAR/LYMPHATIC MALFORMATION, ASYMPTOMATIC</li> </ul>
4 (128 days)	<p><b>P-CATS V Criteria:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LARGE BOWEL: REQUIRES ACCESS FOR ANTEGRADE ENEMAS</li> <li><input type="checkbox"/> MORBID OBESITY</li> <li><input type="checkbox"/> OROPHARYNX: ANKYLOGLOSSIA</li> <li><input type="checkbox"/> THORACIC- NEONATAL CONDITIONS: CONGENITAL LUNG ANOMALIES - ASYMPTOMATIC</li> <li><input type="checkbox"/> VASCULAR RING (CHRONIC)</li> </ul>
5 (364 days)	<p><b>P-CATS VI Criteria:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ABDOMINAL WALL: UMBILICAL HERNIA</li> <li><input type="checkbox"/> GENITALIA: CRYPTORCHIDISM, CIRCUMCISION - NON-MEDICAL</li> <li><input type="checkbox"/> THORACIC/VASCULAR: CHEST WALL DEFORMITIES</li> </ul>
<b>Oncology</b>	
1 (14 days)	<p><b>P-CATS IIA/IIB CANCER Criteria:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> BREAST DISEASE - SUSPECTED MALIGNANT</li> <li><input type="checkbox"/> NECK MASS - SUSPECTED MALIGNANT</li> <li><input type="checkbox"/> NECK MASS - SOLID MASS (TERATOMA), NEONATAL</li> <li><input type="checkbox"/> SOLID TUMOURS - SUSPECTED MALIGNANT</li> <li><input type="checkbox"/> TISSUE BIOPSY - SUSPECTED MALIGNANT</li> <li><input type="checkbox"/> TREATMENT OF MALIGNANT NEOPLASM (HEAD &amp; NECK)</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pediatric Diagnostic Surgical Oncology Cases</li> </ul>
2 (21 days)	<p><b>P-CATS III CANCER Criteria: N/A</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (no specific diagnosis examples or criteria)</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pediatric patients diagnosed with highly aggressive malignancies</li> </ul>
3 (28 days)	<p><b>P-CATS IV CANCER Criteria: N/A</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (no specific diagnosis examples or criteria)</li> </ul> <ul style="list-style-type: none"> <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>
4 (42 days)	<p><b>P-CATS V CANCER Criteria: N/A</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (no specific diagnosis examples or criteria)</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pediatric patients diagnosed or suspected to have indolent malignancies</li> </ul>