



Service: General Pediatrics

Care Venue: HSC Childrens

Case Details <i>*all fields are mandatory in Novari ATC</i>		Patient Name*:		DOB: MM/DD/YYYY	
		PHIN*:			
Diagnosis Category*					
<input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> BENIGN TUMOR <input type="checkbox"/> BILE DUCT AND PANCREATIC DISEASE <input type="checkbox"/> DISEASES OF TERMINAL ILEUM COLON AND RECTUM <input type="checkbox"/> DISEASES OF UPPER GI TRACTHEAD & NECK DIAGNOSES					
<input type="checkbox"/> HEME AND LYMPHATIC DISORDER <input type="checkbox"/> OTHER GENERAL SURGERY DIAGNOSES <input type="checkbox"/> PENILE AND SCROTUM DISORDERS <input type="checkbox"/> SMALL BOWEL AND OTHER INTESTINAL DISEASE <input type="checkbox"/> SOFT TISSUE AND SKIN CONDITION <input type="checkbox"/> VULVA AND PERINEUM DISORDERS					
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 <input type="checkbox"/> 5		Diagnosis Description:			
Consented Procedure*:					
Procedure Notes:					
DTT*: MM/DD/YYYY	Laterality*: <i>(if applicable)</i> <input type="checkbox"/> Left <input type="checkbox"/> Right	Attend Short*: <i>Patient is available on short notice as a last-minute case replacement.</i> <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*: <i>Day Surgery</i> <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)	<p>P-CATS IIb Criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ABDOMINAL: UMBILICAL DISCHARGE <input type="checkbox"/> ABDOMINAL: INGUINAL HERNIA: < 1 YEAR NON-INCARCERATED <input type="checkbox"/> COLON, RECTUM, ANUS: ANORECTAL MALFORMATIONS WITHOUT OBSTRUCTION <input type="checkbox"/> COLON, RECTUM, ANUS: HIRSCHSPRUNG'S DISEASE: NON-NEONATAL <input type="checkbox"/> GASTRO CUTANEOUS FISTULA <input type="checkbox"/> REFLUX WITH ESOPHAGEAL STRICTURE , CORROSIVE INJURY TO ESOPHAGUS <ul style="list-style-type: none"> <input type="checkbox"/> SPLEEN: CHOLEDOCHAL CYST, PORTAL HYPERTENSION - NON-ACUTE <input type="checkbox"/> STOMACH, DUODENUM, SMALL BOWEL: NEED FOR EXTERNAL ACCESS <input type="checkbox"/> STOMACH, DUODENUM, SMALL BOWEL: ROTATIONAL ANOMALIES - ASYMPTOMATIC <input type="checkbox"/> SUSPECTED BENIGN TUMOR - SYMPTOMATIC <input type="checkbox"/> THORACIC: MEDIASTINAL CYSTIC MASS - SYMPTOMATIC <input type="checkbox"/> VASCULAR RING (ACUTE)
2 (42 days)	<p>P-CATS III Criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BREAST DISEASE <input type="checkbox"/> COLON, RECTUM, ANUS: PERIANAL ABSCESS/FISTULA <input type="checkbox"/> CHRONIC NECK MASS INFLAMMATORY (ATYPICAL MYCOBACTERIAL) <input type="checkbox"/> CHRONIC RENAL FAILURE <input type="checkbox"/> ESOPHAGUS: REFLUX WITHOUT ESOPHAGEAL STRICTURE , ACHALASIA <input type="checkbox"/> OVARIAN PATHOLOGY (NON-ACUTE) <ul style="list-style-type: none"> <input type="checkbox"/> SPLEEN: CHRONIC GALLBLADDER DISEASE - SYMPTOMATIC <input type="checkbox"/> SPLEEN: PANCREATIC DISEASE (NO MALIGNANT POTENTIAL) <input type="checkbox"/> STOMACH, DUODENUM, SMALL BOWEL: CHRONIC GASTRIC VOLVULUS <input type="checkbox"/> THORACIC: PATENT DUCTAL ANOMALIES (NON-NEONATAL), MYASTHENIA GRAVIS <input type="checkbox"/> TISSUE BIOPSY <input type="checkbox"/> OTHER NEED FOR VENOUS ACCESS DEVICES (NON-URGENT)
3 (64 days)	<p>P-CATS IV Criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ABDOMINAL WALL, INGUINAL HERNIA: > 1 YEAR NON-INCARCERATED <input type="checkbox"/> HISTORY OF PERFORATED APPENDICITIS MANAGED NONOPERATIVELY <input type="checkbox"/> HIRSCHSPRUNG'S DISEASE <input type="checkbox"/> NECK MASS: NO SUSPICION OF CANCER (INCLUDING THYROGLOSSAL, BRANCHIAL CLEFT ETC.) <input type="checkbox"/> OROPHARYNX: MUCCOCELE/RANULA <input type="checkbox"/> OTHER ABDOMINAL WALL HERNIAS (EPIGASTRIC, INCISIONAL, VENTRAL HERNIA, OTHER) <input type="checkbox"/> PATENT DUCTUS ARTERIOSUS (CHRONIC) <input type="checkbox"/> PHIMOSIS, PATHOLOGICAL <input type="checkbox"/> PILONIDAL DISEASE (CHRONIC) <ul style="list-style-type: none"> <input type="checkbox"/> INGROWN TOENAILS <input type="checkbox"/> REMOVAL OF HARDWARE/VENOUS ACCESS DEVICES/PEG - NON-URGENT <input type="checkbox"/> SKIN LESIONS (CHRONIC) <input type="checkbox"/> SPLEEN: DISEASE POTENTIALLY REQUIRING SPLENECTOMY <input type="checkbox"/> STOMACH, SMALL BOWEL, LARGE BOWEL: CHRONIC FUNCTIONAL, ANATOMICAL, INFLAMMATORY <input type="checkbox"/> SUSPECTED BENIGN SOLID TUMOR, ASYMPTOMATIC <input type="checkbox"/> THORACIC: MEDIASTINAL CYSTIC MASS, ASYMPTOMATIC <input type="checkbox"/> THORACIC: DIAPHRAGMATIC ABNORMALITIES, ASYMPTOMATIC <input type="checkbox"/> VASCULAR/LYMPHATIC MALFORMATION, ASYMPTOMATIC
4 (128 days)	<p>P-CATS V Criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> LARGE BOWEL: REQUIRES ACCESS FOR ANTEGRADE ENEMAS <input type="checkbox"/> MORBID OBESITY <input type="checkbox"/> OROPHARYNX: ANKYLOGLOSSIA <input type="checkbox"/> THORACIC- NEONATAL CONDITIONS: CONGENITAL LUNG ANOMALIES - ASYMPTOMATIC <input type="checkbox"/> VASCULAR RING (CHRONIC)
5 (364 days)	<p>P-CATS VI Criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ABDOMINAL WALL: UMBILICAL HERNIA <input type="checkbox"/> GENITALIA: CRYPTORCHIDISM, CIRCUMCISION - NON-MEDICAL <input type="checkbox"/> THORACIC/VASCULAR: CHEST WALL DEFORMITIES
Oncology	
1 (14 days)	<p>P-CATS IIA/IIB CANCER Criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BREAST DISEASE - SUSPECTED MALIGNANT <input type="checkbox"/> NECK MASS - SUSPECTED MALIGNANT <input type="checkbox"/> NECK MASS - SOLID MASS (TERATOMA), NEONATAL <input type="checkbox"/> SOLID TUMOURS - SUSPECTED MALIGNANT <input type="checkbox"/> TISSUE BIOPSY - SUSPECTED MALIGNANT <input type="checkbox"/> TREATMENT OF MALIGNANT NEOPLASM (HEAD & NECK) <ul style="list-style-type: none"> <input type="checkbox"/> Pediatric Diagnostic Surgical Oncology Cases
2 (21 days)	<p>P-CATS III CANCER Criteria: N/A</p> <ul style="list-style-type: none"> <input type="checkbox"/> (no specific diagnosis examples or criteria) <ul style="list-style-type: none"> <input type="checkbox"/> Pediatric patients diagnosed with highly aggressive malignancies
3 (28 days)	<p>P-CATS IV CANCER Criteria: N/A</p> <ul style="list-style-type: none"> <input type="checkbox"/> (no specific diagnosis examples or criteria) <ul style="list-style-type: none"> <input type="checkbox"/> Cancer is not highly aggressive or indolent <input type="checkbox"/> Pediatric patients with suspected highly invasive Cancer
4 (42 days)	<p>P-CATS V CANCER Criteria: N/A</p> <ul style="list-style-type: none"> <input type="checkbox"/> (no specific diagnosis examples or criteria) <ul style="list-style-type: none"> <input type="checkbox"/> Pediatric patients diagnosed or suspected to have indolent malignancies