



Service: Gynecology/Obstetrics Pediatric

Care Venue: HSC Childrens HSC Womens

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"/> GENITAL TRAUMA <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> GENITOURINARY DISORDER <input type="checkbox"/> BENIGN TUMOR <input type="checkbox"/> GYNECOLOGICAL ABNORMALITIES <input type="checkbox"/> CESAREAN SECTION (PLANNED) <input type="checkbox"/> OTHER GYNECOLOGICAL DIAGNOSES <input type="checkbox"/> DISEASES OF THE OVARIES, FALLOPIAN TUBES <input type="checkbox"/> PELVIC AND PERITONEAL CONDITION <input type="checkbox"/> DISEASES OF THE UTERUS, VULVA, CERVIX, VAGINA				
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:		
Wait 2 Priority* (Obs): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8				
Consented Procedure*:				Est. Procedure Time*: <small>Default value provided by system when available</small> ____ mins
Procedure Notes:				
DTT*: MM/DD/YYYY	Laterality*: <small>(if applicable)</small> <input type="checkbox"/> Left <input type="checkbox"/> Right	Attend Short*: <small>Patient is available on short notice as a last-minute case replacement.</small> <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*: <small>Day Surgery</small> <input type="checkbox"/> ICU <input type="checkbox"/> Unit <small>LOS: ____ days</small>
Special Instructions:				

Case Priority Criteria

Priority / Target Days	Diagnosis Description				
1 (21 days)	P-CATS IIb Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> EUA OR VAGINOSCOPY FOR INFECTION <input type="checkbox"/> OVARIAN CYST, NON-NEWBORN (SYMPTOMATIC) <input type="checkbox"/> TUMOUR SUSPECTED, BENIGN (SYMPTOMATIC) 				
2 (42 days)	P-CATS III Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> GONADECTOMIES: PARTIAL AIS <input type="checkbox"/> OVARIAN CYST, NEWBORN (ASYMPTOMATIC) 				
3 (64 days)	P-CATS IV Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> INSERTION OF IUD (FOR MENSTRUAL SUPPRESSION), NON-URGENT <input type="checkbox"/> LABIAL AGGLUTINATION <input type="checkbox"/> OVARIAN CYST, NON-NEWBORN (ASYMPTOMATIC) <input type="checkbox"/> REMOVAL OF IUD, NON-URGENT <input type="checkbox"/> TUMOUR SUSPECTED, BENIGN (ASYMPTOMATIC) 				
4 (128 days)	P-CATS V Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> CAUTERY OF WARTS <input type="checkbox"/> EUA, CYSTOSCOPY, VAGINOSCOPY OTHER: NON-INFECTIOUS, NON-BLEEDING CAUSE <input type="checkbox"/> GONADECTOMIES: OTHER <input type="checkbox"/> HYMENAL ANOMALIES NON-OBSTRUCTIVE OR ASYMPTOMATIC OBSTRUCTIVE ANOMALIES, LONGITUDINAL LAPAROSCOPY FOR CHRONIC PELVIC PAIN <input type="checkbox"/> OTHER MULLERIAN ANOMALIES <input type="checkbox"/> VAGINAL SEPTUMS, <input type="checkbox"/> VULVAR CYSTS 				
5 (364 days)	P-CATS VI Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> AMBIGUOUS GENITALIA <input type="checkbox"/> LABIAL REVISION 				
Oncology					
1 (14 days)	P-CATS IIA CANCER Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> SOLID TUMOURS - SUSPECTED MALIGNANT 				
	<ul style="list-style-type: none"> <input type="checkbox"/> Pediatric Diagnostic Surgical Oncology Cases 				
2 (21 days)	P-CATS III CANCER Criteria: N/A <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-CATS IV CANCER Criteria: N/A <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-CATS V CANCER Criteria: N/A <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 				
Obstetrics					
0 (14 days)	<input type="checkbox"/> 'Urgent; does not require the emergency slate <i>(based on expected date of delivery)</i>	3 (90 days)	<input type="checkbox"/> Scheduled Surgery is required within 3 month <i>(based on expected date of delivery)</i>	6 (182 days)	<input type="checkbox"/> Scheduled Surgery is required within 6 month <i>(based on expected date of delivery)</i>
1 (28 days)	<input type="checkbox"/> Scheduled Surgery is required within 1 month <i>(based on expected date of delivery)</i>	4 (128 days)	<input type="checkbox"/> Scheduled Surgery is required within 4 month <i>(based on expected date of delivery)</i>	7 (210 days)	<input type="checkbox"/> Scheduled Surgery is required within 7 month <i>(based on expected date of delivery)</i>
2 (60 days)	<input type="checkbox"/> Scheduled Surgery is required within 2 month <i>(based on expected date of delivery)</i>	5 (150 days)	<input type="checkbox"/> Scheduled Surgery is required within 5 month <i>(based on expected date of delivery)</i>	8 (240 days)	<input type="checkbox"/> Scheduled Surgery is required within 8 month <i>(based on expected date of delivery)</i>