



**Service:** Neurosurgery 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"/> BENIGN TUMOURS NERVOUS SYSTEM AND ITS COVERINGS <input type="checkbox"/> CRANIOFACIAL DISORDERS <input type="checkbox"/> DEGENERATIVE DISEASES OF THE BRAIN AND SPINAL CORD <input type="checkbox"/> DISORDERS OF THE CEREBROVASCULAR SYSTEM <input type="checkbox"/> DISORDERS OF THE PERIPHERAL NERVES AND MUSCLES			<input type="checkbox"/> FUNCTIONAL DISORDERS, PAIN, EPILEOSY, MOVEMENT DISORDERS <input type="checkbox"/> HYDROCEPHALUS AND OTHER CONGENITAL DISORDERS <input type="checkbox"/> INFECTIOUS DISEASES NERVOUS SYSTEM AND ITS COVERINGS <input type="checkbox"/> INTERVERTEBRAL DISC DISEASE AND OTHER DISORDERS OF THE SPINAL COLUMN <input type="checkbox"/> OTHER NEUROLOGIC DIAGNOSES <input type="checkbox"/> SPINAL DYSRAPHISM <input type="checkbox"/> TRAUMA OF BRAIN, SPINAL CORD AND THEIR COVERINGS		
<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>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"/> Monitored <input type="checkbox"/> Unit LOS: _____ days	
<b>Special Instructions:</b>					
<b>Review by:</b>			<b>Entered by:</b>		

## Case Priority Criteria

Priority / Target Days	Diagnosis Description
1 (21 days)	<b>P-CATS IIb Criteria:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> BACLOFEN PUMP FAILURE/BACLOFEN WITHDRAWAL</li> <li><input type="checkbox"/> CONGENITAL ANOMALY OF THE SPINE - NEW OR PROGRESSIVE NEUROLOGICAL DEFICIT</li> <li><input type="checkbox"/> EROSION SKULL TUMOUR</li> <li><input type="checkbox"/> HYDROCEPHALUS: CHRONIC</li> <li><input type="checkbox"/> INFRATENTORIAL BRAIN TUMOUR: WITHOUT PRESSURE</li> <li><input type="checkbox"/> TETHERED SPINAL CORD - NEW OR PROGRESSIVE DEFICIT</li> </ul>
2 (42 days)	<b>P-CATS III Criteria:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ARTERIOVENOUS MALFORMATIONS: RUPTURED STABLE</li> <li><input type="checkbox"/> ARTERIOVENOUS MALFORMATIONS: MOYAMOYA</li> <li><input type="checkbox"/> CRANIOSYNOSTOSIS</li> <li><input type="checkbox"/> INTRACRANIAL CYST: CHRONIC</li> <li><input type="checkbox"/> SUPRATENTORIAL BRAIN TUMOUR: WITHOUT PRESSURE</li> </ul>
3 (64 days)	<b>P-CATS IV Criteria:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ARTERIOVENOUS MALFORMATIONS: STABLE (PRESENT WITH SEIZURES)</li> <li><input type="checkbox"/> ASYMPTOMATIC/INDOLENT SKULL TUMOUR</li> <li><input type="checkbox"/> CHIARI MALFORMATION TYPE 1</li> <li><input type="checkbox"/> CHIARI MALFORMATION TYPE 2 - SYMPTOMATIC MINOR</li> <li><input type="checkbox"/> CONGENITAL ANOMALY OF THE SPINE - WITHOUT NEUROLOGICAL IMPAIRMENT</li> <li><input type="checkbox"/> ENCEPHALOCELE - CLOSED ENCEPHALOCELE</li> <li><input type="checkbox"/> EPILEPSY</li> <li><input type="checkbox"/> SPINAL CORD TUMOUR: WITHOUT NEUROLOGICAL DEFICIT</li> <li><input type="checkbox"/> SYRINGOHYDROMYELIA (SYRINX)</li> <li><input type="checkbox"/> TETHERED SPINAL CORD - ASYMPTOMATIC/NEUROLOGICALLY STABLE</li> </ul>
4 (128 days)	<b>P-CATS V Criteria:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> BIOPSY (NERVE &amp; MUSCLE)</li> <li><input type="checkbox"/> REPLACEMENT OF BONE FLAP</li> <li><input type="checkbox"/> SPASTICITY</li> </ul>
<b>Oncology</b>	
1 (14 days)	<b>P-CATS IIA CANCER Criteria:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> BRAIN TUMOUR (INFRATENTORIAL) WITH PRESSURE</li> <li><input type="checkbox"/> BRAIN TUMOUR (SUPRATENTORIAL) WITH PRESSURE</li> <li><input type="checkbox"/> SPINAL CORD TUMOUR WITH NEUROLOGICAL DEFICIT</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Urgent; does not require emergency slate</li> <li><input type="checkbox"/> Diagnostic Surgical Oncology Cases</li> </ul>
2 (28 days)	<b>P-CATS IIB CANCER Criteria:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> BRAIN TUMOUR (INFRATENTORIAL) WITHOUT PRESSURE</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patients diagnosed with highly aggressive malignancies</li> </ul>
3 (42 days)	<b>P-CATS III CANCER Criteria:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> BRAIN TUMOUR (SUPRATENTORIAL) WITHOUT PRESSURE</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> All patients with known or suspected highly invasive cancer</li> <li><input type="checkbox"/> Cancer is not highly aggressive or indolent</li> </ul>
4 (84 days)	<b>P-CATS IV CANCER Criteria:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> SPINAL CORD TUMOUR WITHOUT NEUROLOGICAL DEFICIT</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies</li> </ul>