



Service: Oral Surgery Pediatrics

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"/> BENIGN TUMOURS <input type="checkbox"/> CONGENITAL AND DEVELOPMENTAL DISORDERS <input type="checkbox"/> DENTAL PROCEDURES FOR PERSONS WITH DISABILITY <input type="checkbox"/> DENTOALVEOLAR SURGERY <input type="checkbox"/> FACIAL TRAUMA <input type="checkbox"/> MANAGEMENT OF INFECTION <input type="checkbox"/> OTHER ORAL/MAXILLOFACIAL DIAGNOSES <input type="checkbox"/> TEMPOROMANDIBULAR JOINT				
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*:				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 LOS: ____ days
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"/> CLEFT LIP, PALATE <input type="checkbox"/> FACIAL CLEFT (OTHER) <input type="checkbox"/> SPEECH DELAY, MACROGLOSSIA
2 (42 days)	P-CATS III Criteria <ul style="list-style-type: none"> <input type="checkbox"/> ADVANCED DENTAL CARIES: VISIBLE CARIOUS LESIONS AND/OR PAIN, MODERATE RISK MEDICAL STATUS ALVEOLAR BONE GRAFTS <input type="checkbox"/> CRANIOSYNOSTOSIS: SAGITTAL (SINGLE) <input type="checkbox"/> CRANIOSYNOSTOSIS: SYNDROMIC/MULTIPLE <input type="checkbox"/> SIALOLITHIASIS <input type="checkbox"/> SINO-NASAL MASS (BENIGN) <input type="checkbox"/> SPEECH DELAY, VELOPHARYNGEAL INSUFFICIENCY <input type="checkbox"/> SUPERNUMERARY TOOTH, WITH OR WITHOUT ASSOCIATED PATHOSIS <input type="checkbox"/> SUSPECTED BENIGN LESIONS (HARD AND/OR SOFT TISSUE) <input type="checkbox"/> TMJ DYSFUNCTION, CHRONIC (ANKYLOSIS) <input type="checkbox"/> UNACCEPTABLE SCAR <input type="checkbox"/> VASCULAR ANOMALIES WITHOUT FUNCTIONAL ISSUES
3 (64 days)	P-CATS IV Criteria <ul style="list-style-type: none"> <input type="checkbox"/> ADVANCED DENTAL CARIES: VISIBLE CARIOUS LESIONS AND/OR PAIN, LOW-RISK MEDICAL STATUS <input type="checkbox"/> ATROPHIC MAXILLA/MANDIBLE RECONSTRUCTION <input type="checkbox"/> BENIGN LESIONS (NOSTRIL, ORAL, LIP, FACIAL, TONGUE, EAR ETC.) <input type="checkbox"/> BENIGN TUMOUR OF SALIVARY GLAND <input type="checkbox"/> CLEFT LIP: SECONDARY PROCEDURE <input type="checkbox"/> CLEFT PALATE: SECONDARY PROCEDURE <input type="checkbox"/> CLEFT SEPTORHINOPLASTY, CLEFT LIP/NOSE REVISIONARY SURGERY <input type="checkbox"/> CONGENITAL EAR DEFORMITIES (MAJOR) <input type="checkbox"/> CONGENITAL EAR DEFORMITIES (MINOR) <input type="checkbox"/> CRANIOFACIAL, HEMIFACIAL MICROSUMIA <input type="checkbox"/> CRANIOFACIAL, OTHER <input type="checkbox"/> DENTAL DISORDER, OTHER <input type="checkbox"/> DENTAL HYPOPLASIA <input type="checkbox"/> EPISTAXIS, RECURRENT <input type="checkbox"/> HARD/SOFT TISSUE: FOREIGN BODY <input type="checkbox"/> LIP, PRENATAL DIAGNOSIS <input type="checkbox"/> MACROGLOSSIA <input type="checkbox"/> MUCOCELE OF MAJOR SALIVARY GLAND <input type="checkbox"/> NASAL DERMOID <input type="checkbox"/> NASAL POLYP <input type="checkbox"/> OBSTRUCTIVE SLEEP APNEA <input type="checkbox"/> OSTEODISTRACTION: MAXILLA OR MANDIBLE <input type="checkbox"/> OTOPLASTY <input type="checkbox"/> PALATE, PRENATAL DIAGNOSIS <input type="checkbox"/> POST ABLATIVE DEFECT: MAXILLA AND MANDIBLE <input type="checkbox"/> RETAINED PRIMARY TEETH <input type="checkbox"/> SKELETAL-FACIAL DEFORMITIES REQUIRING ORTHOGNATHIC PROCEDURES <input type="checkbox"/> TMJ DYSFUNCTION (CHRONIC)
4 (128 days)	P-CATS V Criteria <ul style="list-style-type: none"> <input type="checkbox"/> ANKYGLOSSIA WITH SPEECH DELAY <input type="checkbox"/> CHRONIC SINUSITIS <input type="checkbox"/> DENTAL IMPACTION (ASYMPTOMATIC) <input type="checkbox"/> DENTOALVEOLAR DEFICIENCY (CROWDING) <input type="checkbox"/> DEVIATED NASAL SEPTUM <input type="checkbox"/> EXAMINATION UNDER ANESTHESIA <input type="checkbox"/> HYPERTROPHIED TURBINATES' CAUSING NASAL OBSTRUCTION <input type="checkbox"/> NASAL DEFORMITY <input type="checkbox"/> OLIGODONTIA <input type="checkbox"/> SIALORRHEA CONTROL
5 (364 days)	P-CATS VI Criteria <ul style="list-style-type: none"> <input type="checkbox"/> UNACCEPTABLE SCAR
Oncology	
1 (14 days)	P-CATS II CANCER Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> MALIGNANT TUMOUR OF SALIVARY GLAND <input type="checkbox"/> MALIGNANT LESIONS (NOSTRIL, ORAL, LIP, FACIAL, TONGUE, EAR ETC.) <input type="checkbox"/> SUSPECTED MALIGNANT LESIONS (HARD AND/OR SOFT TISSUE) <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) <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) <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) <input type="checkbox"/> Pediatric patients diagnosed or suspected to have indolent malignancies