



**Service:** Oral Surgery Pediatrics

**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 <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				
<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>Procedure Notes:</b>				
<b>DTT*:</b> MM/DD/YYYY	<b>Laterality*:</b> <i>(if applicable)</i> <input type="checkbox"/> Left <input type="checkbox"/> Right	<b>Attend Short*:</b> <i>Patient is available on short notice as a last-minute case replacement.</i> <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> <i>Day Surgery</i> <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
<b>1</b> (21 days)	<b>P-CATS IIb Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> CLEFT LIP, PALATE</li> <li><input type="checkbox"/> FACIAL CLEFT (OTHER)</li> <li><input type="checkbox"/> SPEECH DELAY, MACROGLOSSIA</li> </ul>
<b>2</b> (42 days)	<b>P-CATS III Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ADVANCED DENTAL CARIES: VISIBLE CARIOUS LESIONS AND/OR PAIN, MODERATE RISK MEDICAL STATUS ALVEOLAR BONE GRAFTS</li> <li><input type="checkbox"/> CRANIOSYNOSTOSIS: SAGITTAL (SINGLE)</li> <li><input type="checkbox"/> CRANIOSYNOSTOSIS: SYNDROMIC/MULTIPLE</li> <li><input type="checkbox"/> SIALOLITHIASIS</li> <li><input type="checkbox"/> SINO-NASAL MASS (BENIGN)</li> <li><input type="checkbox"/> SPEECH DELAY, VELOPHARYNGEAL INSUFFICIENCY</li> <li><input type="checkbox"/> SUPERNUMERARY TOOTH, WITH OR WITHOUT ASSOCIATED PATHOSIS</li> <li><input type="checkbox"/> SUSPECTED BENIGN LESIONS (HARD AND/OR SOFT TISSUE)</li> <li><input type="checkbox"/> TMJ DYSFUNCTION, CHRONIC (ANKYLOSIS)</li> <li><input type="checkbox"/> UNACCEPTABLE SCAR</li> <li><input type="checkbox"/> VASCULAR ANOMALIES WITHOUT FUNCTIONAL ISSUES</li> </ul>
<b>3</b> (64 days)	<b>P-CATS IV Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ADVANCED DENTAL CARIES: VISIBLE CARIOUS LESIONS AND/OR PAIN, LOW-RISK MEDICAL STATUS</li> <li><input type="checkbox"/> ATROPHIC MAXILLA/MANDIBLE RECONSTRUCTION</li> <li><input type="checkbox"/> BENIGN LESIONS (NOSTRIL, ORAL, LIP, FACIAL, TONGUE, EAR ETC.)</li> <li><input type="checkbox"/> BENIGN TUMOUR OF SALIVARY GLAND</li> <li><input type="checkbox"/> CLEFT LIP: SECONDARY PROCEDURE</li> <li><input type="checkbox"/> CLEFT PALATE: SECONDARY PROCEDURE</li> <li><input type="checkbox"/> CLEFT SEPTORHINOPLASTY, CLEFT LIP/NOSE REVISIONARY SURGERY</li> <li><input type="checkbox"/> CONGENITAL EAR DEFORMITIES (MAJOR)</li> <li><input type="checkbox"/> CONGENITAL EAR DEFORMITIES (MINOR)</li> <li><input type="checkbox"/> CRANIOFACIAL, HEMIFACIAL MICROSUMIA</li> <li><input type="checkbox"/> CRANIOFACIAL, OTHER</li> <li><input type="checkbox"/> DENTAL DISORDER, OTHER</li> <li><input type="checkbox"/> DENTAL HYPOPLASIA</li> <li><input type="checkbox"/> EPISTAXIS, RECURRENT</li> <li><input type="checkbox"/> HARD/SOFT TISSUE: FOREIGN BODY</li> <li><input type="checkbox"/> LIP, PRENATAL DIAGNOSIS</li> <li><input type="checkbox"/> MACROGLOSSIA</li> <li><input type="checkbox"/> MUCOCELE OF MAJOR SALIVARY GLAND</li> <li><input type="checkbox"/> NASAL DERMOID</li> <li><input type="checkbox"/> NASAL POLYP</li> <li><input type="checkbox"/> OBSTRUCTIVE SLEEP APNEA</li> <li><input type="checkbox"/> OSTEODISTRACTION: MAXILLA OR MANDIBLE</li> <li><input type="checkbox"/> OTOPLASTY</li> <li><input type="checkbox"/> PALATE, PRENATAL DIAGNOSIS</li> <li><input type="checkbox"/> POST ABLATIVE DEFECT: MAXILLA AND MANDIBLE</li> <li><input type="checkbox"/> RETAINED PRIMARY TEETH</li> <li><input type="checkbox"/> SKELETAL-FACIAL DEFORMITIES REQUIRING ORTHOGNATHIC PROCEDURES</li> <li><input type="checkbox"/> TMJ DYSFUNCTION (CHRONIC)</li> </ul>
<b>4</b> (128 days)	<b>P-CATS V Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ANKYGLOSSIA WITH SPEECH DELAY</li> <li><input type="checkbox"/> CHRONIC SINUSITIS</li> <li><input type="checkbox"/> DENTAL IMPACTION (ASYMPTOMATIC)</li> <li><input type="checkbox"/> DENTOALVEOLAR DEFICIENCY (CROWDING)</li> <li><input type="checkbox"/> DEVIATED NASAL SEPTUM</li> <li><input type="checkbox"/> EXAMINATION UNDER ANESTHESIA</li> <li><input type="checkbox"/> HYPERTROPHIED TURBINATES' CAUSING NASAL OBSTRUCTION</li> <li><input type="checkbox"/> NASAL DEFORMITY</li> <li><input type="checkbox"/> OLIGODONTIA</li> <li><input type="checkbox"/> SIALORRHEA CONTROL</li> </ul>
<b>5</b> (364 days)	<b>P-CATS VI Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> UNACCEPTABLE SCAR</li> </ul>
<b>Oncology</b>	
<b>1</b> (14 days)	<b>P-CATS II CANCER Criteria:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> MALIGNANT TUMOUR OF SALIVARY GLAND</li> <li><input type="checkbox"/> MALIGNANT LESIONS (NOSTRIL, ORAL, LIP, FACIAL, TONGUE, EAR ETC.)</li> <li><input type="checkbox"/> SUSPECTED MALIGNANT LESIONS (HARD AND/OR SOFT TISSUE)</li> <li><input type="checkbox"/> Pediatric Diagnostic Surgical Oncology Cases</li> </ul>
<b>2</b> (21 days)	<b>P-CATS III CANCER Criteria: N/A</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> (no specific diagnosis examples or criteria)</li> <li><input type="checkbox"/> Pediatric patients diagnosed with highly aggressive malignancies</li> </ul>
<b>3</b> (28 days)	<b>P-CATS IV CANCER Criteria: N/A</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> (no specific diagnosis examples or criteria)</li> <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>
<b>4</b> (42 days)	<b>P-CATS V CANCER Criteria: N/A</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> (no specific diagnosis examples or criteria)</li> <li><input type="checkbox"/> Pediatric patients diagnosed or suspected to have indolent malignancies</li> </ul>