



Service: Orthopedics Pediatric

Care Venue: HSC Childrens

<h2 style="margin: 0;">Case Details</h2> <p style="font-size: small; margin-top: 5px;">*all fields are mandatory in Novari ATC</p>	Patient Name*: _____	DOB: MM/DD/YYYY		
	PHIN*: _____			
Diagnosis Category*				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> ACUTE TRAUMA <input type="checkbox"/> BENIGN TUMOURS <input type="checkbox"/> CONGENITAL ABNORMALITIES <input type="checkbox"/> DEVELOPMENTAL DISORDERS <input type="checkbox"/> HIP & KNEE ARTHROPATHIES <input type="checkbox"/> INFECTIONS OF BONES, JOINTS OR SOFT TISSUES <input type="checkbox"/> INTERVERTEBRAL DISC DISEASE </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> MECHANICAL DISORDERS OF THE BONES, JOINTS, SOFT TISSUES, AND SPINAL COLUMN <input type="checkbox"/> NERVE DISORDERS AND INJURIES <input type="checkbox"/> OSTEOARTHRITIS <input type="checkbox"/> OTHER ARTHROPATHIES <input type="checkbox"/> OTHER MUSCULOSKELETAL DEGENERATIVE DISORDERS <input type="checkbox"/> OTHER ORTHOPEDIC DIAGNOSES <input type="checkbox"/> RHEUMATOID ARTHRITIS <input type="checkbox"/> SUBACUTE/CHRONIC TRAUMA <input type="checkbox"/> TENDON DISORDERS AND INJURIES </td> </tr> </table>			<input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> ACUTE TRAUMA <input type="checkbox"/> BENIGN TUMOURS <input type="checkbox"/> CONGENITAL ABNORMALITIES <input type="checkbox"/> DEVELOPMENTAL DISORDERS <input type="checkbox"/> HIP & KNEE ARTHROPATHIES <input type="checkbox"/> INFECTIONS OF BONES, JOINTS OR SOFT TISSUES <input type="checkbox"/> INTERVERTEBRAL DISC DISEASE	<input type="checkbox"/> MECHANICAL DISORDERS OF THE BONES, JOINTS, SOFT TISSUES, AND SPINAL COLUMN <input type="checkbox"/> NERVE DISORDERS AND INJURIES <input type="checkbox"/> OSTEOARTHRITIS <input type="checkbox"/> OTHER ARTHROPATHIES <input type="checkbox"/> OTHER MUSCULOSKELETAL DEGENERATIVE DISORDERS <input type="checkbox"/> OTHER ORTHOPEDIC DIAGNOSES <input type="checkbox"/> RHEUMATOID ARTHRITIS <input type="checkbox"/> SUBACUTE/CHRONIC TRAUMA <input type="checkbox"/> TENDON DISORDERS AND INJURIES
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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"/> CAST CHANGE UNDER ANESTHESIA <input type="checkbox"/> DEVELOPMENTAL DYSPLASIA OF HIP < 18 MONTHS <input type="checkbox"/> MALIGNANT/AGGRESSIVE TUMOR (AFTER NEW ADJUVANT THERAPY) <input type="checkbox"/> MENISCAL INJURIES, ACUTE
2 (42 days)	P-CATS III Criteria <ul style="list-style-type: none"> <input type="checkbox"/> BONE AND JOINT INFECTIONS, CHRONIC OSTEOMYELITIS <input type="checkbox"/> DEVELOPMENTAL DYSPLASIA OF HIP (18 MONTHS - 3 YEARS) <input type="checkbox"/> FRACTURE, NONUNION <input type="checkbox"/> INFLAMMATORY ARTHRITIS, OTHER <input type="checkbox"/> NEUROMUSCULAR DISEASE, DIAGNOSTIC BIOPSY
3 (64 days)	P-CATS IV Criteria <ul style="list-style-type: none"> <input type="checkbox"/> FEET: CLUBFEET (CTEV): < 1 YEAR, VERTICAL TALUS: < 1 YEAR, HALLUX VALGUS <input type="checkbox"/> FRACTURES AND INJURIES: ACUTE LIGAMENT (ACL) INJURY, NERVE INJURY, MENISCAL INJURIES - CHRONIC <input type="checkbox"/> FRACTURE, NON-UNION <input type="checkbox"/> GROWTH ARREST (ANY CAUSE) <input type="checkbox"/> LEGS: CONGENITAL DISLOCATION OF KNEE, CONGENITAL PSEUDARTHROSIS OF TIBIA <input type="checkbox"/> LEGS: CONGENITAL DISLOCATION OF THE KNEE, CONGENITAL PSEUDARTHROSIS OF THE TIBIA <input type="checkbox"/> LEGS: LEG LENGTH DISCREPANCY, OSTEOCHONDritis DISSECANS, TIBIA/FEMUR TORSION <input type="checkbox"/> HIP: AVASCULAR NECROSIS OF THE HIP, LEGGE PERTHES (LCPD), AVN (OSTEONECROSIS) <input type="checkbox"/> HIP: OTHER ELECTIVE HIP DISORDER <input type="checkbox"/> HIP: DEVELOPMENTAL DISLOCATION <18MO, 18MO - 3Y <input type="checkbox"/> MUSCULOSKELETAL TUMORS, BENIGN
4 (128 days)	P-CATS V Criteria <ul style="list-style-type: none"> <input type="checkbox"/> ARMS: ERB'S PALSY, MADELUNG'S DEFORMITY, SHOULDER INSTABILITY, SPRENGEL'S DEFORMITY <input type="checkbox"/> ARTHROGRYPOSIS <input type="checkbox"/> CHRONIC LIGAMENT (ACL) TENDON INJURY <input type="checkbox"/> FEET: ACCESSORY NAVICULAR, CLUBFEET: > 1 YEAR, VERTICAL TALUS: > 1 YEAR <input type="checkbox"/> FEET: TARSAL COALITION, METATARSUS ADDUCTUS, TOE WALKING, OTHER ELECTIVE FOOT DISORDER <input type="checkbox"/> FRACTURE, MALUNION <input type="checkbox"/> LEGS: GENU VALGUM (KNOCK KNEES) >10 YRS OLD, GENU VARUM (BOW LEGS) >3 YEARS OLD <input type="checkbox"/> LEGS: BLOUNT'S DISEASE, PATELLAR SUBLUXATION (RECURRENT/CHRONIC), OTHER ELECTIVE LOWER LIMB DISORDER <input type="checkbox"/> LEGS: FIBULAR HEMIMELIA, PROXIMAL FEMORAL FOCAL DEFICIENCY, TIBIAL HEMIMELIA <input type="checkbox"/> HIP, DEVELOPMENTAL DYSPLASIA OF HIP > 3 YEARS, OTHER ELECTIVE HIP DISORDER <input type="checkbox"/> OTHER ELECTIVE UPPER OR LOWER LIMB DISORDER, OTHER ORTHOPEDIC DISORDER <input type="checkbox"/> NEUROFIBROMATOSIS <input type="checkbox"/> NEUROMUSCULAR: MUSCULAR DYSTROPHY, CEREBRAL PALSY, SPINA BIFIDA <input type="checkbox"/> NEUROMUSCULAR: CHARCOT MARIE TOOTH SYNDROME, MITOCHONDRIOPATHY, MITOCHONDRIAL DISEASE <input type="checkbox"/> REMOVAL OF HARDWARE <input type="checkbox"/> SKELETAL DYSPLASIAS / OSTEOGENESIS IMPERFECTA <input type="checkbox"/> TORTICOLLIS
5 (364 days)	P-CATS VI Criteria <ul style="list-style-type: none"> <input type="checkbox"/> FEET: HALLUX VALGUS <input type="checkbox"/> LEGS: DUPLICATION, TIBIA/FEMUR TORSION <input type="checkbox"/> MINOR VARIANTS OF NORMAL ORTHOPEDIC DEVELOPMENT (FLEXIBLE FLAT FEET, IN-TOEING, OUT-TOEING, BOWLEGS IN CHILDREN < 3YRS OF AGE, KNOCK KNEES IN CHILDREN <10YRS OF AGE, LORDOSIS, MINOR SCOLIOSIS CURVES - LESS THAN 20 DEGREE CURVE)
Oncology	
1 (14 days)	P-CATS IIA CANCER Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> BIOPSY OF MUSCULOSKELETAL TUMOUR <input type="checkbox"/> Pediatric Diagnostic Surgical Oncology Cases
2 (21 days)	P-CATS IIB CANCER Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> MALIGNANT/AGGRESSIVE MUSCULOSKELETAL TUMOURS (AFTER NEW ADJUVANT THERAPY) <input type="checkbox"/> Pediatric patients diagnosed with highly aggressive malignancies
3 (28 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"/> Cancer is not highly aggressive or indolent <input type="checkbox"/> Pediatric patients with suspected highly invasive Cancer
4 (42 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"/> Pediatric patients diagnosed or suspected to have indolent malignancies