



Service: Spine Pediatric

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 NERVOUS SYSTEM AND ITS COVERINGS <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, EPILEPSY, MOVEMENT DISORDERS <input type="checkbox"/> HYDROCEPHALUS AND OTHER CONGENITAL DISORDERS <input type="checkbox"/> INFECTIVE 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"/> TRAUMA OF BRAIN, SPINAL CORD AND THEIR COVERINGS				
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*:				
Procedure Notes:				
DTT*: MM/DD/YYYY	Laterality*: <i>(if applicable)</i> <input type="checkbox"/> Left <input type="checkbox"/> Right	Attend Short*: <i>Patient is available on short notice as a last-minute case replacement.</i> <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*: <i>Day Surgery</i> <input type="checkbox"/> ICU <input type="checkbox"/> Monitored <input type="checkbox"/> Unit LOS: _____ days
Special Instructions:				
Review by:			Entered by:	

Case Priority Criteria

Priority / Target Days	Diagnosis Description
1 (21 days)	P-CATS IIb Criteria <input type="checkbox"/> MALIGNANT TUMOR (AFTER NEW ADJUVANT THERAPY)
2 (42 days)	P-CATS III Criteria <input type="checkbox"/> OTHER SPINAL DISORDER, ACUTE
3 (64 days)	P-CATS IV Criteria <input type="checkbox"/> CONGENITAL ANOMALIES, UNSTABLE <input type="checkbox"/> KYPHOSIS, UNSTABLE <input type="checkbox"/> OTHER SPINAL DISORDER, UNSTABLE <input type="checkbox"/> SCOLIOSIS, UNSTABLE <input type="checkbox"/> SPONDYLOLISTHESIS, UNSTABLE
4 (128 days)	P-CATS V Criteria <input type="checkbox"/> CONGENITAL ANOMALIES, STABLE <input type="checkbox"/> KYPHOSIS, STABLE <input type="checkbox"/> OTHER SPINAL DISORDER, STABLE <input type="checkbox"/> SCOLIOSIS, STABLE <input type="checkbox"/> SPONDYLOLISTHESIS, STABLE <input type="checkbox"/> SPONDYLOLYSIS
5 (364 days)	P-CATS VI Criteria <input type="checkbox"/> OTHER ELECTIVE SPINAL DISORDER
Oncology	
1 (14 days)	P-CATS II CANCER Criteria: <input type="checkbox"/> MALIGNANT TUMOR (AFTER NEW ADJUVANT THERAPY) <input type="checkbox"/> Pediatric Diagnostic Surgical Oncology Cases
2 (21 days)	P-CATS III CANCER Criteria: N/A <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 <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 <input type="checkbox"/> (no specific diagnosis examples or criteria) <input type="checkbox"/> Pediatric patients diagnosed or suspected to have indolent malignancies