



**Service:** Spine 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"/> 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				
<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>Est. Procedure Time*:</b> <small>Default value provided by system when available</small> _____ mins
<b>Procedure Notes:</b>				
<b>DTT*:</b> MM/DD/YYYY	<b>Laterality*:</b> <small>(if applicable)</small> <input type="checkbox"/> Left <input type="checkbox"/> Right	<b>Attend Short*:</b> <small>Patient is available on short notice as a last-minute case replacement.</small> <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> <small>Day Surgery</small> <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: _____ days
<b>Special Instructions:</b>				

## Case Priority Criteria

Priority / Target Days	Diagnosis Description
1 (21 days)	<b>P-CATS IIb Criteria</b> <input type="checkbox"/> MALIGNANT TUMOR (AFTER NEW ADJUVANT THERAPY)
2 (42 days)	<b>P-CATS III Criteria</b> <input type="checkbox"/> OTHER SPINAL DISORDER, ACUTE
3 (64 days)	<b>P-CATS IV Criteria</b> <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)	<b>P-CATS V Criteria</b> <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)	<b>P-CATS VI Criteria</b> <input type="checkbox"/> OTHER ELECTIVE SPINAL DISORDER
<b>Oncology</b>	
1 (14 days)	<b>P-CATS II CANCER Criteria:</b> <input type="checkbox"/> MALIGNANT TUMOR (AFTER NEW ADJUVANT THERAPY) <input type="checkbox"/> Pediatric Diagnostic Surgical Oncology Cases
2 (21 days)	<b>P-CATS III CANCER Criteria: N/A</b> <input type="checkbox"/> (no specific diagnosis examples or criteria) <input type="checkbox"/> Pediatric patients diagnosed with highly aggressive malignancies
3 (28 days)	<b>P-CATS IV CANCER Criteria: N/A</b> <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)	<b>P-CATS V CANCER Criteria: N/A</b> <input type="checkbox"/> (no specific diagnosis examples or criteria) <input type="checkbox"/> Pediatric patients diagnosed or suspected to have indolent malignancies