



Service: Urology 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 DISORDERS OF THE GENITALIA <input type="checkbox"/> BENIGN PROSTATIC HYPERPLASIA <input type="checkbox"/> BENIGN TUMORS OF GU SYSTEM <input type="checkbox"/> CONGENITAL ABNORMALITIES <input type="checkbox"/> ERECTILE DYSFUNCTION <input type="checkbox"/> FAMILY PLANNING <input type="checkbox"/> GU TRAUMA <input type="checkbox"/> INFERTILITY <input type="checkbox"/> NEUROGENIC VOIDING DYSFUNCTION <input type="checkbox"/> OTHER UROLOGIC DIAGNOSES <input type="checkbox"/> RENAL TRANSPLANTATION - RENAL FAILURE <input type="checkbox"/> URETERAL OBSTRUCTION <input type="checkbox"/> URINARY INCONTINENCE <input type="checkbox"/> URINARY RETENTION <input type="checkbox"/> UROLITHIASIS				
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 <ul style="list-style-type: none"> <input type="checkbox"/> INGUINAL HERNIA <1 YEAR OF AGE NON-INCARCERATED <input type="checkbox"/> MALIGNANT TUMOR (AFTER NEW ADJUVANT THERAPY) <input type="checkbox"/> NEONATAL POSTERIOR URETHRAL VALVES
2 (42 days)	P-CATS III Criteria <ul style="list-style-type: none"> <input type="checkbox"/> GENITAL ANOMALIES, NEONATAL TORSION <input type="checkbox"/> PERITONEAL DIALYSIS: CHRONIC <input type="checkbox"/> RENAL/BLADDER ANOMALIES, NON-NEONATAL POSTERIOR URETHRAL VALVES <input type="checkbox"/> RENAL/BLADDER ANOMALIES, URETEROCELE: SEPTIC (IF RESPONSE TO ANTIBIOTICS AFTER 48 H) <input type="checkbox"/> URINARY TRACT CALCULI, RENAL/URETERIC STONES: ASYMPTOMATIC <input type="checkbox"/> URINARY TRACT CALCULI, RENAL/URETERIC STONES: OBSTRUCTED (CONTROLLED PAIN)
3 (64 days)	P-CATS IV Criteria <ul style="list-style-type: none"> <input type="checkbox"/> GENITAL ANOMALIES, CRYPTORCHIDISM > 1 YR. <input type="checkbox"/> GENITAL ANOMALIES, PHIMOSIS - PATHOLOGICAL <input type="checkbox"/> INGUINAL PATHOLOGY (NON-MALIGNANT), INGUINAL HERNIA: > 1 YEAR OF AGE NON-INCARCERATED <input type="checkbox"/> RENAL/BLADDER ANOMALIES, UPJ/UVJ OBSTRUCTION/ECTOPIC URETER: SYMPTOMATIC <input type="checkbox"/> RENAL VASCULAR HYPERTENSION <input type="checkbox"/> SOLID TUMORS, SUSPECTED BENIGN <input type="checkbox"/> STENT REMOVAL POST PYELOPLASTY/REIMPLANT <input type="checkbox"/> URETHRAL ANOMALIES, URETHRAL STRICTURE <input type="checkbox"/> URINARY INCONTINENCE, NEUROGENIC BLADDER: UPPER TRACT CHANGES <input type="checkbox"/> URINARY INCONTINENCE, STOMAL REVISION <input type="checkbox"/> URINARY TRACT CALCULI, BLADDER STONES
4 (128 days)	P-CATS V Criteria <ul style="list-style-type: none"> <input type="checkbox"/> GENITAL ANOMALIES, HYPOSPADIAS > 1 YR. <input type="checkbox"/> INGUINAL PATHOLOGY (NON-MALIGNANT), HYDROCOELE <input type="checkbox"/> INGUINAL PATHOLOGY (NON-MALIGNANT), VARICOCELE <input type="checkbox"/> RENAL TRANSPLANT - LIVING RELATED DONOR <input type="checkbox"/> RENAL/BLADDER ANOMALIES, UPJ/UVJ OBSTRUCTION/ECTOPIC URETER: ASYMPTOMATIC <input type="checkbox"/> RENAL/BLADDER ANOMALIES, URETEROCELE: ASYMPTOMATIC <input type="checkbox"/> RENAL/BLADDER ANOMALIES, URACHAL ANOMALIES <input type="checkbox"/> RENAL/BLADDER ANOMALIES, ATROPHIC KIDNEY: SYMPTOMATIC <input type="checkbox"/> URINARY INCONTINENCE, ECTOPIC URETER WITH INCONTINENCE <input type="checkbox"/> URINARY TRACT INFECTION, VESICoureTERIC REFLUX
5 (364 days)	P-CATS VI Criteria <ul style="list-style-type: none"> <input type="checkbox"/> CIRCUMCISION - NONMEDICAL <input type="checkbox"/> GENITAL ANOMALIES, AMBIGUOUS GENITALIA <input type="checkbox"/> GENITAL ANOMALIES, CRYPTORCHIDISM: BILATERAL & NON-PALPABLE IN NEWBORN <input type="checkbox"/> GENITAL ANOMALIES, CRYPTORCHIDISM: BILATERAL & PALPABLE IN NEWBORN <input type="checkbox"/> GENITAL ANOMALIES, CRYPTORCHIDISM < 1 YR. <input type="checkbox"/> GENITAL ANOMALIES, HYPOSPADIAS < 1 YR. <input type="checkbox"/> GENITAL ANOMALIES, MICROPENIS <input type="checkbox"/> GENITAL ANOMALIES, UROGENITAL SINUS ANOMALIES (NEWBORN) <input type="checkbox"/> GENITAL ANOMALIES, URETHROCUTANEOUS FISTULA <input type="checkbox"/> GENITAL ANOMALIES, CHORDEE <input type="checkbox"/> GENITAL ANOMALIES, SKIN LESIONS <input type="checkbox"/> GENITOURINARY TRAUMA, CIRCUMCISION COMPLICATIONS <input type="checkbox"/> RENAL/BLADDER ANOMALIES, MULTI-CYSTIC DYSPLASTIC KIDNEYS <input type="checkbox"/> RENAL/BLADDER ANOMALIES, PRUNE BELLY SYNDROME <input type="checkbox"/> URETHRAL ANOMALIES, URETHRAL DIVERTICULUM <input type="checkbox"/> URINARY INCONTINENCE, EXSTROPHY/EPISPADIAS - CHRONIC <input type="checkbox"/> URINARY INCONTINENCE, NEUROGENIC BLADDER: INCONTINENCE
Oncology	
1 (14 days)	P-CATS IIA CANCER Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> MALIGNANT SOLID TUMOURS <input type="checkbox"/> SOLID TUMOURS (SUSPECTED MALIGNANT) <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