Service: Cardiac

Care Venue: ☐ SBH

Surgeon:

Completion of this document ensures that all information required to create a case for the waitlist can be completed within 7 days of the decision to treat.

Case Details **all fields are mandatory in Novari ATC*	**Patient Name*:**	**DOB:** MM/DD/YYYY
	PHIN*:	

Diagnosis Category*

☐ [C] Known Cancer	☐ ONGOING ISCHEMIA
☐ [C] Suspected Cancer	☐ OTHER CARDIAC DIAGNOSIS
☐ ACUTE MYOCARDIAL INFARCTION (AMI)	☐ PCI INCOMPLETE WITHOUT CLINICAL DETERIORATION
☐ ANATOMY	☐ PCI OR ATTEMPTED PCI WITH CLINICAL DETERIORATION
☐ AORTIC DISSECTION	☐ PULMONARY EDEMA
☐ CONGESTIVE HEART FAILURE (CHF)	☐ PULMONARY EMBOLUS
☐ DEVICE FAILURE	☐ REST ANGINA
☐ DIAGNOSTIC/INTERVENTIONAL PROCEDURE COMPLICATION	☐ SHOCK, CIRCULATORY SUPPORT
☐ ENDOCARDITIS	☐ SHOCK, NO CIRCULATORY SUPPORT
☐ FAILED TRANSCATHETER VALVE THERAPY, ACUTE ANNULAR DISRUPTION	☐ SYNCOPE
☐ FAILED TRANSCATHETER VALVE THERAPY, ACUTE DEVICE MALPOSITION	☐ TRANSPLANT
☐ FAILED TRANSCATHETER VALVE THERAPY, SUBACUTE DEVICE DYSFUNCTION	☐ TRAUMA
☐ INTRA-AORTIC BALLOON PUMP (IABP)	☐ UNSTABLE SYMPTOMATIC ANGINA (USA)
☐ INFECTED DEVICE	☐ VALVE DYSFUNCTION
☐ INTRACARDIAC MASS OR THROMBUS	☐ WORSENING CONSTRICTIVE PERICARDITIS

If Cancer*: ☐ Diagnostic ☐ Treatment ☐ Reconstruction ☐ Prophylactic ☐Staging ☐Surveillance ☐ Palliative

Is neo-adjuvant therapy required preoperatively? ☐No ☐ Yes – if yes - add Fixed Hold (Ready for Surgery date = _____)

See QRG: https://healthproviders.sharedhealthmb.ca/files/swim-create-a-case-neo-adjuvant.pdf

*Please refer to the **Case Priority Criteria** to complete this section*

Wait 2 Priority*: ☐ 1 ☐ 2 ☐ 3 ☐ 4	**Diagnosis Description:**

Consented Procedure*:	**Est. Procedure Time*:** *Default value provided by system when available* ____ mins

Procedure Notes:

DTT*: MM/DD/YYYY	**Laterality*:** *(if applicable)* ☐ Left ☐ Right ☐ Bilateral	**Attend Short*:** *Patient is available on short notice as a last-minute case replacement.* ☐ Yes ☐ No	**Admission Type*** ☐ Day Surgery ☐ Inpatient ☐ Same Day Admit ☐ Short Stay	**Post Procedural Destination*** *Day Surgery* ☐ ICU ☐ Unit *LOS: _____ days*

Special Instructions:

Priority / Target Days	Diagnosis Description
1 (14 days)	☐ ASCENDING AORTIC ANEURYSM ACUTE SYMPTOMATIC ☐ THORACIC AORTA ANEURYSM GREATER THAN7 CM DIAMETER ☐ ANGINA PERSISTENT UNSTABLE OUTPATIENT ☐ CORONARY ARTERY DISEASE TRIPLE VESSEL CLASS 3 ANGINA HIGH RISK ANATOMY ☐ CORONARY ARTERY DISEASE WITH MECHANICAL COMPLICATIONS ☐ LEFT MAINARTERY STENOSIS GREATER THAN70 PERCENT OR LEFT MAINARTERY EQUIVALENT ASYMPTOMATIC ☐ SUBAORTIC STENOSIS (HOCM) WITH SYNCOPE ANGINA OR HEART FAILURE ☐ CARDIAC OR PERICARDIAL TUMOUROR CYST BENIGN - SYMPTOMATIC OR GREATER THAN 3 CM IN SIZE ☐ AORTIC VALVE INSUFFICIENCY AORTIC REGURGITATIONUNSTABLE SYMPTOMS ☐ AORTIC VALVE STENOSIS PRESYNCOPE GRADIENT GREATER THAN 50 ☐ AORTIC VALVE STENOSIS WITH SYNCOPE ANGINA OR HEART FAILURE SYMPTOMATIC ☐ ENDOCARDITIS UNSTABLE OR EMBOLIZING ☐ ENDOCARDITIS WITHOUT HEMODYNAMIC DETERIORATION ☐ MITRAL OR TRICUSPID VALVE DISEASE WITH UNSTABLE SYMPTOMS ☐ PULMONARY VALVE STENOSIS UNSTABLE SYMPTOMS ☐ PERICARDIAL EFFUSION ☐ STERNAL WOUND COMPLICATIONACUTE OR STERNAL INSTABILITY ☐ HEART FAILURE END STAGE ☐ LEAD FRACTURE OR FAILURE REQUIRING REVISIONUNSTABLE ☐ SICK SINUS SYNDROME ☐ Urgent; does not require emergency slate
2 (42 days)	☐ ASCENDING AORTIC ANEURYSM RAPIDLY INCREASING SYMPTOMS ☐ THORACIC AORTA ANEURYSM 6.1 CM TO 6.9 CM DIAMETER ☐ ANGINA INTRACTABLE CHRONIC WITH ESCALATING FREQUENCY AND OR SEVERITY OF ☐ CORONARY ARTERY DISEASE TRIPLE VESSEL CLASS 3 ANGINA ☐ LEFT MAINARTERY STENOSIS GREATER THAN50 PERCENT OR LEFT MAINARTERY EQUIVALENT ☐ CONDUIT STENOSIS ☐ CARDIAC OR PERICARDIAL TUMOUROR CYST BENIGN - ASYMPTOMATIC OR LESS THAN 3 CM IN SIZE ☐ AORTIC VALVE DISEASE WITH PROGRESSIVE SYMPTOMS ☐ AORTIC VALVE STENOSIS STABLE SYMPTOMS ☐ MITRAL OR TRICUSPID VALVE DISEASE WITH PROGRESSIVE SYMPTOMS ☐ PERICARDITIS CONSTRICTIVE NYHA CLASS 3 TO 4 ☐ PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA OR FLUTTER SEVERE SYMPTOMS ☐ AMBULATORY ARRHYTHMIA DIAGNOSIS REQUIRING IMPLANT OF LOOP RECORDER ☐ COMPLEX EXTRACTIONDUE TO DEBULKING (ICD LEAD PRIMARY PREVENTION) ☐ COMPLEX EXTRACTIONDUE TO DEBULKING STABLE ☐ CONDUCTIONABNORMALITY REQUIRING PERMANENT PACING ASYMPTOMATIC STABLE ☐ GENERATOR REPLACEMENT ROUTINE ☐ HEART FAILURE REQUIRING CARDIAC RESYNCHRONIZATION THERAPY ☐ LEAD FRACTURE OR FAILURE REQUIRING REVISION ☐ PACEMAKEROR DEFIBRILLATORNEW RESYNCHRONIZATION ☐ PACEMAKEROR DEFIBRILLATORUPGRADE DUE TO RESYNCHRONIZATIONDEVICE ☐ PRIMARY PREVENTION DEFIBRILLATOR INSERTION ☐ VENOUS ACCESS EXTRACTION ☐ Constant, frequent, severe pain or symptoms; and/or ☐ High probability that treatment delay will affect physical or cognitive ability; and/or ☐ High probability that treatment delay could affect life expectancy or function
3 (90 days)	☐ ASCENDING AORTIC ANEURYSM GREATER THAN5 CM ASYMPTOMATIC ☐ THORACIC AORTA ANEURYSM EQUAL TO OR LESS THAN6.0 CM DIAMETER ☐ CORONARY ARTERY DISEASE TRIPLE VESSEL CLASS 1 OR 2 ANGINA STABLE ☐ CORONARY ARTERY DISEASE WITH SINGLE OR DOUBLE VESSEL DISEASE ☐ SUBAORTIC STENOSIS (HOCM) ☐ TOTAL OR PARTIAL ANOMALOUS PULMONARY VENOUS RETURN ☐ ATRIAL OR VENTRICULAR SEPTAL DEFECT ☐ AORTIC VALVE INSUFFICIENCY AORTIC REGURGITATIONSTABLE SYMPTOMS ☐ MITRAL OR TRICUSPID VALVE DISEASE WITH STABLE SYMPTOMS ☐ PULMONARY VALVE STENOSIS STABLE SYMPTOMS ☐ PULMONARY VALVE REGURGITATIONOR INSUFFICIENCY STABLE SYMPTOMS ☐ PERICARDITIS CONSTRICTIVE NYHA CLASS 1 TO 2 ☐ STERNAL WOUND COMPLICATIONCHRONIC ☐ PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA OR FLUTTER MODERATE SYMPTOMS ☐ DEVICE POCKET COMPLICATIONS REQUIRING REVISION ☐ IMPLANTABLE DEFIBRILLATOR INSERTION ☐ Moderate pain or symptoms; and/or ☐ Moderately impacts ability to perform usual daily activities; and/or ☐ Moderate probability that treatment delay could affect function or life expectancy
4 (180 days)	☐ STERNAL WIRE REMOVAL DUE TO PAIN ☐ CARDIAC OR PERICARDIAL TUMOR CYST BENIGN - ASYMTOMATIC ☐ Elective indication for surgery; and/or ☐ Minimal risk of morbidity incurred by waiting
Oncology	
1 (14 days)	☐ CARDIAC TUMOR MALIGNANT RESECTABLE ☐ Urgent; does not require emergency slate ☐ Diagnostic Surgical Oncology Cases
2 (28 days)	☐ N/A ☐ Patients diagnosed with highly aggressive malignancies
3 (42 days)	☐ CHEST WALL TUMOR POST CANCER TREATMENT ☐ All patients with known or suspected highly invasive cancer ☐ Cancer is not highly aggressive or indolent
4 (84 days)	☐ N/A ☐ Patients diagnosed or suspected to have indolent malignancies