

OTOLARYNGOLOGY PRIORITY CRITERIA TOOL

February 2008

Patient Name: _____	HSN: _____	
Patient Date of Birth _____ MM DD YYYY	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	This Form Completed By: Surgeon _____ Other Clinician _____ Office staff _____
Does your patient want a confirmation letter?	If NO check here <input type="checkbox"/>	

Please check the box that most accurately describes the patient's current situation.

1) Score as proven or suspected cancer **only** if the patient is being treated for a malignancy **or** if clinical features and investigations include malignancy in differential diagnosis. Please check the box that most accurately describes the patient's current situation:

- Patient with proven or suspected invasive cancer.
Priority 1 - 95% of surgeries to be performed within 3 weeks.
- Patient with proven or suspected indolent cancer.
Priority 3 - 90% of surgeries to be performed within 3 months.
- Patient requires a routine screening or follow-up procedure for cancer detection.
A scheduled procedure to be performed within 12 months.

2) Usual **frequency** of significant pain/suffering:

- 0 None
- 5 Occasional
- 10 Often
- 15 Constant

3) How **intense** is the pain at its worst?

- 0 None
- 5 Mild
- 10 Moderate
- 15 Severe

4) What is the **risk of complications** (irreversible damage) should this patient not receive a surgical intervention in the near future?

- 0 None
- 5 Minimal
- 10 Moderate
- 15 Major

5) Recent history of major complications of condition **OR** significant physical exam results **OR** significant test results:

- 0 No
- 5 Yes

6) What is the degree of impairment in usual activities due to surgical condition:

- 0 Not impaired at all/mildly impaired
- 5 Able but difficult and/or somewhat impaired
- 10 Able but very difficult and at much reduced level
- 15 Totally dependent (unable to perform any usual activities)

7) Expected improvement in the **quality of life** with surgery:

- 0 None
- 5 Minimal
- 10 Moderate
- 15 Major

8) Are there other associated factors that indicate a more immediate need for surgical intervention?

	None	Mild	Moderate	Severe
Hearing loss	0 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>
Speech delay	0 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>
Impending airway obstruction	0 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>
Psychological stress such as anxiety or depression	0 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>
Other: _____	0 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>

9) All things considered, how would you rate the urgency or relative priority of this patient? (Draw a line.)

0 1 2 3 4 5 6 7 8 9 10
Not urgent at all Extremely Urgent (just short of an emergency)

10) In your clinical judgment, what should be the maximum acceptable waiting time for this patient?

Number of days: _____ **or** weeks: _____ **or** months: _____