Neurosurgery Priority Criteria

September 2007

Patient Name: _____ HSN:_____

Patient Date of Birth ____ _____ _____ (MM DD YYYY) Sex: ☐ M ☐ F

This Form Completed By:
Surgeon _____
Other Clinician _____
Office Staff _____

Does your patient want a confirmation letter? If NO check here ☐

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) Clinical category: ☐ Head – Refer to 3, 6 – 12 ☐ Spine – Refer to 4, 5, 6 - 12

3) Usual **intensity** of symptoms. Please specify (check all that apply):

	None	Mild	Moderate	Severe
Reduced mental status	0☐	10☐	15☐	20☐
Neurological deficit	0☐	10☐	15☐	20☐
Seizure	0☐	10☐	15☐	20☐
CT/MRI results	0☐	10☐	15☐	20☐
Headache	0☐	10☐	15☐	20☐

4) Usual **intensity** of symptoms. Please specify (check all that apply):

	None	Mild	Moderate	Severe
Neurological deficit	0☐	10☐	15☐	20☐
CT/MRI results	0☐	10☐	15☐	20☐

5) Usual **frequency** of acute episodes:

0 ☐ Never 10 ☐ Frequent
5 ☐ Occasional 15 ☐ Continuous

6) Possibility of permanent neurological deficit without treatment:

0 ☐ None
10 ☐ Patient faces minimal possibility of neurological deficit
20 ☐ Patient faces substantial possibility of neurological deficit

7) Degree of impairment in usual activities/employment 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/work)

8) Recent history of major complications of condition ***OR*** significant physical exam results ***OR*** significant test results: 0 ☐ No 10 ☐ Yes

9) Life-expectancy implications of condition without procedure:

0 ☐ Minimal threat to life
10 ☐ Patient faces somewhat reduced life expectancy
15 ☐ Patient faces substantially reduced life expectancy
20 ☐ Patient has condition that is likely to be fatal between six months and two years
25 ☐ Patient has condition that is likely to be fatal within six months

10) Expected improvement in life expectancy/quality of life with surgery:

0 ☐ None 10 ☐ Moderate
5 ☐ Minimal 20 ☐ Major

11) 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)

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

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