ORTHOPEDIC SURGERY PRIORITY CRITERIA TOOL

September 2007

Patient Name: _____ HSN:_____

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

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) Usual frequency of pain.

0 ☐ None
3 ☐ Occasional
8 ☐ Often
11 ☐ Constant

3) Usual intensity of pain.
Take into account usual duration and intensity of pain including need for narcotic vs. non-narcotic medication.

0 ☐ None/Mild
6 ☐ Moderate
13 ☐ Severe

4) Presence/intensity of other forms of suffering.

0 ☐ None
4 ☐ Mild
11 ☐ Moderate
19 ☐ Severe

5) Expected improvement in condition if surgery performed.

0 ☐ None
0 ☐ Minimal
4 ☐ Moderate
7 ☐ Significant

6) Abnormal findings on physical exam.

0 ☐ None/mild
5 ☐ Moderate
10 ☐ Severe

7) Potential for progression of disease without surgical intervention.

0 ☐ None
4 ☐ Mild
11 ☐ Moderate
20 ☐ Severe

8) Threat to patient role and independence in society (i.e., ability to work, give care to dependents, live independently).

0 ☐ Not threatened but more difficult
10 ☐ Threatened but not immediately
20 ☐ Immediately threatened or unable