

**MUST ATTACH PATIENT LABEL HERE**

SURNAME \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ DOB: \_\_\_\_\_

**Adult Surgical Waitlist Referral**

**Please ensure you attach the correct visit patient label**

Diagnosis: \_\_\_\_\_

Planned Procedure: \_\_\_\_\_

**Confirmed Cancer:**  **High Suspicion of Cancer:**  CPAC Score: \_\_\_\_\_ Estimated Surgery Date: \_\_\_\_\_

**Clinical Override:**  Exception Please circle if the Priority & CPAC values entered above do not accurately reflect appropriate priority in this case. Please give your reasons in *Comments* below.

Consultant W/L: \_\_\_\_\_ Procedure Time: \_\_\_\_\_ Hrs \_\_\_\_\_ Min

Departmental (Pool) W/L:  Suitable for Registrar or Fellow list:

Surgery Location (please select one location)

ACH ORDA  ACH Ward \_\_\_\_\_  Greenlane / GSU  Other \_\_\_\_\_

Stay:  Day Case  Overnight  2  3  4  5  6  7  > 7 days

Anaesthetic:  General / Regional  Sedation  Local  Surgical Directed

**Alerts:** \_\_\_\_\_

Medications:  Aspirin  Anticoagulation / Antiplatelet  Other: \_\_\_\_\_

Weight:  >100kg <180kg  >180kg

Considerations:  Diabetic  Special Needs Patient

Allergy:  Latex  Other Allergies: \_\_\_\_\_

CJD Screening:  Required

Reason:  Brain / Spine Surgery before 1992  Surgical Instrument Incident  Pituitary Derived Hormones prior to 1985

**Referral Source:**  ADHB  Outside DHB \_\_\_\_\_  Private  Overseas NZ Resident: Yes / No  
(specify)

ACC Case Date of Injury: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ARTP dictated Yes / No ACC No.: \_\_\_\_\_

**Pre-operative Requirements:**  Schedule for Preadmit Requested Preadmit date: \_\_\_\_\_

X-rays Source (Middlemore, Waitemata, etc) \_\_\_\_\_  Hard Copy  Web

MRI  CT Scan  Angiogram

Require:  Blood Tests  Radiology Others \_\_\_\_\_

**Clerical:**

Interpreter Required:  Yes  No Language: \_\_\_\_\_

Book Patient Overnight Accommodation  Short Notice Patient availability

Comments \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

ADULT SURGICAL WAITLIST REFERRAL

CR2777

# CPAC Tool

## Patient Sticker

### Patient Priority Visual Analogue Scale

Surgeons: Please consider each of the following factors **in isolation**, before then making your overall judgement of priority on the larger, bottom scale.

Low High

#### Diagnosis

In terms of diagnosis or search for a diagnosis, what is this patient's priority?

Low High

#### Surgical Procedure

In terms of any adverse effect of delay on feasibility, necessary extent or outcome of this surgical procedure, what is this patient's priority?

Low High

#### Psychological Impact

In terms of psychological / emotional impact of living with the condition, what is this patient's priority?

Low High

#### Symptoms

In terms of current frequency, severity, duration and/or periodicity of patient symptoms what is this patient's priority?

Low High

#### Future complications

In terms of the risk of complications, likely severity of these or rate of progression, what is this patient's priority?

Low High

#### Social Function

In terms of ability to care for self or others, or to work, or in terms of other economic / lifestyle impacts, what is this patient's priority?

Low High

#### Patient Characteristics

In terms of biological age, chronological age, co-morbidities, and patient's attitude to surgery, what is this patient's priority?

Global assessment of priority

0

100

Name: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_