Alberta Health Services

Calgary Zone Acute Surgical Booking Request

Office Reference Guide

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Surgical Booking Request Reference Guide

Purpose: This reference guide is intended for Calgary Zone Physicians and office staff. It contains information regarding the AHS Surgical Booking Request Form and Calgary Zone OR booking policy and procedures at acute care sites.
Recipient: Calgary Zone Physicians and office staff who are responsible for booking surgical or operating room procedures.

The Surgical Booking Reference Guide provides information to assist in booking a surgical patient.
Electronic link:

- External Website: http://www.albertahealthservices.ca/info/Page4230.aspx

Policy and Procedure

Alberta Health Services (AHS) Calgary zone has 2 policies that apply specifically to surgeon offices submitting elective surgical bookings:

1. Policy 0-47 Block Booking Rules - Scheduled Elective Block Release and
2. Policy 0-48 Operating Room (OR) Booking Notification of Time Available

- Electronic links to these policies can be found on the Internal Web Site only.
- Paper copies may be requested via the Surgical Booking Office, but will only be current to the date distributed to the office.

The Calgary Zone Department of Surgery has a waitlist management policy, Policy C.2 Surgical Waiting List found on the internal website. Please request paper copies via the Surgical Booking Office.

Surgical Booking Request Form and Location

The Surgical Booking Request Form (SBR) 18277pos(Rev2014-06) is available in two (2) formats:

1. **Triplicate hardcopy Form:** Available from the Data Document Management (DDM) forms provider or site location. Complete by hand using legible printing and black ink.
2. **Electronic Form:** Available in PDF and Word format. Complete on computer, print three (3) copies.

Electronic Link:

- External Website: http://www.albertahealthservices.ca/info/Page4230.aspx

Specialty Surgical Forms

The following specialty surgery forms facilitate the surgical booking process:

- Total Joint Surgery Request Form – HIP (Revised: 2015-11-03)
- Total Joint Surgery Request Form - Knee/Ankle/Elbow/Shoulder (Revised: 2015-11-03)
- Spine Surgery Requirements – Anterior (FMC) (Ver. 2016/10/25)
- Spine Surgery Requirements – Posterior (FMC) (Ver. 2017/03/15)
- Spine Surgery Requirements - Posterior (RGH) (Form # 19890(2015-04)
- Spine Surgery Requirements (SHC) - (Form #19829 (2015-07)
- Creutzfeldt-Jacob Disease (CJD) Risk Assessment Tool Form 09561(2011-02)

Surgery specific form(s) must be submitted with the Surgical Booking Request form for i) all total joint replacement arthroplasties and ii) all spinal surgery procedures.

The CJD Risk Assessment Tool must be completed by the surgeon/medical delegate for all patients prior to performing elective or emergent:

Surgery, investigations, or procedures involving the

- Brain
- Spinal cord and spinal ganglia
- Dura Mater
- Pituitary gland
- Retina or optic nerve
- Trigeminal ganglia

All spine surgeries

Procedures to access the spinal canal or sample cerebrospinal fluid (CSF) (Exception: Lumbar/spinal tap using disposable instruments)

Electronic link to the surgery specific forms:

- External Website: http://www.albertahealthservices.ca/info/Page4230.aspx

Printed copies are also available from Site Nurse Clinician(s). Sample forms provided in Appendix D-J

Getting Started

All Calgary Zone patients who have made a decision to have surgery must have a Surgical Booking Request (SBR) submitted for inclusion on the AHS Calgary Zone Waitlist.

In addition to an SBR, a surgical booking package is required once a date for surgery has been confirmed and it meets the timelines outlined in the accompanying Surgical Booking Request Form Submission Process.

All SBR's and Surgical Booking Packages are sent to the Site Admitting departments. Surgical Booking Packages must consist of **original documents**. The Surgical Booking Request Form (SBR) is the only exception. SBR form copies or printed electronic copies will be accepted. Do not fax any Surgical Booking Package documents.

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Surgical Booking Package

Completed and submitted by the Surgeon Office and consists of:

a. **Surgical Booking Request Form (SBR) - Form #18277 pos(Rev2014-06)**
    - White and yellow pages from triplicate form OR
    - 2 copies of printed electronic form

b. **Consent to Surgery or Invasive Procedure - Form #18628(Rev2016-01)**
    - Original
    - Complete (As complete as possible)
    - Valid (Consents are valid unless there has been a change in the patient's condition (policy PRR-01)

c. **History and Physical**
    - Original

d. **Physician's Orders for Treatment**
    - Original

e. **Specialty Surgical Forms**
    - Original
    - Submitted as per site practice

f. **Request for Out of Region Admission Form**:
    - Required for all Out of Province Patients
    - Form available from site admitting

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Surgical Booking Request Form Submission Process

		Surgeon Office will:	Site Admitting (FMC, PLC, RGH and SHC) will:	Site Admitting (ACH only) will:
Preferred Surgery Date is <u>KNOWN</u>	<u>**Less**</u> than 6 months from current date	• Submit a complete **Surgical Booking Package** • Keep a copy of SBR on file	• Keep original SBR on file • Send copy of SBR to PAC as required • Fax copy of SBR to OR Booking Office • Fax copy of Specialty Surgical form(s) to OR Booking Office, if received	• Make and keep a copy of the SBR. • Send original SBR and all attachments to the OR Booking Office.
Preferred Surgery Date is <u>KNOWN</u>	<u>**More**</u> than 6 months from current date	• Submit SBR, white copy or electronic copy x 1 • Submit Specialty Surgical Forms as required • Keep a copy of SBR on file **When preferred surgery date is within 6 months from current date:** • Update SBR and submit with a complete surgical booking package • **NOTE:** The complete surgical booking package must be submitted to admitting no later than 4wks prior to surgery date	• Complete the SBR Site/Zone Health Record Number and Encounter # fields • Return a copy of SBR to surgeon office • Keep original SBR on file • Fax copy of SBR to OR Booking Office • Fax copy of Specialty Surgical form(s) to OR Booking Office, if received	• Complete the Site/Zone Health Record Number and Encounter # fields and return a copy of SBR to surgeon office • Keep original SBR on file • Fax Copy of SBR to OR Booking Office • Fax copy of Specialty Surgical form(s) to OR Booking Office, if received
Preferred Surgery Date is <u>UNKNOWN</u>	Admit Category **> 6 weeks** Admit Type is <u>**ELECTIVE**</u>	• Submit SBR, white copy or electronic copy x 1 only • Submit Specialty Surgical Forms as required • Keep a copy of SBR on file **Once the preferred surgery date is known:** • Update SBR and submit with a complete Surgical Booking Package	• Complete the Site/Zone Health Record Number and Encounter # fields and return the original SBR to surgeon office • Fax Copy of SBR to OR Booking Office	• Complete the SBR Site/Zone Health Record Number and Encounter # fields • Copy the SBR and file • Send original SBR and all attachments to the OR Booking Office.
Preferred Surgery Date is <u>UNKNOWN</u>	Admit Category **< or = 6 weeks** Admit Type is <u>**URGENT**</u>	• Submit a complete **Surgical Booking Package** • Keep a copy of SBR on file **Once preferred surgery date is known:** • Contact OR Booking Office with change request	• Keep original SBR on file • Send copy of SBR to PAC as required • Fax Copy of SBR to OR Booking Office • Fax copy of Specialty Surgical form(s) to OR Booking Office	• Copy the SBR and file • Send original SBR to the OR Booking Office

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Contact Information

Calgary Zone Operating Room (OR) Booking Offices

Site	Phone	Fax	Email and Location Addresses
ACH	Main 403-955-2208 Elective Desk 403-955-2885 Urgent Desk 403-955-2881	403-955-2899	ach.orbookingclerks@albertahealthservices.ca 2888 Shaganappi Trail NW, Calgary, AB T3B 6A8
FMC	Main 403-944-8702 Elective Desk 403-944-4055 Urgent Desk 403-944-1376	403-270-0239	fmc.orbookingclerks@albertahealthservices.ca #902 South Tower, 3031 Hospital Drive NW Calgary, AB T2N 2T8
PLC	403-943-4695	403-943-4599	plc.surgicalbookingclerks@albertahealthservices.ca 3500 – 26 Avenue NE, Calgary, AB T1Y 6J4
RGH	403-943-8826 403-943-8828	403-943-8822	rgh.orbookingclerks@albertahealthservices.ca 7007 – 14 Street SW, Calgary, T2V 1P9
SHC	403-956-3846 403-956-3847	403-956-1692	shcorbookingclerks@albertahealthservices.ca 4448 Front Street SE, Calgary T3M 1M4

Calgary Surgical Admitting Offices

Site	Phone	**Fax** (for **re-submission** of Waitlist SBR when date for surgery has been decided)
ACH	403-955-7783	403-955-7007
FMC	403-944-6051 403-944-6052	403-944-6055
PLC	403-943-4048	403-943-4551
RGH	403-943-3356 403-943-3080	403-943-3516
SHC	403-956-3216	403-956-3249

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Rural sites Surgical Booking Offices

Site	Phone	Fax	E mail Address
Banff	403-760-7215	403-760-7215	BMSORBookingClerks@albertahealthservices.ca
Canmore	403-678-7193	403-678-7231	CGHORBookingClerks@albertahealthservices.ca
High River	403-601-6635	403-652-0191	hrh.orbookingclerks@albertahealthservices.ca

Rural sites Surgical Admitting Offices

Site	Phone	**Fax** (for **re-submission** of Waitlist SBR when date for surgery has been decided)
Banff	403-762-2222	403-762-4193
Canmore	403-678-7193	403-678-7231
High River	403-601-6635	403-652-0191

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FAQs

What do I do if there is a change to a surgical date on a booking after it's been submitted?
Update the original Surgical Booking Request form with the new date and submit to the OR booking department.

Where do I call for information about completing a Surgical Booking Request form?
Surgical Booking Request form information can be obtained from any Site Surgical Admitting department. If the call is surgery related, contact an OR booking clerk or OR Booking team lead.

My Surgical Booking Package was sent back. Why?

i) Either the Surgical Booking Request form and/or the Surgical Booking Package was incomplete for data
ii) The surgery date on the SBR is > 6 months from current date
iii) The surgery date the SBR is blank and the Admit category is >6 weeks and the Admit Type is Elective.

For questions, contact Site Admitting department. Refer to Surgical Booking Request Form Submission Process.

Do I need to complete the Ready to Treat (RTT) *field?*
Yes. Surgical booking request forms will be returned if the RTT field is not completed and the booking will not be waitlisted until a completed form is received by admitting.

Do I need to complete the aCATS / pCATS Diagnosis code field?
Yes, the aCATS Diagnosis code field must be completed for all adult surgical bookings with the exception of the following: C-Sections, ECT and Radiology.
Pediatric bookings require a pCATS Diagnosis code.
NB: Surgical booking request forms will be returned if the aCATS/pCATS Diagnosis code field is not completed and the booking will not be waitlisted until a completed form is received by admitting.

Do I need to complete the aCATS / pCATS Priority Code field?
No. The aCATS Priority code field is not required and is to be left blank.

My patient has cancer but the surgery is not related to the cancer diagnosis. What do I mark on the cancer box?
If the surgery being booked is not directly related to a Cancer diagnosis, mark "**No".** An example would be a patient with leukemia, who needs to have a Myringotomy & Tube Insertion.

I have everything but the consent. Can I send just the surgical booking form?
A Surgical Booking Request form may be submitted at any time if a surgery date has not been determined. The patient will be waitlisted. Once a date for surgery is confirmed and it meets the submission criteria (refer to Surgical Booking Request Form Submission Process) a complete Surgical Booking Package, including an updated Surgical Booking Request form, must be submitted.

What if the consent changes?
FMC, PLC, RGH and SHC: Submit a new consent form and a new SBR to admitting.
ACH: Submit a new consent advising admitting to attach to the original SBR.

Where can I get surgical booking request forms?

- External Website: http://www.albertahealthservices.ca/info/Page4230.aspx

Appendix A

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Guide to Completing Surgical Booking Request

Please type or print legibly. All date fields are entered in **YYYY/MON/DD** format. All phone numbers must include area code. (*Site/Zone Health Record Number, Encounter Number, Site and Date Admitting Received fields completed by Admitting Department.)*

Step	Action
1.	Site A | Health Record # B | Encounter # C Date Submitted *(yyyy-Mon-dd)* D | Date Admitting Received *(yyyy-Mon-dd)* E | Admitting Surgeon F **A. Site**: Physical site that the surgery will be performed at **B. Site/Zone Health Record Number**: Unique patient number created at the site or zone level. **Completed by Admitting.** Also known as Regional Health Record Number (RHRN). **C. Encounter Number**: Unique number relating to specific patient visit. **Completed by Admitting.** **D. Date Submitted**: Date that OR booking form request is submitted (Completed by physician's office) **E. Date Admitting Received**: Date booking form was received at the admitting office **Completed by Admitting** **F. Admitting Surgeon:** Enter the primary surgeon's full name
2.	Last Name G | First Name G | Middle G | Age H Date of Birth *(yyyy-Mon-dd)* I | ☐ Female ☐ Male J | PHN/Unique Lifetime Identifier K | Federal Gov't/Out of Province #/Self-pay/Uninsured ☐ Yes ☐ No L Address *(Apt/Street No.)* M | City M | Province M Postal Code M | Home Phone N | Cell Phone N | Business Phone N (ext.) Parent(s)/Legal Guardian Name O | Phone P | Family Physician Q | WCB Claim # R **G. Last Name, First Name, Middle:** Enter the patient's FULL NAME **H. Age:** Enter patient's age **I. Date of Birth:** Enter patient's date of birth **J. Gender:** put a check next to patient's gender **K. Personal Health Number/Unique Lifetime Identifier:** Enter the patient's provincial health care number (PHN) or Unique Lifetime Identifier (ULI) **L. Federal Government #/Out of Province #/Self pay/Uninsured:** Indicate if patient has federal government health coverage (i.e. military), coverage from another Canadian province, providing self-pay coverage, or is uninsured. Circle appropriate selection and enter corresponding number. **M. Address, City, Province and Postal Code:** Enter the patient's *primary* address **N. Phone Numbers:** Enter the patient's relevant phone number(s) **O. Parent(s)/Legal Guardian Name:** If patient is a minor or has a legal guardian assigned, circle respective designation and provide name. **P. Phone:** Phone number of parent/legal guardian **Q. Family Physician:** First and last name of family physician **R. Workers' Compensation Board Claim #:** If the surgery is a work related accident and patient has a Workers' Compensation Board (WCB) claim, enter WCB claim #

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3.

Does patient have cancer related to this surgery? S ☐ Yes ☐ No ☐ Suspected		Are there any dates the patient is unavailable? T ☐ No ☐ Yes, from ________ to ________	
Surgery Date *(yyyy-Mon-dd)* U	Decision to Treat Date *(yyyy-Mon-dd)* V	Ready to Treat Date *(yyyy-Mon-dd)* W	Referral Date to Surgeon *(yyyy-Mon-dd)* X
PAC Y ☐ Yes ☐ No	Pre-op Assessment Clinic Date *(yyyy-Mon-dd)* Z	**Pre-Op Assessment Referral** AA ☐ ICU ☐ Internist ☐ Anaesthesiologist	Referring Physician Name BB
Admit Category Within CC	☐ 3 days ☐ 6 weeks ☐ 1 week ☐ 12 weeks	☐ 2 weeks ☐ 16 weeks	☐ 3 weeks ☐ 26 weeks ☐ 4 weeks
Admit Type *(select one)* DD ☐ Urgent ☐ Elective	☐ Admit ________ days Pre-Op ☐ Admit Day of Procedure ☐ Step down/Intermediate Care Unit	☐ Day Surgery ☐ Medical ☐ Observation Post-Op	☐ 24 Hour Stay ☐ ICU Post-Op ☐ Admit ________ days post-op

S. Does the patient have cancer related to this surgery: If cancer is confirmed by previous tests and is related to this procedure, check Yes. If cancer is suspected (but not yet confirmed) and is related to surgery, check Suspected. If cancer is not present and/or not related to this procedure, check No.

T. Are there any dates the patient is unavailable? Specify: If the patient is unavailable between certain dates, check yes and enter specific date/range.

U. Surgery Date: Populate with preferred/known date of surgery. Leave blank if date unknown

V. Decision Date for Surgery: Date that the surgeon and patient determine surgery is the treatment option

W. Ready to Treat Date: First Date that patient is available for surgery

X. Referral Date to Surgeon: Date patient referred by referring physician to surgeon

Y. Pre-Op Assessment Clinic: Note whether the patient has been referred to Pre-Op Assessment Clinic.

Z. Pre-Op Assessment Clinic Date: Enter the appointment date if known

AA. Pre-Op Assessment Referral: If pre-operative assessment is required, check the appropriate specialist

BB. Referring Physician Name: Enter name of referring physician (i.e. family, GP, specialist, alternate surgeon) or, if more appropriate, referring program (i.e. Primary Care Network)

CC. Admit Category: Select the time frame in which the surgery must be performed based on priority

DD. Admit Type:

i. All patients requiring scheduled surgical procedures are categorized preoperatively into 2 categories – Elective or Urgent. Elective = Surgery required in > 6 weeks. Urgent = Surgery required in < 6 weeks. Check the appropriate admit category

ii. Check one of the specific admit types. If patient requires pre-op hospitalization or post-op hospitalization enter the number of hospital days required.

4.

Provisional Diagnosis EE			pCATS/aCATS Diagnosis Code FF
Procedure 1 Code GG	Description II	☐ Right ☐ Left ☐ Bilateral JJ	Skin to Skin Time KK
		Surgeon LL	Insured Procedure ☐ No MM
Procedure 2 Code HH	Description II	☐ Right ☐ Left ☐ Bilateral JJ	Skin to Skin Time KK
		Surgeon LL	Insured Procedure ☐ No MM
Special O.R. Equipment/Prosthesis NN		Assistant required ☐ Yes ☐ No OO	Fluoroscopy/C-arm ☐ Yes ☐ No PP

EE. Provisional Diagnosis: Provisional diagnosis as determined by the surgeon

FF. pCATS/aCATS Diagnosis Code: Enter the pCATS (Paediatric Canadian Access Targets for Surgery) diagnosis code or ACATS (Alberta Coding Access Targets for Surgery) diagnosis code. Refer to http://albertahealthservices.ca/scns/Page12929.aspx.

GG. Procedure Code 1: OR Procedure mnemonic code for first/only procedure, if known

HH. Procedure Code 2: OR Procedure mnemonic code for second procedure if a second procedure is to be performed by the same surgeon

- *If a second or additional procedure is to be performed by a different surgeon (surgeon #2), on the same patient on the same day, surgeon #2's office must complete a separate surgical booking request form. **Both** surgeon offices must add the following comment "To be done with Dr. X" under the Special Medical Concerns/Needs/Allergies box. Admitting and OR booking will match these bookings together.
- **If a third procedure is required, an additional booking request form should be included.

II. Description 1 and 2: Surgeon's description of the surgical procedure

JJ. Laterality: Check the appropriate box if the procedure involves a paired organ, limb or structure. If no laterality involved, leave blank.

KK. Skin to Skin time: Time, in minutes, required to perform the actual surgical procedure. Skin to Skin time does not include set up, anaesthesia, or clean-up time.

LL. Surgeon 1 and 2: Name of the surgeon booking each case

MM. Insured Procedure? If procedure not covered by AHS, check No.

NN. Special O.R. Equipment/Prosthesis: Enter any Special OR equipment and Prosthesis requests required for the surgery. *Special OR equipment and Prosthesis requests* ***must*** *be made at least 5 working days prior to the surgery date.*

OO. Assistant Required: Check if a surgical assistant is required.

PP. Fluoroscopy/C-arm: Select appropriate box based on requirement for C-arm fluoroscopy

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5.

Required Anaesthetic
☐ General ☐ Regional *(spinal, epidural, peripheral)* QQ ☐ Procedural Sedation/Analgesia *(without anaesthesia support)*
☐ Local ☐ IV Regional *(Bier)* ☐ Monitored Anaesthetic Care *(with anaesthesia support)*

Special Medical Concerns/Needs/Allergies RR

☐ Autologous Blood ☐ Creutzfeldt-Jakob Disease precautions ☐ Type 1 Diabetes ☐ Type 2 Diabetes
☐ Antibiotic Resistant Organisms ☐ Latex Allergy ☐ Malignant Hyperthermia ☐ BMI ______ ☐ Obstructive Sleep Apnea

Name SS	Signature	Date *(yyyy-Mon-dd)*

Attachments Prosthesis TT ☐ Hip ☐ Knee ☐ Spine ☐ Other *(specify)* ______ ☐ Lab
☐ History ☐ Orders ☐ Consult ☐ Legal Guardian Consent ☐ Consent ☐ ECG
☐ Creutzfeldt-Jakob Disease Risk Assessment Tool ☐ Self/Care-Giver Assessment ☐ Other *(specify)* ______

Postponement	Reason for Postponement	Rescheduled Surgery Date *(yyyy-Mon-dd)*	Rescheduled Admission Date *(yyyy-Mon-dd)*	Initials
	UU			

QQ. Required Anaesthetic: Select the planned anaesthetic for the surgery, as per the surgeon

RR. Special Medical Concerns/Needs/Allergies: Document any Special Medical Concerns/Needs/Allergies not captured by the following text boxes.

- **Autologous Blood**: Check if the patient is donating their own blood prior to the procedure
- **Creutzfeldt-Jakob Disease Precautions:** Check if CJD precautions are required.
- **Type I Diabetes/Type II Diabetes:** Check if patient is diabetic and document diabetic type
- **Antibiotic Resistant Organisms:** Check if the patient is confirmed to have ARO
- **Latex Allergy:** Check if patient has allergy to latex.
- **Malignant Hyperthermia:** Check if Malignant Hyperthermia is a medical concern.
- **BMI:** Enter Body Mass Index value if known.
- **Obstructive Sleep Apnea:** Check if patient is confirmed to have obstructive sleep apnea

SS. Name/Signature/Date: To be signed and dated by the individual completing the booking information section.

TT. Attachments – Identify any supporting documentation that has been submitted along with the booking

UU. Postponement – Identify any known postponements and the corresponding details of the postponement. **Completed by Admitting and/or OR Booking Office Only.**

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Appendix B

Surgical Booking Request

Surgical Booking Request

Place Label Here

Site	Health Record #	Encounter #	
Date Submitted *(yyyy-Mon-dd)*	Date Admitting Received *(yyyy-Mon-dd)*	Admitting Surgeon	
Last Name	First Name	Middle	Age

Date of Birth *(yyyy-Mon-dd)* | ☐ Female ☐ Male | PHN/Unique Lifetime Identifier | Federal Gov't/Out of Province #/Self-pay/Uninsured ☐ Yes ☐ No

Address *(Apt/Street No.)* | City | Province

Postal Code | Home Phone | Cell Phone | Business Phone (ext.)

Parent(s)/Legal Guardian Name | Phone | Family Physician | WCB Claim #

Does patient have cancer related to this surgery? ☐ Yes ☐ No ☐ Suspected | Are there any dates the patient is unavailable? ☐ No ☐ Yes, from to

Surgery Date *(yyyy-Mon-dd)* | Decision to Treat Date *(yyyy-Mon-dd)* | Ready to Treat Date *(yyyy-Mon-dd)* | Referral Date to Surgeon *(yyyy-Mon-dd)*

PAC ☐ Yes ☐ No | Pre-op Assessment Clinic Date *(yyyy-Mon-dd)* | **Pre-Op Assessment Referral** ☐ ICU ☐ Internist ☐ Anaesthesiologist | Referring Physician Name

Admit Category Within ☐ 3 days ☐ 6 weeks ☐ 1 week ☐ 12 weeks ☐ 2 weeks ☐ 16 weeks ☐ 3 weeks ☐ 26 weeks ☐ 4 weeks

Admit Type *(select one)* ☐ Urgent ☐ Elective | ☐ Admit days Pre-Op ☐ Admit Day of Procedure ☐ Step down/Intermediate Care Unit | ☐ Day Surgery ☐ Medical ☐ Observation Post-Op | ☐ 24 Hour Stay ☐ ICU Post-Op ☐ Admit days post-op

Provisional Diagnosis | pCATS/aCATS Diagnosis Code

Procedure 1 Code | Description | ☐ Right ☐ Left ☐ Bilateral | Skin to Skin Time
Surgeon | Insured Procedure ☐ No

Procedure 2 Code | Description | ☐ Right ☐ Left ☐ Bilateral | Skin to Skin Time
Surgeon | Insured Procedure ☐ No

Special O.R. Equipment/Prosthesis | Assistant required? ☐ Yes ☐ No | Fluoroscopy/C-arm ☐ Yes ☐ No

Required Anaesthetic
☐ General ☐ Local | ☐ Regional *(spinal, epidural, peripheral)* ☐ IV Regional *(Bier)* | ☐ Procedural Sedation/Analgesia *(without anaesthesia support)* ☐ Monitored Anaesthetic Care *(with anaesthesia support)*

Special Medical Concerns/Needs/Allergies

☐ Autologous Blood ☐ Antibiotics Resistant Organisms | ☐ Creutzfeld-Jakob Disease precautions ☐ Latex Allergies ☐ Malignant Hyperthermia | ☐ Type 1 Diabetes ☐ BMI ____ | ☐ Type 2 Diabetes ☐ Obstructive Sleep Apnea

Name | Signature | Date *(yyyy-Mon-dd)*

Attachments Prosthesis ☐ Hip ☐ Knee ☐ Spine ☐ Other *(specify)* ____ ☐ Lab
☐ History ☐ Orders ☐ Consult ☐ Legal Guardian Consent ☐ Consent ☐ ECG
☐ Creutzfeld-Jakob Disease Risk Assessment Tool ☐ Self/Care-Giver Assessment ☐ Other *(specify)* ____

Postponement	Reason for Postponement	Rescheduled Surgery Date *(yyyy-Mon-dd)*	Rescheduled Admission Date *(yyyy-Mon-dd)*	Initials

18277pos(Rev2014-06) Original - Admitting Copy 1 – Pre-Op Assessment/Health Record Copy 2 – Physician

SAMPLE

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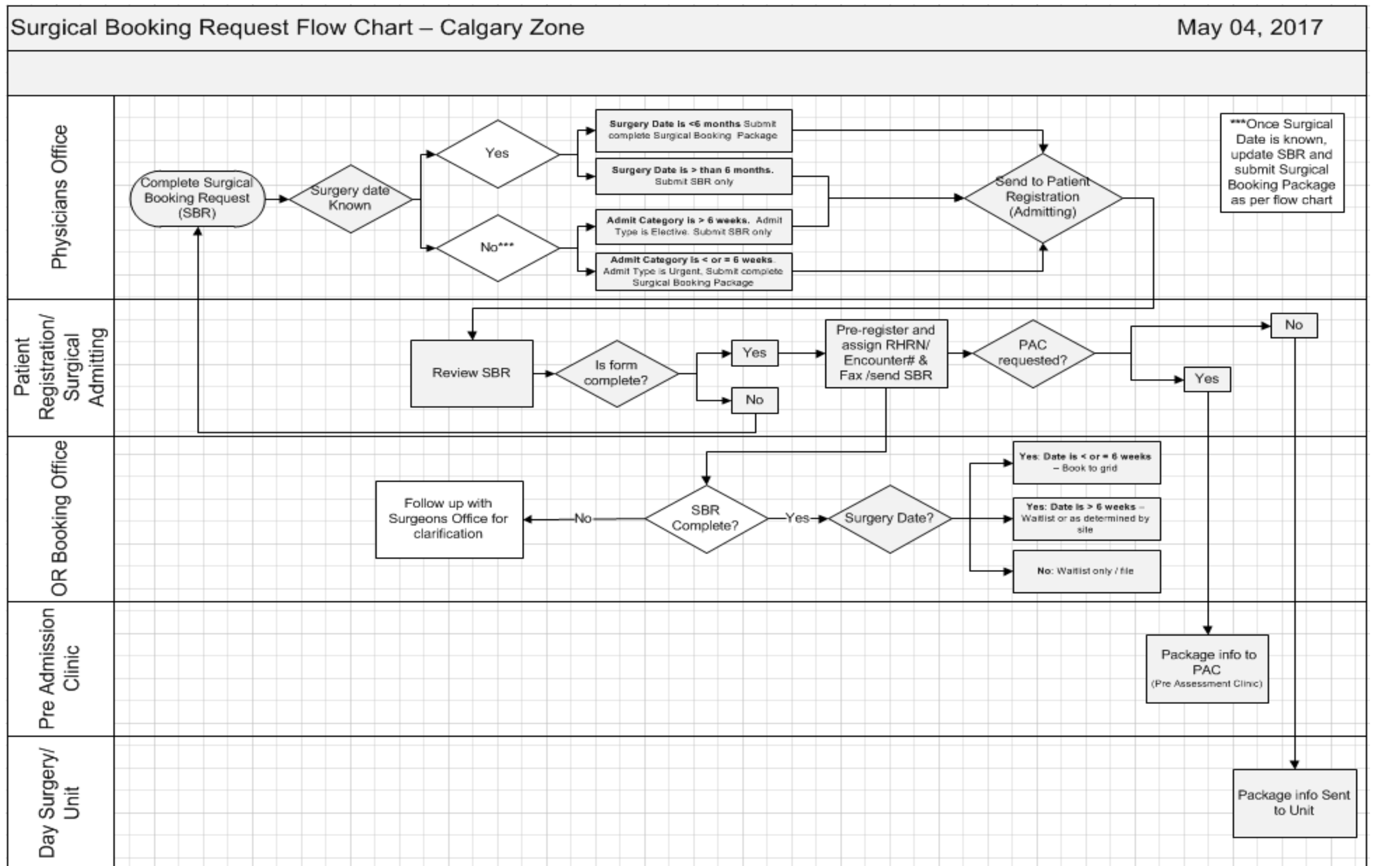
Appendix C

Surgical Booking Request Flow Chart



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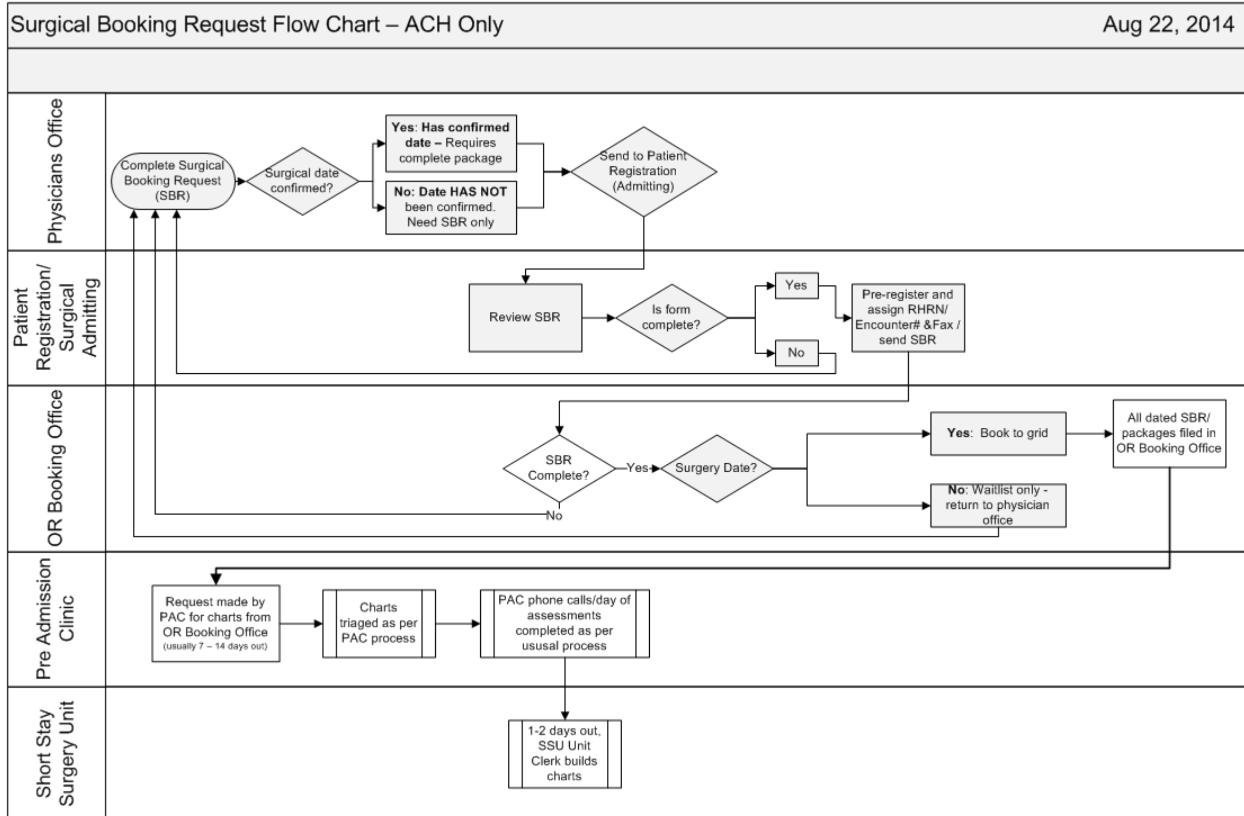
Surgical Booking Request Flow Chart: ACH Only



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Appendix D

Total Joint Surgery Request Form – HIP

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Total Joint Surgery Request Form – HIP

Site: FMC PLC RGH SHC

** Please ensure that the items you are requesting are at the site you are going to, if not it is a Special Order and a **NOTICE of 3 WORKING DAYS is REQUIRED**.
Please note when booking more than one case of a specific type to ensure multiple sets are available.

Patient's Name:		
Date of Surgery:		
Surgeon's Name:		
Date of Request:		
Operative Side:	☐ Left	☐ Right

Hospital Use Only
Case #:
Date Rec'd:
Initials:
P.O. #:

Hip Primary Total	√			Hip Revision Stems	√		
Depuy	☐	AML	FMC/PLC/RGH	Depuy	☐	Cement Calcars	
	☐	Corail	FMC/PLC/RGH/SHC		☐	Corail Rev	FMC
	☐	SROM Mach I	PLC/RGH		☐	Endurance	
	☐	Summit	FMC/PLC/RGH/SHC		☐	Prostalic	FMC
	☐	Summit Cemented	FMC/PLC/RGH/SHC		☐	Reclaim	***PO ONLY***
	☐	Trilock	FMC, PLC		☐	Sola Stem 10°	
Stryker	☐	Exeter V40	FMC/PLC//SHC	Microport (W/M)	☐	Link MP	***PO ONLY***
S & N	☐	Anthology		Stryker	☐	Exeter XChange	
	☐	Emperion			☐	Restoration Modular (V40)	SHC/FMC
	☐	CPCS	PLC/SHC		☐	Restoration Modular - Long Exeter	PLC
	☐	Polar	FMC	S & N	☐	Echelon	FMC
	☐	Synergy	FMC/RGH/SHC		☐	Emperion	
	☐	Synergy Cemented	FMC	Zimmer	☐	CRC (Cemented Rev Calcar)	FMC
Microport (W/M)	☐	Profemur	***PO ONLY***		☐	Versys Beaded Full Coat	***PO ONLY***
Zimmer	☐	Fibermetal/Calcicoat	***PO ONLY***		☐	Wagner SL	FMC/RGH/SHC
	☐	Fitmore	***PO ONLY***		☐	ZMR +/- XL Porous	***PO ONLY***
	☐	Heritage	FMC/SHC	**Hip Revision Cups**			
	☐	LD/FX	RGH	Depuy	☐	Pinnacle Gription	FMC/PLC/RGH/SHC
	☐	Versys ML Taper	FMC/RGH/SHC		☐	Protusio	
	☐	Versys Beaded Full Coat	***PO ONLY***	S & N	☐	Contour Reconstruction	RGH
	☐	Wagner Cone	***PO ONLY***		☐	R3	
	☐	Wagner SL	FMC/RGH/SHC		☐	Reflection Socket	
Hip Primary Cups				Stryker	☐	GAP II	PLC
Depuy	☐	Bantam (Micro)	PLC/RGH		☐	MDM	SHC/PLC
	☐	Pinnacle	FMC/PLC/RGH/SHC		☐	Trident	PLC
	☐	Pinnacle Gription	FMC/PLC/RGH/SHC		☐	Trident All Poly	PLC
Stryker	☐	Dual Mobility Cup	SHC		☐	Tritanium	PLC/SHC
S & N	☐	Birmingham	FMC/RGH/SHC	Zimmer	☐	TM	FMC/RGH/SHC
	☐	R-3	FMC		☐	TMARS Cage	***PO ONLY***
Zimmer	☐	Continuum (TM Trilogy II)	FMC/RGH/SHC		☐	TMARS Augment Buttress	***PO ONLY***
	☐	Continuum (Allofit)	***PO ONLY***		☐	TMARS Augment Standard	FMC
	☐	TM	FMC/PLC/RGH		☐	TMARS Cemented Liner	FMC
	☐	Trilogy	FMC/RGH/SHC		☐	TMARS Shell	FMC
Hip Bearing Surface					☐	ZCA Cages	
Depuy	☐	Altrex Poly	FMC/PLC/RGH/SHC		☐	ZCA All Poly	FMC
	☐	Ceramic/Ceramic	FMC/PLC/RGH/SHC		☐	ZCA Roof Ring	
Stryker	☐	Ceramic Head	PLC/SHC	**Hip Revision Heads**			
Zimmer	☐	Ceramic	FMC/RGH/SHC	Biomet	☐	Mallory	
	☐	Poly	FMC/PLC/RGH/SHC	Depuy	☐	AML 14/16mm old taper	FMC/PLC
	☐	All Poly	FMC		☐	TS Ceramic	FMC
	☐	Micro ☐ Jumbo ☐		Zimmer	☐	HGII Metal	FMC/PLC/RGH
Oncology				**Hip Revision Liners**			
Depuy	☐	Limb Preservation System	FMC	Depuy	☐	Constrained 28/32	FMC/PLC
Cement Removal Instr					☐	Duraloc	PLC/FMC
Biomet	☐	Ultradrive			☐	Locking Rings	FMC/PLC
Depuy	☐	Mooreland Cement Removal	PLC	Stryker	☐	Constrained/Eccentric	PLC
	☐	Oscar	FMC	Zimmer	☐	Constrained 28/32/36	RGH
S & N	☐	Renovation	FMC/PLC/SHC		☐	Constrained w Oblique 10 Deg.	FMC/RGH
				Revision Instr - Other			
				Biomet	☐	One Stage Cement Spacer	FMC/SHC
					☐	One Stage Cement Spacer Reinforced	RGH/SHC
				Depuy	☐	Moreland's Cementless Inst.	***PO ONLY***
				Stryker	☐	Dall Miles	FMC/PLC/RGH/SHC
				S & N	☐	Accord Trocanteric Grip	FMC
				Synthes	☐	LCP Periprosthetic	FMC/PLC/RGH/SHC
				Zimmer	☐	Cable Ready	FMC/RGH/SHC
					☐	Explant	FMC/PLC/RGH/SHC
				ExacTech	☐	ExacTech Spacer	PLC

Is this a Revision? If so indicate prosthesis **IN SITU**:

SAMPLE

Appendix E

Total Joint Surgery Request Form – Knee/ Ankle/ Elbow/ Shoulder

Total Joint Surgery Request Form
Knee / Ankle / Elbow / Shoulder

Site:	**FMC**	**PLC**	**RGH**	**SHC**

** Please ensure that the items you are requesting are at the site you are going to, if not it is a **Special Order** and a **NOTICE of 3 WORKING DAYS is REQUIRED**.
Please note when booking more than one case of a specific type to ensure multiple sets are available.

Patient's Name:		
Date of Surgery:		
Surgeon's Name:		
Date of Request:		
Operative Side:	☐ Left	☐ Right

Hospital Use Only
Case #:
Date Rec'd:
Initials:
P.O. #:

Knee Primary	√			Knee Patello-Femoral	√		
Depuy	☐	Attune CR	SHC	Biomet	☐	Vanguard	
	☐	Attune PS	FMC/SHC	Stryker	☐	Avon	
	☐	LCS - HP	SHC	S & N	☐	Journey PFJ Oxinium	
	☐	Sigma MBT/RT	FMC/SHC	Wright Medical	☐	PF Wave	SHC
Stryker	☐	Triathlon PS	FMC/PLC/RGH	Zimmer	☐	PFJ	PLC
	☐	Triathlon CR	FMC/PLC/RGH				
	☐	Triathlon Navigation	PLC	**Knee Unicompartmental**			
	☐	Triathlon TS	PLC	Biomet	☐	Oxford	RGH/SHC
S & N	☐	Legion CR	***PO Only***		☐	Oxford Microplasty	FMC/RGH/SHC
	☐	Legion PS	PLC/SHC	Depuy	☐	Unicondylar Preservation	
Zimmer	☐	Nexgen CR	RGH	Stryker	☐	PKR Triathlon	
	☐	Nexgen CR Flex	SHC	Zimmer	☐	Unicompartmental	
	☐	Nexgen CR GSF(Flex)	SHC	S & N	☐	Journey Uni	SHC
	☐	Nexgen Flex Mobile	FMC/PLC				
	☐	Nexgen LCCK	FMC/PLC/RGH/SHC	**Ankle**			
	☐	Nexgen LPS	FMC/PLC/RGH/SHC	Integra	☐	Hintegra	
	☐	Nexgen LPS Flex	PLC/RGH/SHC	Wright Medical	☐	Infinity (Loaner)	***PO Only***
	☐	Nexgen LPS GSF (Flex)	FMC/PLC/RGH		☐	Inbone (Loaner)	***PO Only***
	☐	Nexgen LPS Mobile Bearing	FMC/PLC				
	☐	Nexgen Micro ☐ Macro ☐	FMC/PLC/RGH/SHC	**Elbow**			
	☐	Nexgen Rotating Hinge RHK	PLC	Stryker	☐	Solar Total Elbow	
	☐	Nexgen Titanium Femur (TIVANIUM)			☐	Solar Radial Heads	FMC
	☐	Persona PS/CPS	PLC/FMC/RGH/SHC	Tribe/Arthrex	☐	T Latitude	
	☐	Persona CR/UC	FMC (PO Only)/RGH/SHC	Wright Medical	☐	Evolve Radial Heads	FMC/PLC/RGH/SHC
	☐	TM Tibia	FMC		☐	Evolve Plates & Screws	FMC/PLC/SHC
				Zimmer	☐	Coonrad-Morrey	PLC
Knee Revision				S & N	☐	Compass Hinge (Loaner)	***PO Only***
Biomet	☐	Finn Rotating Hinge					
	☐	Maxim		**Shoulder Primary**			
	☐	One Stage Cement Spacers	FMC/PLC/RGH/SHC	Arthrex	☐	Eclipse	RGH
	☐	OSS (Orthopedic Salvage)		Biomet	☐	Copeland	RGH
Depuy	☐	Noiles Hinged	FMC/SHC	Depuy	☐	Advantage	PLC
	☐	Sigma TC3	FMC/SHC		☐	Delta Xtend	PLC/SHC
	☐	LCS / V V C	SHC		☐	Global AP	PLC/SHC
S & N	☐	Legion Oxinium	SHC		☐	Global CAP	PLC
Stryker	☐	Modular Rotating Hinge			☐	Global CTA	***PO Only***
	☐	Scorpio			☐	Global FX	FMC/PLC/SHC
	☐	Triathlon TS	PLC		☐	Global Steptech	PLC/SHC
Zimmer	☐	Fem/Tib Augments (incl. 15 & 20mm)	FMC/RGH (PLC- Fem Only)/SHC		☐	Global Unite	PLC
	☐	Nexgen LCCK	FMC/PLC/RGH/SHC	Stryker	☐	Solar	
	☐	Rotating Hinge RHK	PLC	Zimmer	☐	Bigliani	RGH
	☐	TM Cone Femur/Tibia (Loaner)			☐	Sidus	***PO Only***
					☐	TM Glenoid	***PO Only***
				Shoulder Revisions			
				ExacTech	☐	ExacTech Spacers	PLC

Is this a Revision? If so indicate prosthesis **IN SITU:**

Additional information, comments and Special Instructions:

Plan for Revision removal and replacement:

Alberta Health Services

Appendix F

Spine Surgery Requirements – Posterior (FMC)

Alberta Health Services

PATIENT ID STAMP

SPINE SURGERY REQUIREMENTS - POSTERIOR (FMC)

To be completed two (2) weeks prior to surgery. *Fill in +/or check appropriate categories.*

DATE OF SURGERY: ____________________

REQUESTED BY: ____________________

SURGEON NAME: ____________________

PROCEDURE: ____________________

OPERATIVE LEVEL: ____________________ POSITION: ____________________

CERVICAL SETS - POSTERIOR		**MINIMALLY INVASIVE - POSTERIOR**	
☐ ATLAS TITANIUM / SS CABLES (1)	MEDTRONIC	☐ CD HORIZON MAST INSTRUMENTS (1)	MEDTRONIC
☐ OASYS POSTERIOR CERVICAL SCREWS (1)	STRYKER	☐ ES2 (2)	STRYKER
☐ OCCIPITAL CERVICAL FUSION (1)	DEPUY	☐ LONGITUDE (2)	MEDTRONIC
☐ SYNAPSE (2)	DEPUY	☐ LONGITUDE SCREW 8.5MM (1)	MEDTRONIC
☐ UCSS (CANNULATED) (1)	MEDTRONIC	☐ LONGITUDE II (2)	MEDTRONIC
☐ UCSS GUIDEWIRES (2)	MEDTRONIC	☐ METRX II (7)	MEDTRONIC
☐ VERTEX MAX (2)	MEDTRONIC	☐ METRX II 18 MM BEVELLED TUBES (7)	MEDTRONIC
☐ VERTEX SELECT OC (OCCIPITAL CERVICAL FUSION) (1)	MEDTRONIC	☐ QUADRANT RETRACTOR (2)	MEDTRONIC
LAMINOPLASTY – POSTERIOR		☐ VIPER II (1)	SYNTHES
☐ CENTERPIECE TIMESH LP (1)	MEDTRONIC	**POSTERIOR LUMBAR CAGES/INST (OPEN/MIS)**	
☐ LAMINOPLASTY (1)	STRYKER	☐ CAPSTONE (3)	MEDTRONIC
THORACOLUMBAR SETS – POSTERIOR		☐ LUMBAR ALLOGRAFT SPACERS (1)	DEPUY
☐ CD HORIZON LEGACY (2)	MEDTRONIC	☐ OPAL SPACER (2)	DEPUY
☐ CD HORIZON FEN SCREW (1)	MEDTRONIC	☐ PYRAMETRIX ADVANCE	MEDTRONIC
☐ COBALT CHROME 5.5MM RODS (1)	MEDTRONIC	☐ PRO PREP	DEPUY
☐ EXPEDIUM 5.5 (2)	DEPUY	☐ TPAL (2)	DEPUY
☐ EXPEDIUM FENESTRATED SCREW	DEPUY	☐ TPLIF AUXILLARY INSTRUMENTS (2)	DEPUY
☐ EXPEDIUM DEFORMITY (2)	DEPUY	☐ TPLIF	DEPUY
☐ EXPEDIUM SACROPELVIC (2)	DEPUY	☐ V-LIFT EXPANDABLE CAGES (ANT & POST) (1)	STRYKER
☐ EXPEDIUM 600MM RODS	DEPUY	**OR TABLE / POSITIONING EQUIPMENT**	
☐ ILIAC CLOSED MAS (1)	MEDTRONIC	☐ CLOWARD SADDLE (3)	
☐ KYPHOPLASTY (1)	MEDTRONIC	☐ GARDNER WELLS TONGS (2)	
☐ LEGACY ILIAC FIXATION MONOAXIAL BOLTS 0, 10, 20DEG	MEDTRONIC	☐ JACKSON SPINE TOP (5)	
☐ SOLERA 5.5/6.0 (1)	MEDTRONIC	☐ JACKSON SPINE TOP 30 DEG ROTATING (4)	
☐ SOLERA 4.75 (1)	MEDTRONIC	☐ JST SLING	
☐ UNIVERSAL SPINE – USS (2)	DEPUY	☐ MAYFIELD HEADREST	
☐ UNIVERSAL SPINE ILIOSACRAL (1)	DEPUY	☐ MIDMARK	
☐ UNIVERSAL SPINE ILIAC SCREWS	DEPUY	☐ SUGITA HEADREST	
☐ UNIVERSAL CONNECTOR	DEPUY	☐ WILSON FRAME (2)	
☐ XIA (2)	STRYKER	**MICROSCOPE**	
☐ XIA ILIOS (SACRAL (1)	STRYKER	☐ MICROSCOPE	
☐ XIA OUTLIER IMPLANTS (1)	STRYKER	**C-ARM/O-ARM / NAVIGATION**	
☐ VITALIUM RODS 600MM (1)	STRYKER	☐ 1 REQUIRED ☐ 2 REQUIRED	
NAVIGATION SYSTEM		☐ O-ARM	
☐ NAVIGATION O-ARM	MEDTRONIC	☐ SIEMENS ISO-C	SIEMENS
☐ NAVIGATION VERTEX MAX	MEDTRONIC	**EXTRA INSTRUMENTS / EQUIPMENT**	
☐ NAVIGATION XIA	STRYKER	☐ BONE FUNNEL & TAMP (3)	MEDTRONIC
☐ NAVIGATION ES2	STRYKER	☐ GELPI EXTRA LARGE	
☐ UNIVERSAL DRILL GUIDE (2)	MEDTRONIC	☐ McCULLOUGH LUMBAR RETRACTOR	
EXTRACTION SYSTEMS		☐ McCULLOUGH SHADOWLINE LUMBAR RETRACTOR (2)	
☐ CD HORIZON EXTRACTION M10 (1)	MEDTRONIC	☐ MICRO NEURO INSTRUMENTS	
☐ SPINE SCREW REMOVAL	DEPUY	☐ MIDAS REX (27)	
☐ USS EXTRACTION (1)	DEPUY	☐ RHOTON DISSECTORS	
BONE REPLACEMENT		☐ PEDICLE SUBTRACTION OSTEOTOMY	STRYKER
☐ ALLOGRAFT - SPECIFY TYPE____________________		**EVOKED POTENTIALS**	
☐ OTHER____________________		☐ SENSORY: UPPER__________ LOWER__________	
		☐ MOTOR ☐ EMG ☐ SPHINCTER	

Appendix G

Spine Surgery Requirements – Anterior (FMC)

SPINE SURGERY REQUIREMENTS - ANTERIOR (FMC)

PATIENT ID STAMP

To be completed two (2) weeks prior to surgery. Fill in +/or check appropriate categories.

DATE OF SURGERY: ____________

REQUESTED BY:

SURGEON NAME:

PROCEDURE ____________

LEVEL: ____________ POSITION: ____________

CERVICAL SETS - ANTERIOR		OR TABLE / POSITIONING EQUIPMENT	
❑ ACF SPACERS (2)	SYNTHES	❑ GARDNER WELLS TONGS (2)	
❑ ACF ALLOGRAFT SPACERS (1)	SYNTHES	❑ SUGITA HEADREST	
❑ ADD CAGE AND DISTRACTION DEVICE (1)	ULRICH	❑ MAYFIELD	
❑ ATLANTIS (3)	MEDTRONIC	❑ JACKSON FLAT TOP (3)	
❑ ATLANTIS SELF DRILLING SCREWS (1)	MEDTRONIC	❑ MIDMARK	
❑ AVIATOR (2)	STRYKER		
❑ CORNERSTONE (2)	MEDTRONIC	**C-ARM/O-ARM**	
❑ CORNERSTONE ALLOGRAFT SPACERS (1)	MEDTRONIC	❑ 1 REQUIRED ❑ 2 REQUIRED	
❑ CSLP CERVICAL SPINE LOCKING PLATE (2)	SYNTHES	❑ O-ARM	MEDTRONIC
❑ SOLIS CAGES (2)	STRYKER	❑ SIEMENS ISO-C	STRYKER
❑ SOLIS AVS (2)	STRYKER		
❑ ULRICH ANTERIOR DISTRACTION DEVICE	ULRICH	**MICROSCOPE**	
❑ VECTRA (2)	SYNTHES	❑ MICROSCOPE	
❑ ZEPHIR (1)	MEDTRONIC		
❑ ZERO-P (1)	SYNTHES	**EXTRA INSTRUMENTS / EQUIPMENT**	
		❑ LONG OPEN ANTERIOR SPINAL INSTRUMENTS/RONGUERS (1)	
THORACOLUMBAR SETS – ANTERIOR		❑ LONG ENDO/OPEN ANTERIOR SPINAL INSTRUMENTS	
❑ ANTARES (1)	MEDTRONIC	❑ MIDAS REX	
❑ ANTERIOR TENSION BAND PLATE (1)	SYNTHES	❑ 3.5 CANNULATED SCREWS	
❑ PYRAMESH CAGE (1)	MEDTRONIC	❑ PROPREP INSTRUMENTS (3)	SYNTHES
❑ SYNFIX (2)	SYNTHES	❑ PYRAMETRIX ADVANCE INSTRUMENTS (3)	
❑ SYNEX EXPANDING CAGE (2)	SYNTHES		
❑ SYNMESH (1)	SYNTHES	**RETRACTORS**	
❑ THORACOLUMBAR LOCKING PLATES TSLP (1)	SYNTHES	❑ CASPAR RETRACTOR/DISTRACTOR (5)	
❑ XIA ANTERIOR (1)		❑ SYNFRAME (3)	SYNTHES
		❑ MCCULLOUGH SHADOWLINE CERVICAL RETRACTOR (1)	
THORACOLUMBAR DLIF/OLIF		❑ NEURO THOMPSON RETRACTOR (3)	
❑ COUGAR (1)	SYNTHES	❑ TRIMLINE RETRACTOR (4)	MEDTRONIC
❑ DLIF (3)	MEDTRONIC	❑ OLIF RETRACTOR (1)	MEDTRONIC
❑ DLIF 12 DEGREE IMPLANTS/INST (2)	MEDTRONIC		
❑ ORACLE SYSTEM (LOANER)	SYNTHES	**EXTRACTION SYSTEMS**	
❑ OLIF PERIMETER (2)	MEDTRONIC	❑ SPINE SCREW REMOVAL (2)	SYNTHES
❑ ARIA (LOANER)	STRYKER		
❑ VISIOS (LOANER)	SYNTHES	**EVOKED POTENTIALS**	
		❑ SENSORY: UPPER________ LOWER________	
DISC ARTHROPLASTY – LUMBAR		❑ MOTOR ❑ EMG ❑ SPHINCTER	
❑ PRODISC L	SYNTHES		
❑ M6L (LOANER/SPECIAL ACCESS)	SPINAL KINETICS	**BONE REPLACEMENT**	
		❑ ALLOGRAFT - SPECIFY TYPE________	
DISC ARTHROPLASTY - CERVICAL		❑ OTHER________	
❑ PRESTIGE LP (1)	MEDTRONIC		
❑ PRODISC C (1)	SYNTHES		
❑ PRODISC C NOVA (LOANER)	SYNTHES		
❑ M6-C	SPINAL KINETICS		

ADDITIONAL COMMENTS, INSTRUMENTS, SPECIAL INSTRUCTIONS:

SAMPLE

Alberta Health Services

Appendix H

Spine Surgery Requirements – Posterior (RGH)

Posterior Spine Surgery Requirements
(Rockyview General Hospital)

Affix patient label within this box

Complete and provide to Surgical Booking **at least two (2) weeks prior to surgery.**

Date of Surgery (yyyy-Mon-dd)	Requested by	Surgeon Name
Procedure		
Operative Level	Position	

Complete the appropriate categories below by checking boxes or providing additional information.

Bone Replacement
- o Grafton 2.5cc
- o Infuse Small
- o Infuse Large
- o Other ____________________

OR Table/Positioning Equipment
- o Cloward Saddle RGH
- o Jackson Spine Top RGH

C-Arm
- o 1 Required

Minimally Invasive - Posterior
- o Metrx II — Medtronic
- o Longitude — Medtronic

Open
- o CD Horizon Legacy — Medtronic

Additional Comments, Instruments, Special Instructions

SAMPLE

Alberta Health Services

Appendix I

Spine Surgery Requirements (SHC)

Spine Surgery Requirements
(South Health Campus)

Affix patient label within this box

Complete and provide to Surgical Booking **at least two (2) weeks prior to surgery.**

Date of Surgery (yyyy-Mon-dd)	Requested by	Surgeon Name
Procedure		
Operative Level	Position	

Complete the appropriate categories below by checking boxes or providing additional information.

Bone Replacement
- o Allograft (specify type)
- o Autograft (specify source)
- o Other ______________

OR Table/Positioning Equipment
- o Maquet Spine Top SHC

Microscope
- o Microscope

C-Arm
- o 1 Required

Cervical Sets - Anterior
- o Atlantis Cervical — Medtronic
- o Cornerstone — Medtronic

Thoracolumbar Sets - Posterior

Minimally Invasive - Posterior
- o Metrx II (7) — Medtronic

Extra Instruments/Equipment
- o McCullough Lumbar Retractor

Additional Comments, Instruments, Special Instructions

SAMPLE

Alberta Health Services

Appendix J

Creutzfeldt-Jacob (CJD) Risk Assessment Tool

Alberta Health Services

Creutzfeldt-Jacob Disease (CJD) Risk Assessment Tool

Name *(last, first)*		
Birthdate *(yyyy-Mon-dd)*		Gender
PHN#	ULI#	
MRN		

This Risk Assessment Tool must be completed by the surgeon/medical delegate for all patients prior to performing elective or emergent:

- Surgery, investigations, or procedures involving the
  - Brain
  - Spinal cord and spinal ganglia
  - Dura Mater
  - Pituitary gland
  - Retina or optic nerve
  - Trigeminal ganglia
- All spine surgeries
- Procedures to access the spinal canal or sample cerebrospinal fluid *(CSF)*
  (Exception: Lumbar/spinal tap using disposable instruments)

If this is a repeat procedure and the risk assessment tool has already been completed, **providing the patient's neurological condition is unchanged**, then this risk assessment tool does not need to be completed again.

The surgeon/medical delegate must assess the patient prior to booking the surgical procedure, using the following questions.

Any "Yes" answer triggers CJD precautions

Risk Factors	Yes	No
Does the patient have unexplained progressive dementia (or ataxia or myoclonus or neuropsychiatric syndromes) in whom diagnostic brain biopsy is considered appropriate in order to establish or exclude a diagnosis and the neuroradiology shows no evidence of: • A space – occupying lesion and/or • Multifocal lesions		
Do medical investigations indicate high risk for CJD? (e.g. MRI indicates CJD changes; LP-CSF sent for 14-3-3 protein)		
Has the patient been notified that he/she is at risk of CJD for public health purposes?		
Is the patient considered at high risk of transmitting CJD because of a diagnosis of confirmed, probable, or possible CJD, or is there a confirmed family history of CJD?		

If any answers are "Yes" in the above screening →	**Surgeon/medical delegate implements CJD precautions**
If all answers are "No" in the above screening →	**Routine practices apply**

SAMPLE