

Paediatric Orthopaedics - 2017 DRAFT

Introduction

This tool is in DRAFT and only to be used in Trial – for clinical prioritisation decisions please use your current nationally agreed tool.

This national tool ranks paediatric orthopaedic patients referred for publicly funded elective surgery.

Adult patients are **not** scored on this tool.

It should be applied to all patients who would consent to, and benefit from surgery, and for whom surgery is the most appropriate treatment option.

The score should be based on the considered clinical decision of the surgeon, incorporating the history, examination and relevant investigations.

Patients should be scored impartially.

The score should be calculated during the consultation, and the patient informed whether they will be accepted for publicly funded treatment.

Treatment of a condition may require a number of procedures to be sequentially performed. For the purpose of the priority access the procedures should be considered as one event and the score for the first procedure carried forward.

Special cases

Automatic Priority

An appropriate priority score reflecting the clinically appropriate timeframe for treatment will be automatically assigned for the following cases.

- Treatment of malignancy subject to Faster cancer wait times
- Investigations of symptoms or signs where a high probability of a diagnosis of malignancy exists, e.g. biopsy of tumour
- Where there is evidence of a high risk of catastrophic complications, e.g. para/tetraplegia
- Not a special case

Prioritisation

Prioritisation of elective Paediatric Orthopaedic surgery

Impact on Life

Warning: please proceed with this prioritisation event only if you have a completed Impact-on-Life Self-Assessment form from the patient.

Impact of the condition on ability to engage in and enjoy activities which are important to the individual patient.

Please transcribe information from the questionnaire completed by the patient.

This scale ranges from 1: *No difficulty* to 6: *Extremely difficult*.

Social Interaction



Personal Interaction



Ability to fulfil your responsibilities to others



Personal Care



Personal Safety



Leisure Activities



Surgeon assessment of current functional loss and pain

This is not a measure of the pathological severity of the condition.

Activities of Daily Living (ADL) are routine activities that people tend to do every day without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence.

- 0
- 1 - No pain &/or minimal functional compromise
- 2
- 3 - Persistent compromise of activities &/or mild pain
- 4
- 5 - Persistent loss of important activities &/or moderate pain
- 6
- 7 - Some compromise ADL &/or persistent severe (e.g. sleep disturbing) pain
- 8
- 9 - Significant compromise ADL &/or poorly controlled/severe pain
- 10

Likelihood of significant deterioration in symptoms/function or progression as a child

Deterioration reflects the components of likelihood and consequence for each individual patient **as a child**. This should reflect both the natural history of the pathology (or condition) and the patient's history.

- Low ($\leq 10\%$)
- Medium (11-50%)
- High ($> 50\%$)

Likelihood of significant deterioration in symptoms/function or progression as an adult

Deterioration reflects the components of likelihood and consequence for each individual patient **as an adult**. This should reflect both the natural history of the pathology (or condition) and the patient's history.

- Low ($\leq 10\%$)
- Medium (11-50%)
- High ($> 50\%$)

Consequences of deterioration in symptoms/function

i.e. increased/additional symptoms, further compromise of function, or increased complexity of surgery.

Significant likelihood of complication with catastrophic consequence is a special case.

- Small (change will have little impact on the patient or the surgery)
- Moderate (change would have significant impact on the patient or the surgery)
- Great (change would have a severe impact on the patient or the surgery)

Amount of benefit from the proposed surgery for this patient

The expected amount of benefit considering both the effectiveness of the procedure and individual patient characteristics that might affect the outcome.

- Modest symptomatic benefit and/or risk of deterioration unchanged
- Moderate symptomatic benefit and/or risk of deterioration reduced
- Substantial symptomatic benefit and risk of deterioration significantly reduced
- Great benefit or return to near normal expected

Relative risk of surgery for this patient - death or significant complications

Considering pathology, anatomy, procedural complexity, co-morbidities, frailty, other syndromic features etc.

- High (> 20%)
- Medium (6-20%)
- Low (\leq 5%)

Window of opportunity

Greater benefit to be had or less complex operation required if the surgery is performed within the window of opportunity.

- No window present or Not time dependent
- Window of opportunity for treatment in >2 months
- Window of opportunity for treatment in <2 months