

**LSU Health Sciences Center-Shreveport
Gamma Knife
Proc. 19.13.19**

Gamma Knife Treatment Chart Documentation

Policy:

All Gamma Knife documentation should be in accordance with the American College of Radiology Standards (ACR Practice Guidelines for Radiation Oncology, page 763).

Procedure:

To provide guidelines for the Gamma Knife Nurse to follow in able to provide the proper documentation needed to comply with ACR Guidelines.

Prior to treatment:

- CT
- MRI
- Pathology (or Radiology records for benign conditions)
- OP notes
- Medical Records documentation consists of:
 - Previous radiation therapy treatment records
 - If malignant condition, we need positive pathology of primary diagnosis: lung, breast, prostate, bladder, etc.
 - Metastasis- If brain biopsy was obtained, please provide copy.
 - Benign conditions-provide MRI, CT and/or other medical records demonstrating clinical indications, nerve disorder, benign tumor, Parkinson's
 - Copies of operative reports, H&P, clinic notes, and any correspondence from referring physician

Day of Procedure:

- Original treatment sheet with highlighted shots and signatures of Neurosurgeon, Radiation Oncologist, and Physicist
- Consent form-Neurosurgeon
- Special Physics Consultation
- Radiation Oncologist will do H&P and consult the day of the procedure.
- End -of- treatment Summary (Dictated by Radiation Oncologist)

Follow-up notes:

- There should be a follow up of all patients treated. It needs to be documented in Gamma Knife charts to show continuum of care. GK Nurse will set up for Neurosurgery Clinic to send copy of Follow-up to Radiation Oncology.

GK Nurse includes:

- Patient education
- Medication Reconciliation

- MAR (Medical Administration Record)
- 23 hour Day Surgery Assessment
- Discharge instructions
- Patient Sedation Monitoring Record which includes "Time Out Checklist"

Neurosurgeon:

Neurosurgeon will dictate Post Op Note

Written: 2007

Reviewed: 12/2008