

**LSUHSC – Shreveport  
Radiation Oncology  
Proc. 19.3**

**RADIATION ONCOLOGY NURSES  
GENERAL DUTIES**

**Policy:**

The department will provide the nursing staff with guidelines regarding their general responsibilities for daily operations within the department. All staff will work as team members in providing a safe, orderly and customer oriented environment for all.

**Procedures:**

The nurse will handle the flow of the examining rooms. Nurses will see all patients with the physician on each initial visit or if any problems arise during the course of their therapy. The technologist will advise the nurse of patients' conditions. It will be the nurse's responsibility to relate these problems to the physician.

The exam room should be kept clean and well stocked at all times. A crash cart, suction unit and oxygen must be available at all times. The nurse should be available to help therapist or physician when needed. The nurse will take care of patients' needs while waiting for treatment. The nurse should ask the therapist to treat first any patient who is extremely sick or in excessive pain. The nurse will submit instruments to central for needed autoclaving. The nurse will schedule follow-up visits for all patients completing a radiation therapy course. The nurse will call to schedule appointments in other clinics, when needed.

**1. CONSULTS**

- a. Check our files to see if patient has been previously seen by us.
- b. Write consult in Consult log book: Name, Hospital number, age and diagnosis and whether patient is "old" or "new".
- c. Show the consult to the Doctor to obtain a date and time of the consult.
- d. If consult is an outpatient, call and confirm the appointment time and write it on the consult that this has been verified with the patient.
- e. If the patient has no phone, send appointment via the U.S. mail with a pink appointment card with the department name, date and time. Note in chart that appointment had been sent.

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- f. On scheduled appointment date obtain all necessary medical records before patient arrives (outpatient) or before calling the floor to send the inpatient down. Necessary records include:
  - MRI, x-rays and CT scans-x-ray file room-#6205
  - Nuclear Medical scans-Nuclear Medicine-#6243
  - Past medical records (if outpatient or inpatient) request charts through computer terminal. If in-house patient, check with the floor for the past records as well as requesting the current chart. (If patient has been treated previously, pull the chart from Radiation Oncology files plus Radiation Oncology x-rays from file room).
  
- g. If you are unable to obtain all medical records and x-rays for consult, inform the physician in order for him to decide if the evaluation of the patient can be made. (Some patients may be properly evaluated without the important test results, but this is not always the case).
  
- h. Test results needed for type of patient are as follows;
  - Spinal cord compression – MRI is needed.
  - Cervix – CT scan of pelvis is needed
  - Brain – MRI or CT scans are needed.
  - Lung – Chest x-rays, CT scans, and PET scans are needed
  - Kidney – IVP, CT scans, and MRI report is needed
  - Hodgkin’s - MRI or PET is needed.
  
- i. Positive pathology reports are needed for out charts. Obtain pathology reports from Invision, LSUHSC Pathology Department, Feist-Weiller Medical Records, or outside hospital pathology centers. Check to see at the time of consult if the pathology report is in the hospital chart. When you request the pathology report, know the following:
  - 1. Area of biopsy.
  - 2. Date of biopsy.
  
- j. When patient arrives for the consult, the nurse will register patient sign in on charge sheet in nurses’ office.

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- k. Patient is asked to fill out an assessment sheet. Place patient in Education Room. Nurses will obtain vital signs and weight. Patient will watch educational video on receiving radiation treatment.
- l. Place patient in examination room for examination. Nurse to obtain: a complete assessment of patient, review of symptoms, go over site specific side effects with patient , pain evaluation, dietary assessment, and Medication Assessment History. Patient is told of free parking, lab and weight obtained weekly. Nurses will use this time to answer all of patient’s questions.
- m. Physician will come in and talk to patient before exam.
- n. Prepare patient and room for examination. For example:
  - 1. Breast patient – Strip from waist up, then cover with sheet or patient gown.
  - 2. Lung patient – Shirt/blouse off (if female patient, cover top half with sheet).
  - 3. Pelvis patient – Strip from waist down making sure panties and hose are removed and cover with a sheet. (Wait until doctor enters room to put patient’s legs in stirrups as patient may be uncomfortable if legs are left too long in the stirrups).
- o. Assist physician during the examination.
- p. After patient has been evaluated and accepted for treatment:
- q. Do patient teaching and give Radiation Therapy handbook with inserts on skin care. These handouts consist of:
- r. Skin care sheet – all patients Head and neck patients – special instructions for head and neck patients and skin care sheet.
- s. Witness the physician obtaining the patients signature on the consent form.

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- t. If the patient is not coherent, ask that the nearest relative come to speak with the physician for the consent to be signed. If this cannot be done, refer to consent policy of hospital.
  - u. Make a copy of the chart and place the entire copy of the chart in “Pending for Treatment” folder. Make sure the original consult goes in the patient’s hospital chart and the duplicate goes in our chart for the patient.
  - u. In Consult Log book, put the date of treatment was started by your previous entry of the patient. If the consulted patient is not a candidate for treatment and will not be receiving treatment, document in log book.
  - v. If the patient is not going to be treated at all, put medical records in chart and file in Radiation Oncology file room.
2. Radiation Therapy Charts – Nurses are to make copies of the following to make up the Radiation Therapy chart;
- Consult
  - Consent for treatment
  - Pathology report (s)
  - Bloodwork (CBC & Platelet count a Must)
  - History & Physical (this may be on progress notes)
  - X-rays and scan reports
  - Patient information sheet (filled out by nurse making copies – be sure to get a second phone number)
  - Operative reports(s)
  - Any other items requested by the physician
3. Notify therapist that the patient is ready if the patient is being treated the same day as the patient’s consult. If the patient is scheduled for another day, check with the Simulation Technologist for a date and time for simulation. The physician may request the patient be discussed in departmental chart rounds before scheduling. If patient is an in-house patient, the floor will be called for the patient to be sent down. All pending treatment charts will be kept at the nurse’s station.
4. Nurse will return patient’s chart to medical records.

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5. Emergency consults: ER consults not seen during regular hours – nurse must check with therapist and record consult in Consult Log book and on charge slip. Check the cart copies that were made to see if all information needed from original chart has been copied – if not, obtain necessary chart (recent or old) and make the required copies.

ER consults are as follows:

- Brain Metastatic with seizures or paralysis
- Hemorrhage
- Hemoptysis
- Spinal cord compression

6. Patient Under Treatment - management

- a. Weekly blood count

Draw weekly blood samples or make out blood order slips when patient starts treatment. (Usually the technicians will bring this to your attention, but if not, check the calendar in the control area every day for those patients who are to start treatment).

- b. Review WBC, Hgb, HCT and platelet counts. Record weekly result on treatment chart, inform the physician of low or unusual counts.

- c. Weekly weight (loss of 10% total body weight – nutritional consult)

- d. Inform physician of any nutritional problems.

- e. Give the patient nutritional diet sheet and recipes if weight loss occurs.

- f. Skin irritations:  
Ask physician to check any skin problems that may arise during treatments. See skin care sheet for treatments and speak with patient about skin care.

- g. Head and neck patients:  
Sore throat, difficulty in swallowing, edema, dry mouth, etc. – For example: mouth rinse may be given to patients having difficulty in swallowing – refer to head and neck care sheet for remedies.

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7. Follow-up appointments
  - a. Pull follow-up charts on patients scheduled for follow-up appointment.
  - b. For those patients that are receiving treatment and will end treatment soon, make out an index card showing name, hospital number, diagnosis and follow-up date. (The therapist will let you know when the patient is to finish up treatment). Put the white index card in the treatment chart and schedule the patient on the nursing calendar.
  - c. Make out a pink appointment card with the date, month, time and clinic name and give to the patient. (When making out the follow-up appointment ahead of time – which should be done as soon as the therapist let you know – put the pink appointment card in the patients’ chart so that if the nurse is not in the department the patient will not have to wait for his/her follow-up appointment to be made.
  - d. If the physicians request x-rays, special blood work, scans or other clinical appointments – these must be keyed into computer by the nurse. .
  - e. Give the patient an appointment card separate from his/her Radiation Oncology appointment card with clinic name, time and date.

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