

NURSING DOCUMENTATIONS

Policy:

The department will provide nursing staff with guidelines regarding their responsibilities on necessary documentation of patient information pertaining to consults, implants, and date collection.

Procedures:

1. Daily Consults Log Book
 - a. Indicate NP (new patient) or OP (old patient)
 - b. Age and race of patient
 - c. Diagnosis of patient (in brief)
 - d. Hospital number of patient
 - e. Clinic, Inpatient or Outpatient
 - f. Date consult received
 - g. Treated or not treated (indicate by start date or NT)
2. Patient Assessment
 - a. Complete patient assessment and record results on patient assessment section on the Radiation Therapy Treatment sheet
3. Patient Education
 - a. Provide patient education, document on hospital education sheet and file in radiation therapy chart.
4. Post weekly weight on lab results in radiation therapy chart
5. Monthly Patient Count
 - a. Number of new and old patients
 - b. Number of patients treated/ not treated
 - c. Number of consults seen
 - d. Number of pending consults
6. Daily patient list for charging purposed to be given to therapist each day:
 - a. Names of follow-up patient (with current account number)
 - b. Consults seen (with current account number)
 - c. Surgery cases (with current account number)
7. Implant Log Book (should be completed in the following manner)
 - a. Hospital number
 - b. Doctor's name
 - c. Diagnosis
 - d. Diagram of radium insertion

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- e. Insertion – Patient’s name, ward, date and time of removal, initials of physician doing insertion.
8. Radioactive Material Usage Log Book
- a. Patient’s name
 - b. Date Cesium removed from safe
 - c. Number and size of sources
 - d. Initials of physician removing Cesium
 - e. Date Cesium returned and initials of person returning Cesium

Written: 1998

Revised: 03, 2007, November 2008

Reviewed: 00, 02, 05