

RADIATION THERAPIST CHARTING GUIDELINES

Policy:

To provide guidelines to ensure that all radiation therapist accurately complete chart checks.

1. All radiation therapists are responsible for the accuracy of the information recorded by them in the medical charts of patients they treat.
2. Radiation therapists will check their charts for completeness and accuracy weekly; therapists must not assume that a chart is accurate up to the last physicist or therapist check.
3. If any item on the checklist does not apply to a patient, "N/A" should be written in the appropriate space.

Procedure:

1. Prior to Simulation:
 - a. **Consent form signed, dated, and witnessed** - check the chart on the day of simulation and on the first day of treatment to verify this has been done; be sure the consent form is on the chart and has been filled out, signed, dated, and witnessed. If the signature is not witnessed, ask physician to obtain consent and witness conversation with patient and sign as witness.
 - b. **Pathology report showing evidence of malignancy present** - ensure that either a pathology report showing evidence of a malignancy or presumptive evidence of a malignancy (explicitly noted as such by the radiation oncologist) is present; give the medical secretary a list of any patients for whom there is no pathology report or presumptive evidence showing a malignancy.
 - c. **Site specific Instruction give to patient** - give the patient an instruction card pertaining to his/her treatment site, if available, and initial.
 - d. **ID photograph present and good quality** - a photograph of the patient's face should be present on the chart; if a photo from a previous course of treatment is present and the patient's features have not changed, move the patient's photo to the most current chart; if the patient's appearance has changed, retake the photograph.
2. Prior to the First Day of Treatment:

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- a. **Orders completed and signed by physician-** IMPAC prescription should be approved by the physician. Printed treatment plan, and chart prescription should match and be approved and signed by the physician.
 - b. **QA of treatment fields-**QA should be done on each treatment field. If any faults are received, physics should be notified. QA of IMRT fields should be done by physicist prior to scheduling.
 - c. **Physics treatment plan-** Printed physics plan should be signed by physicist.
 - d. **Treatment Flow Sheet-** (located in prescription packet) should be initialed by therapists and dated when items are completed.
 - e. **Charting-** Chart should be written up by therapist and patient scheduled for port films.
 - f. **DRR's-** (Digital Reconstructed Radiographs)-should be located and associated under the correct treatment filed in IMPAC.
 - g. **For IMRT patients-** curves should be drawn on DRR orthogonal fields as well as gold seed points marked for IMRT prostate patients.
 - h. **Pacemaker protocol** - information on pacemakers is found on the medical history sheet. If presence of pacemaker is indicated, follow protocol procedures.
 - c. **Check for dentist, dietitian, social worker, lab work, high risk set-up, RTP, DNR orders.**
3. Boost/Reduce Checks - this check should be done on the first day of treatment and for all reduces/boosts the patient receives during treatment:
- a. Check the Rx against IMPAC and printed plan for correctness of machine, energy, tumor dose and the MU.
 - b. Check DRR's in IMPAC to verify the field size of the treatment field.
 - c. Digital photos should be current and legible with the field letter on the skin and associated with the correct field in IMPAC. Printouts of treatment filed should be put in patient's chart.
 - e. Verify that treatment device/special treatment procedures have been charged, which include: aquaplast, vac-loc, breast board, etc
4. To be checked weekly:

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- a. **Pt. seen by physician** - initial the checklist after the patient has been seen by the radiation oncologist for his/her weekly check and a note has been written in the Progress Notes.
 - b. **CBC recorded and shown to physician** - verify that ordered lab work has been requested and blood work reports have been recorded on the CBC results sheet.
 - c. **Pt. weight** - verify that applicable patients have been weighed and the weight recorded
 - d. **Port films done** - ensure that port films are done every weekly.
 - e. **Fraction number and elapsed days correct** - confirm that the fraction number and the elapsed days are correct in the treatment chart and IMPAC.
 - f. **Sum of tumor dose correct (all fields)** - daily addition from the beginning of the chart should be done to ensure that the tumor dose sums are correct.
 - g. **Bolus** - use and documentation of the type of bolus should be correct on the treatment chart. Prescription in chart should have the bolus size and instructions listed.
 - h. **Wedge** - use and documentation of the internal wedge should be documented under filed description in patient's chart.
 - i. **Upcoming boost/reductions verified** - the physician's prescription should be reviewed for any planned reductions/boosts to ensure that the plan is ready prior to treatment.
 - h. **Weekly management charged** - WM charges should be documented every 5th treatment in IMPAC and charge sheet.
 - k. **Physics QA charged** – Physics chart check should be charged every *fifth treatment* and documented in IMPAC and charge sheet.
 - l. **Daily charge sheet** - verify that daily charge sheet corresponds to the IMPAC charges for the day.
 - m. **Physician's Rx reviewed** – on-going review of the physician's Rx should to evaluate for reduced/boost fields.
5. The last day of treatment:

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- a. **Treatment prescription delivered as ordered** - on the final day of treatment, the therapist is to verify that the total dose given corresponds with the radiation oncologist's prescription. The physicist or dosimetrist, on closing of the chart, will initial the appropriate follow-up column confirming that the treatment prescription was delivered as ordered.

- b. **Patient discharge and follow-up appointment given to patient** - patients' follow-up appointment should be in the treatment chart prior to the last day of treatment. Therapists will send patient to nurse's station after last treatment to complete Medication Assessment History Form with the patient. Nurses will give patient follow-up appointment at that time. Note of the return follow-up date should be noted on the front of the radiation therapy chart by the nurses.

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Reviewed: