

## **HEAD AND NECK BASIC TREATMENT GUIDELINES**

### **Policy:**

To provide clinical guidelines for treating specific areas of the body so that therapists have a complete understanding of the clinical responsibilities and departments clinical expectations.

### **Procedures :**

1. In general, the maximum spinal cord dose will be 4500 cGy unless the dose per fraction is greater than 200 cGy. (For dose per fraction greater than 200 cGy) The Physician will pre-determine cord dose prior to treatment planning.
2. Ask physician if he/she wants to use bolus and if so what size 3 mm, 5 mm, or 1 cm.
3. All off-cord head and neck patients are given electron beam supplements to the posterior cervical strips, unless otherwise specified. They are started the same day as the off-cord fields usually, if not, the physician will direct the boost fields in prescription.
4. When moving the junction of head and neck lateral fields and supraclavicular fields, or any other common line between two adjacent photon and electron beam fields, the adjacent field must also move.
5. The radiation oncologist must be consulted regarding dental clearance on any patient whose treatment field is fully or partially located above the hyoid bone. Edentulous patients may be seen after treatments are started, but any patient with teeth must have dental clearance before starting treatments unless the physician specifies otherwise.
6. All head and neck patients, with the exception of those with very small fields (e.g., vocal cords patients), must see evaluated weekly for weight loss.
7. During treatment, weigh all head and neck patients weekly and notify the physician about any significant weight loss (approximately 10 pounds). Nutritional consult will be ordered if the patient experiences a 10% body weight loss.
8. All supraclavicular fields abutting lateral head and neck fields must have a larynx block unless lateral fields are off-cord inferiorly. The physician will determine the need for block location and duration.

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Proc. 19.7.2

9. Treat the entire common line between all adjacent fields.
10. Instruct patients being treated for cancer of the larynx (i.e., small fields, such as 5x5 cm) not to swallow during treatment.
11. Review the wedge position when treatment field are wedged pairs, compare to treatment plan.
12. When treating patients with tracheostomies (**NOTE: Physician must be present when removing tracheostomy initially**):
  - a. metal tracheostomies - simulate with tracheostomy in place; take entire tracheostomy out for CT Scans and treatments - replace with tracheostomy button;
  - b. plastic tracheostomies - can be left in for photon fields; entire tracheostomy must be removed for electron fields; and,
  - c. plastic tracheostomy buttons - can be left in for all fields.
13. Physician may want to see their head and neck patients on the treatment table within the first treatment.
14. All head and neck patients will be seen weekly in an exam room.
15. Have the physician initially check all set-ups on the treatment table for patients whose fields are adjacent to the eye.
16. Never start treatment to an orbit without a physician present.

Written: 2007

Revised:

Reviewed: