

PROTOCOL FOR: Radiation Implant: Intracavity Gynecologic Tumor

DESIRED PATIENT

- OUTCOMES:
1. Patient will be able to verbalize basic understanding of therapy and necessary precautions.
 2. Patient will state adequate relief from pain and discomfort.
 3. Patient will maintain skin integrity.
 4. Patient will experience minimal/no negative effects from Radiation Isolation.

ASSESSMENT: PRE-PROCEDURE:

1. Check that all preoperative blood work and tests have been ordered and done, results have been placed in chart and physicians have seen the results, unless otherwise ordered.
2. Obtain history of previous external or implant radiation therapy.
3. Assess patient's knowledge about implant procedure.
4. Review and answer any questions the patient/significant other may have about the brachytherapy procedure, preparation for the procedure, and procedures during the implant period.
5. Reinforce need for the restrictions and precautions due to radioactive implant.
6. Assess risk factors for potential skin breakdown.
7. Assess patient's feelings/concerns regarding radiation implants.
8. Discuss the patient's potential feelings of social isolation related to radiation precautions and restrictions, and discuss the rationale for the use of the camera outside of the room.
- f. Instruct patient regarding isometric exercises.

POST-PROCEDURE:

1. Evaluate patient's nutritional, cardiovascular and pulmonary status.
2. Assess for vaginal drainage or bleeding every 2 hours for 4 hours, then every 4 hours and PRN.
3. Assess for pain/discomfort every 2 hours for 4 hours, then every 4 hours and PRN.
4. Check dressing placement every 2 hours for 4 hours, then every 4 hours and PRN.
5. Assess vital signs per LIP order.
6. Assess patient response/coping to radioactive implant and isolation.
7. Assess skin integrity/immobility.

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- SAFETY MEASURES:
1. Assign patient to private, shielded room - Room #7033.
 2. After implant is loaded, radiation precautions are in effect (per Radiation Safety).
 3. Obtain and wear a film badge issued from the Radiation Safety Office. DO NOT SHARE FILM BADGES.
 4. Check that the patient's room and chart are marked with radioactive cautions directions (per Radiation Safety).
 5. Immediately after the radioactive sources are placed, the form "Nursing Instructions for Patients Treated with Brachytherapy Sources" will be placed in patient's chart by Radiation Safety.
 6. Nursing care should be limited to the time designated per shift per nurse by the Radiation Officer.
 7. Complete nursing responsibilities with minimum radiation exposure; spend only the minimum time necessary, and maximize your distance from the patient as much as possible.
 8. Never touch needles, capsules, or containers holding the radioactive sources.
 9. In case of emergency contact:

Between the hours of 8:00 a.m. - 4:30 p.m.

Medical: Radiation Oncologist (ext. 3225)
Radiation Safety: The Radiation Safety Officer or designate (page, or as directed)

If after hours, contact the operator and have the Rad Oncologist and Radiation Safety Officer on call, paged.

10. If a radioactive source becomes dislodged, handle the radioactive source with long forceps and place in the shielded container provided, and call Radiation Safety, Radiation Oncologist as noted above in #9.
11. All items must remain in patient's room until checked and approved for removal by the Radiation Safety Officer.
12. The Room #7033 camera will be on for observation and communication. This is to minimize time and exposure of the nursing staff while maintaining contact with the patient.
13. A dismissal survey must be performed by the Radiation Safety personnel before a patient is discharged and the Nursing Manager or designee is notified that the room is clear.

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GENERAL
NURSING CARE: PRE-PROCEDURE:

1. Administer enema prior to implant as ordered.

POST-PROCEDURE:

1. Positioning:

- a. Patient will be on strict bedrest.
- b. Patient may assume semi-fowlers position, HOB elevated 30°.
- c. Patient may log roll from side to side.

2. Patient should be on a low residue diet.

3. Administer antidiarrheal medication as ordered.

4. Pain Management:

- a. Assess and document patient's report of pain: location, type, duration, and severity. Use pain scale 0-10 (0=no pain, 10=worst pain imaginable)
- b. Medicate for pain as ordered. Assess/document patient response to medication regimen.
- c. Institute comfort measure as needed: relaxation, reassurance.

5. Antiembolic stockings, as ordered.

6. Administer prophylactic anticoagulant as ordered.

7. Instruct patient to perform isometric exercises every 4 hours.

8. Perineal care is not given during treatment; the perineal pad may be changed when necessary unless orders to the contrary have been written.

9. Surgical dressings and bandages used to cover the area of needle/implant insertion will be changed only by the physician; however, can be reinforced as needed.

10. Implement protocol for: "Skin Care: Care of the Patient at Risk for or With Skin Breakdown".

11. Encourage diversional activities.

12. Notify the physician for:

- a. Excessive vaginal bleeding or discharge.
- b. Dislodgement of applicators/radioactive sources.
- c. Excessive pain or cramping.
- d. Difficulty breathing, SOB, etc.
- e. Any unusual changes or conditions.

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f. If a medical emergency exists, call Radiation Oncology and the Radiation Safety Officer immediately.

CODE BLUE

- PROCEDURE:
1. Initiate CPR immediately and follow Hospital Code Blue procedure.
 2. Follow attached addendum "Radiation Patient Code Blue Procedure".

APPROVED: Radiation Oncology Department
Radiation Safety Department
Medical-Surgical Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 6/88

REVISION DATES: 5/93, 9/03, 12/05

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 | RADIATION PATIENTS |
 | CODE BLUE PROCEDURE |
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A. If an emergency, follow established appropriate radiation safety procedures.

B. In the event of a CODE BLUE:

1. Follow established Hospital Code Blue procedures.
2. Dial "7777" and clearly state that this is a "RADIATION PATIENT CODE BLUE, ROOM _____".
 operator, operationalizes the call tree.
3. Pregnant personnel will not be allowed to enter the room.
4. Personnel entering the room must wear dosimeters (i.e., film badges).
5. The recording nurse will restrict the area to essential personnel until the Radiation Safety staff arrives. The nurse will also record the names and times of personnel entering the room.

