

Referral for radiotherapy

Have you “Paused & Checked”?

A radiotherapy IR(ME)R checklist for Referrers about to **Refer** a patient

P	Patient	Ensure correct patient (3-point ID) Ensure patient has been given adequate information and understands and agrees to examination
A	Anatomy	Ensure diagnosis confirmed by histopathology, diagnostic imaging or physical exam as appropriate. Confirm correct site / laterality specified on referral
U	User Checks	Confirm referral against referral guidelines Ensure correct protocol requested Ensure any additional request stipulated (IV, 4DCT, Shell etc) Ensure consent status is documented Ensure pregnancy status is verified Confirm additional concurrent treatments /interventions annotated (if required).
S	System & Settings	Ensure scan limits completed or follow standard protocol Ensure dose/ # / treatment technique indicated Ensure histology and diagnostic imaging report available to IR(ME)R Operator (clinician / planner)
E	End	Confirm Referrer appropriately entitled for this referral
D	Draw to a Close	Ensure consent completed and submitted Ensure all mandatory fields are completed and referral signed