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 |

IR(ME)R requires all duty holders to comply with their local Employers procedures.  
This “pause and check” poster does not replace these procedures but represents a shortened summary of the main checks.  
You must adhere to your local procedures at all times.