|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | HDR BRACHYTHERAPY PROGRAM  TREATMENT Q.A. CHECKLIST | | | | | | |
| Patient Name | <Full Name> | | | | | | |
| Patient ID1 (CR Number) | <Patient Id 1> | | | | | | |
| Date of Birth | <Date of Birth> | | | | | | |
|  | | | | | | | |
| **Treatment Site :** | | | | | | | |
| **Total Dose / Number of Fractions :** **cGy /** | | | | | | | |
| **Date of the treatment :** **<Date of Service>** | | | | | | | |
| **Treatment Fraction Number :** | | | | | | | |
| **Before Treatment** | | **P** | **R.O.** | | **R.T. 1** | | **R.T. 2** |
| Physics Daily Pre-treatment QA completed and recorded. | |  |  | |  | |  |
| RT Daily Pre-treatment QA completed and recorded. | |  |  | |  | |  |
| Procedural Safety Checklist | |  |  | |  | |  |
| 1. Verified the radionuclide, treatment site, fraction and total dose. 2. Confirm: Prescription dose clearly specified. Treatment length/ volume clearly specified. Treatment prescription signed by the RO. 3. Applicator size (e.g. vaginal cylinder diameter, esophageal applicator diameter) physically verified and agrees with the physician’s specification on the prescription sheet. | |  |  | |  | |  |
| For custom plan, confirm that the dose distributions and calculations are checked by a Physicist. | |  |  | |  | |  |
| Check that correct plan, treatment length, dwell positions and times are selected. | |  |  | |  | |  |
| Console pre-treatment record source strength is correct. | |  |  | |  | |  |
| Survey meter readily available. | |  |  | |  | |  |
| Agreement between catheter to faceplate routing of transit tubes checked | |  |  | |  | |  |
| The patient and HDR hand cranks are clearly visble (or can be easily brought to view) on the in-room monitor. | |  |  | |  | |  |
| The Radiation Source emergency container is open and placed near the treatment unit along with emergency kit. | |  |  | |  | |  |
| Total treatment time for all channels. (in seconds) | |  |  | |  | |  |
| Using the survey meter record the following readings (in μSv/h):   1. Background reading ***inside*** the treatment room. 2. Treatment unit external surface. 3. Patient body surface near treatment area. | |  |  | |  | |  |
| **During Treatment** | | | | | | | |
| Does the independent radiation monitor (e.g. Ludlum) flash RED during the treatment? | |  | |  | |  |  |
| RO and a physicist were available near the console area during the treatment? | |  | |  | |  |  |
| Patient monitored | |  | |  | |  |  |
| **After Treatment** | | | | | | | |
| Is administered dose recorded? | |  | |  | |  |  |
| Post-treatment record agrees with pre-treatment record (source strength, total irradiation time). | |  | |  | |  |  |
| Using the survey meter record the following readings (in μSv/h):   1. Treatment unit external surface. 2. Patient body surface near treatment area before removal from the room.   Compare pre and post treatment survey for contamination. | |  | |  | |  |  |
| **Physics Check of Completed Treatment (Initials)** | |  | |  | |  |  |