



Harmonized

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Authorizing Prescriber(s)

R.S. McLaughlin Regional Cancer Center Department of Radiation Oncology- Radiation Oncologists (RO).

Authorized to Whom

R.S. McLaughlin Durham Regional Cancer Center Department of Radiation Oncology- Medical Radiation Technologists - Radiation Therapist, MRT(T).

Patient Description/Population

This procedure will be administered to patients undergoing a prescribed course of radiation therapy.

Order and/or Procedure

MRT(T) may tattoo patient at appropriate treatment site, as consistent with the RO orders for radiation treatment planning. The physician order for radiation therapy is electronically entered into the radiation oncology software as part of the Care Plan.

Indications to the Implementation of the Directive

The MRT(T) will implement this medical directive when there is an order for radiation therapy treatment. Reference marks to be tattooed will be identified within the radiation therapy guidelines or at the discretion of the MRT(T).

Contraindications to the Implementation of the Directive

The MRT(T) shall not perform this procedure if there is no patient consent, the patient has a known allergy to tattooing ink or the patient's skin is not intact.

Consent

MRT(T) to obtain verbal consent prior to the procedure.

Documentation Requirements

The MRT(T) will document patient set-up information as per the *Tattoo Referencing and Documentation Policy and Procedures*.

Document Sponsor/Owner Group: (Insert Program Name, Date Approved DDMMYYYY)

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Review/Evaluation Process

This medical directive will be reviewed every two years by the RO Sub Council.

References

Tattoo Referencing and Documentation Policy and Procedures



Patient Tattooing – Medical Directive

Lakeridge Health

Medical Advisory Committee Approved: DDMONYYYY

Approvals and Signatures

Sponsor/Owner Group	Name	Radiation Oncology Program
Contact	Vanessa Hribar Name	Clinical Education Leader, Radiation Therapy Position/Title

Department Chief	_____	_____	_____
	Name	Signature	Date
Medical Director	_____	_____	_____
	Name	Signature	Date
Program Director	Patti Marchand Name	_____	_____
	Name	Signature	Date
Chair of IPPC	_____	_____	_____
	Name	Signature	Date
Chair of NPPC	_____	_____	_____
	Name	Signature	Date
Chair of P & T	_____	_____	_____
	Name	Signature	Date
Final Approval Chair of MAC	_____	_____	_____
	Name	Signature	Date

Authorized By	_____	_____	_____
	Name	Signature	Date
	_____	_____	_____
	Name	Signature	Date
Authorized By	_____	_____	_____
	Name	Signature	Date
	_____	_____	_____
	Name	Signature	Date
Authorized By	_____	_____	_____
	Name	Signature	Date
	_____	_____	_____
	Name	Signature	Date



Patient Tattooing – Medical Directive

Medical Advisory Committee Approved: DDMONYYYY

This table must **not** be used independently apart from the Medical Directive

Order Table Form

Order	Indication	Contraindication	