


<b>Name of Policy:</b> <u>Verification simulations</u> <b>Policy Number:</b> 3364-134-85 <b>Department:</b> Radiation Oncology <b>Approving Officer:</b> Chief Executive Officer - UTMC Professor & Chairman, Radiation Oncology <b>Responsible Agent:</b> Technical Manager, Radiation Oncology <b>Scope:</b> Radiation Oncology	  <b>Effective Date:</b> <b>7/1/2023</b> Initial Effective Date:    1/2007						
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"> <input type="checkbox"/> New policy proposal         </td> <td style="width: 20%; border: none; text-align: center;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; border: none;"> <input type="checkbox"/> Minor/technical revision of existing policy         </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Major revision of existing policy         </td> <td style="border: none; text-align: center;"> <input type="checkbox"/> </td> <td style="border: none;"> <input type="checkbox"/> Reaffirmation of existing policy         </td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/>	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/>	<input type="checkbox"/> Reaffirmation of existing policy
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**(A) Policy Statement**

A verification simulation will be performed on every patient prior to starting Radiation treatments

**(B) Purpose of Policy**

To ensure that the radiation treatment field that is imaged /and or clinically set is as planned by the Radiation Oncologist

**(C) Procedure**

1. Patient will be called and scheduled for a Verification simulation prior to starting Radiation
2. The planned films will be taken on the patient (CBCT, MV or KV as prescribed).
3. The films will be in Aria for the physician to review.
4. The physician will approve or disapprove in Aria.
5. When KV or MV images are approved, the radiation fields will be drawn on and photographed with the digital camera.
6. Complete verification simulation document in Aria if no CBCT done. Physician will document IGRT if CBCT was performed.

**BREAST VERIFICATION SIMULATIONS:**

- Procedure above as outlined
- Physician is to come into room to verify that the set up radiation field prior to treatment.
- Complete appropriate documentation in electronic chart.

