

Manual M-2, Clinical Affairs/Programs. Part I, General

**Chapter 12, Blood Transfusion Services—General Administration
(Paragraphs 12.01 through 12.04)**

Rescinds Chapter 12 dated January 31, 1977

This document includes:

Memorandum, dated **July 23, 1985**

Contents page for M-2, dated **June 1989**

Title page and title page verso for M-2, Part I, dated **February 9, 1990**

Contents page and Rescissions pages for M-2, Part I, dated **April 7, 1995**

Contents page for Chapter 12, dated **February 9, 1990**

Text for Chapter 12, dated **January 14, 1986** (Change 77)

Transmittal sheet located at the end of the document:

Change 77, dated **January 14, 1986**

Changes prior to 1986 located at the end of the document:

Change 60, dated **January 31, 1977**

Change 57, dated **February 4, 1975**

Change 54, dated **December 14, 1973**

Change 51, dated **February 22, 1972**

Change 45, dated **December 15, 1970**

Change 44, dated **July 27, 1970**

Change 41, dated **December 5, 1969**

Change 39, dated **August 22, 1969**

Change 38, dated **April 1, 1969**

Change 37, dated **August 20, 1968**

Change 36, dated **November 20, 1967**

Change 33, dated **June 15, 1967**

Change 21, dated **October 16, 1964**

Change 16, dated **November 9, 1961**

Change 8, dated **June 4, 1958**

Change 7, dated **March 31, 1958**



Veterans
Administration

Memorandum

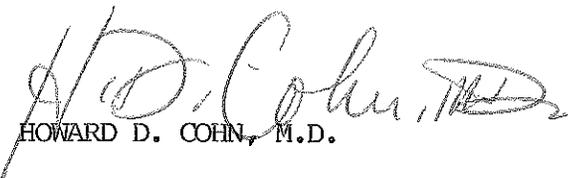
Date:

From: Actg. ACMD for Clinical Affairs (11)

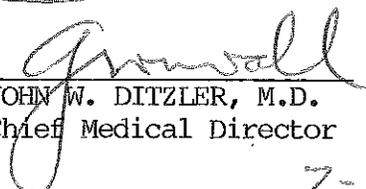
Subj: Redesignation of Manual M-2

To: Director, Regulations and Publications (10A1B)

VA Department of Medicine and Surgery Manual M-2, "Professional Services," has been redesignated as VA Department of Medicine and Surgery Manual M-2, "Clinical Affairs."


HOWARD D. COHN, M.D.

APPROVED/DISAPPROVED:


JOHN W. DITZLER, M.D.
Chief Medical Director

7-23-85

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Regulations and Publications
Management Staff (10A1B)

June 1989

M-2 MANUALS

M-2

Part I General

Part II Chaplain Service

Part III Dietetic Service

Part IV Medical Service

Part IV Nuclear Medicine Service

Part V Nursing Service

Part VI Pathology & Allied Sciences Service

Part VI Drug Dependency Treatment Program

Part VII Pharmacy Service

Part VIII Physical Medicine & Rehabilitation Service

Part IX Prosthetic & Sensory Aids Service

Part X Psychiatry, Neurology & Psychology Service

Part XI Radiology Service

Part XII Social Work Service

Part XIII Medical & General Reference Library Staff - *Rees (see M-8, Pt III 8/14/87)*

Part XIV Surgical Service

Part XV Resc. by M-2, Part IV, Chg. 6(11-62) Pulmonary Disease (TB) Service

Part XVI Resc. by M-2, Part X (4-65) Vocational Counseling Service

Part XVII Voluntary Service - *M-1, Pt I, Ch 3*

Part XVIII Audiology & Speech Pathology (II 10-66-20, 6-8-66)

Part XIX ~~Extended Care Service (Domiciliary) *Replaced by M-5*~~ ~~*Spinal Cord Injury*~~

XX Nuclear Medicine

XXI Vocational Counseling Service

XXII Prosthetic & Sensory Aids Service

XXIII *Blind Rehabilitation Service*

XXIV *Spinal Cord Injury*

**DEPARTMENT OF
VETERANS AFFAIRS**

PROGRAMS

**CLINICAL AFFAIRS
GENERAL**

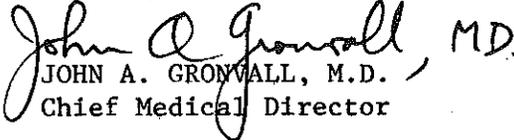
**M-2, Part I
February 9, 1990**

**Veterans Health Services and
Research Administration
Washington, DC**

Department of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC

February 9, 1990

Department of Veterans Affairs, Veteran Health Services and Research Administration Manual M-2, "Clinical Affairs," Part I, "General," is published for the compliance of all concerned.


JOHN A. GRONWALL, M.D.
Chief Medical Director

Distribution: RPC: 1024
FD

Printing Date: 2/90

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RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manuals

Par. 112f, M10-3.

Pars. 129f and 169, M10-6.

M-2, Part I, changes 2 through 5 through 9, 11, 12, 13, 14, 16, 18 through 21, 25, 30, 32 through 40, 41, 44, 45, 49, 50, 51, 52, 55, 57, 60.

VHA Supplement MP-1, Part I, Chapter 2, Section A and Appendices D and E, change 43, dated October 27, 1987 (Effective October 1, 1992).

VHA Supplement MP-1, Part I, Chapter 2, Section A, change 44, dated July 26, 1991 (Effective October 1, 1992).

M-2, Part I, Chapter 35, dated August 7, 1992 and Supplements 1 and 2.

b. Interim Issues

II 10-156

II 10-161

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II 10-292, pars. I, II, III, App. A

II 10-300

II 10-381

II 10-68-31

II 10-71-33

II 10-71-26 by M-2, part I, chg. 67

II 10-82-53 de facto by chg. 74

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c. Circulars/Directives

261, 1946, Sec.1

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10-91-059

10-91-101

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10-92-056

c. Circulars/Directives Continued

- 10-92-105 and Supplement 1
- 10-93-004
- 10-93-009
- 10-93-130
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- 10-93-151

d. Regulations and Procedure

- R&P 6202
- R&P 6203
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e. Technical Bulletins

- Par. 2, TB 10A-191
- Pars. 1b, 2 through 5, 6a and 9c, TB 10A-246
- TB 10A-256
- TB 10A-295 (except sec. XXI)
- TB 10A-359
- TB 10A-324 (This completes the rescission of TB 10A-324.)

f. AB Station Letters and Other Communications

<u>Date</u>	<u>Subject</u>
December 5, 1949	Officer of the Day Reports
March 3, 1952	Furnishing of Meals to Officers of the Day
April 8 1952	Domiciliary Care for Paraplegics
April 16 1952	Transfer of Quadriplegic Patients
April 17, 1952	Accomplishment of Recheck Examinations and Treatment of current Conditions Involving Paraplegics at VA Hospitals Other Than Paraplegia Centers.
June 23, 1952	Monthly Report of Service-Connected Blinded Veterans and Blinded Military Personnel
August 18, 1952	Proposals for Membership, American College of Physicians
September 19, 1952	Establishment of Paraplegia Organizational Segment
January 4, 1954	Certificate of Medical Feasibility, VA Form 4555b

g. Instructions (pertaining to Public Law 702, 80th Congress, as amended)

- Pars. 2d and 2e, Inst. 1-B
- Inst. 1C
- Inst. 1-D

2. LIMITED RESCISSIONS

The following material is rescinded insofar as it pertains to this manual.

a. Manuals

- M10-3, par. 115h

a. Manuals - Continued

M10-6, pars. 9b, 42e, 70c, 86, and 132h
M10-11, pars. 22b, 92e, 96d, 133b, and 172

b. Circulars

10-65-57, pars.2 and 3

c. Regulations and Procedure

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d. Technical Bulletins

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CHAPTER 12. BLOOD TRANSFUSION SERVICES—GENERAL ADMINISTRATION

NOTE: For additional information on this subject see M-2, part VI, chapter 5, Blood Transfusions—Laboratory Service Responsibilities.

12.01 POLICY

The VA will provide suitable blood, blood components and derivatives to meet the transfusion needs of patients being treated in VA facilities. The term blood as used in this chapter will include whole blood, blood components and derivatives.

a. The Director of each VA facility will insure current registration of the blood bank with FDA (Food and Drug Administration), Department of Health and Human Services. The Director will also insure compliance with the FDA GMP (good manufacturing practices) regulations for the collection and storage of blood and blood components.

b. Every effort will be made to obtain blood from voluntary donors. This goal may be achieved through arrangements with the American Red Cross, community blood banks, or agreements with other institutions.

c. Blood will be provided for facility blood needs in any of the following ways:

(1) By establishing a blood donor program. Such a program is a management responsibility and should be undertaken only after careful evaluation of the many factors involved. Important are relationships among the patients, their relatives and the community, the Red Cross, other blood banks, and veteran and civic organizations. If a VA donor program is established, the medical center Director will insure that adequate staffing and space are provided. Information on selection of donors will be found in M-2, part VI, chapter 5, Blood Transfusions—Laboratory Service Responsibilities.

(2) From the American Red Cross in accordance with a centrally developed contract.

(3) By contract, in accordance with VA procurement regulations, with any blood bank which is registered with and/or licensed by the Center for Drugs and Biologics, FDA. The contract will include specifications for donor criteria in accordance with the current edition of Standards for Blood Banks and Transfusion Services and Technical Methods and Procedures, published by the AABB (American Association of Blood Banks).

(4) By exchanges of blood with any blood bank registered with and/or licensed by the Center for Drugs and Biologics, FDA. Appropriate records of all such exchanges will be maintained to insure an equitable arrangement and periodic settling of accounts.

(5) By payment under special circumstances to donors known to the hospital personnel. No charge will be incurred for blood withdrawn to determine the blood type or for the benefit of the donor.

(6) By cooperation with other governmental installations, e.g., local military installations in accord with Pub. L. 97-174, VA and Department of Defense Health Resources Sharing and Emergency Operations Act.

(7) By autologous transfusion, when considered indicated by the patient's physician and the Chief, Laboratory Service or a designee.

d. Plateletpheresis, leukapheresis and plasmapheresis are permitted in those facilities where these procedures can be performed in accordance with good medical practice and in compliance with the regulation of the FDA Center for Drugs and Biologics (M-2, pt. VI, par. 5.06e).

e. The Chief of Staff is responsible to the medical center Director for overall management of the facility transfusion services including the maintenance and distribution of current published directives covering local transfusion policies.

f. The medical center Director, with the advice of the Chief of Staff, will appoint a physician as Transfusion Officer. The Chief, Laboratory Service, should not usually be appointed Transfusion Officer. The responsibilities of the Transfusion Officer are described in paragraph 12.02b.

g. The appointment of a Transfusion Officer does not relieve physicians from their professional responsibility for ensuring that patients receive proper medical attention in connection with the administration of blood transfusions or other intravenous liquids.

h. The Chief, Laboratory Service, is responsible for the proper storage and issue of blood, inventory management and for the laboratory aspects of blood transfusion. Such services will be available at all times. (See M-2, pt. VI, ch. 5.)

i. The Chief, Laboratory Service, will insure that a current manual of laboratory procedures is maintained in the blood bank. The procedures will be in conformance with the current edition of *Standards for Blood Banks and Transfusion Services*, published by the AABB. The AABB *Standards for Blood Banks and Technical Methods and Procedures* will be available at all VA facilities. Necessary records will be maintained on file in the blood bank. (See M-2, pt. VI, par. 5.12.)

j. VA medical centers are encouraged to apply for institutional membership in the AABB. This national organization is actively engaged in improving blood banking through educational, accreditation and clearinghouse programs. The cost of accreditation and dues will be paid by the facility.

k. The medicolegal aspects of blood transfusion services are receiving increasing attention. This is an area in which changes occur from time to time. Therefore, whenever questions arise advice should be sought from the local District Counsel or referred to Central Office for an opinion.

12.02 ADMINISTRATIVE RESPONSIBILITIES

a. The Chief of Staff is responsible to the medical center Director for publication of current directives specifying the duties and responsibilities of each person concerned in the transfusion service. The transfusion service includes ordering of transfusions, examination and bleeding of donors, processing of blood, typing and compatibility testing, storage and issuance of blood, transportation and administration of blood, management of transfusion complications, inventory control and records maintenance. The directives will cover usage of forms and disposition of all materials, used or unused, checks and cross-checks on blood types of patient and donors, and will detail the safeguards necessary to prevent, insofar as possible in the light of current knowledge, reactions to transfusions of blood. The directives will be reviewed at least annually to insure currency and conformance with VA Regulations. Each person concerned with any aspect of the transfusion process will be provided with a copy of the current local directives.

b. The Transfusion Officer will provide data and assistance as necessary to the Clinical Executive Board for its review of transfusion service activities. Other responsibilities will include:

(1) Insuring that all personnel who may in any way participate in the transfusion program are periodically indoctrinated with respect to their individual responsibilities in the program, as well as in the methods and practices required by DM&S. Since the transfusion policies in non-VA hospitals may not be identical with those in VA medical centers, particular attention will be given to personnel new to the VA, including residents.

(2) Participating actively in investigation of all transfusion complications, including cases of suspected posttransfusion illnesses, including hepatitis.

(3) Initiating, when indicated, VA Form 10-2633, Report of Special Incident Involving a Beneficiary.

c. The Transfusion Committee will regularly review the records of all blood transfusions and prepare minutes after each meeting. The committee will assess transfusion reactions, evaluate blood utilization and make recommendations regarding specific improvements in the transfusion service. This can be expedited by reviewing the Laboratory Service's copies of the current SF 518, Medical Record—Blood or Blood Component Transfusion, supplemented by reference to the patients' charts when indicated. Special attention will be directed to all cases of suspected transfusion misadventures including hepatitis. In all instances of suspected hepatitis or AIDS resulting from transfusion, the donor source(s) will be notified. The Transfusion Committee will review at regular intervals the percent of blood which becomes outdated. Outdating in excess of 5 percent requires critical review and positive efforts toward improvement. The committee will also ascertain at regular intervals the usage of blood components in order to insure their optimum utilization. When the use of

the components comprises less than 90 percent of transfusions, a review of local transfusion practices will be made with recording of the findings and recommendations in the Transfusion Committee's minutes. The Clinical Executive Board will meet regularly to review the minutes of the Transfusion Committee and make recommendations when appropriate regarding specific improvements in the transfusion service.

d. The special administrative responsibilities of the Chief, Laboratory Service are described in M-2, part VI, chapter 5, *Blood Transfusion—Laboratory Service Responsibilities*.

12.03 TRANSFUSION PRACTICES

All donor blood and plasma intended for transfusion will be tested until further notice for antibodies to HTLV-III in accordance with the recommendations of the FDA (Food and Drug Administration), Office of Biologics, Research and Review, and the PHS (Public Health Service). Blood intended for transfusion will also be tested for hepatitis B surface antigen and syphilis.

a. However, it will not be necessary for VA medical centers to re-test donor blood or plasma units (or other blood fractions prepared from plasma or blood, *viz*, platelets, packed red blood cells, etc.) if it has already been tested by the agency that procured the blood.

b. Most VA medical centers currently obtain donor blood from non-VA sources such as the American Red Cross Blood Program, the American Association of Blood Banks, the Council of Community Blood Centers, and other accredited donor activities, as well as from selected military installations. Several VA medical centers maintain full-service donor programs. In addition, VA medical centers with or without donor programs may on occasion draw donor blood for emergent use, autologous or directed transfusion, although these activities are infrequently performed.

c. Any blood or blood product procured by VA personnel in any VA medical centers or from outside sources such as military installations must be tested for antibodies to HTLV-III, hepatitis B surface antigen and syphilis by current methods acceptable to the Centers for Disease Control. Blood drawn for directed transfusions must also be similarly tested.

d. All potential donors must be informed that, to assure a safe blood supply, testing is performed for the presence of hepatitis B surface antigen, HTLV-III antibody, and syphilis. Any prospective donor, not in agreement with this policy may leave the blood donor station without explanation.

e. Repeatedly positive ELISA test results, or other positive tests (hepatitis, syphilis), require that the donor activity notify the donor of these results.

f. No units testing positive for the above will be transfused or manufactured into other products capable of transmitting infectious agents.

g. Autologous blood, if transfused into its donor need not be tested for antibodies to HTLV-III, hepatitis B surface antigen or syphilis. However, if the autologous unit is not used by its donor, but is to be transfused to a patient other than its donor, the unit must be tested.

h. A properly prepared SF 518, will be initiated for each unit of blood requested.

i. There will be positive verification of the identity of the prospective recipient prior to securing the blood specimen. This will be carried out by checking the wristband for name and Social Security number and by asking the patient to state own name. In the event that these procedures are not possible, a physician, nurse, or physician's assistant who has positive knowledge of the patient's identity will make the verification and sign. The individual securing the specimen will authenticate it by labeling the tube and by signing the SF 518. The tube will be identified by an adhesive label bearing the recipient's full name, Social Security number, date and signature of the person drawing the blood. *This information must be recorded on the label at the time of venipuncture to avoid confusion of specimens.*

j. Routinely, compatibility testing will not be initiated until the requisite numbers of copies (one for each requested transfusion) of SF 518 are received in the blood bank. Under special circumstances, compatibility testing may be initiated

prior to receipt of the SF 518. However, the blood for transfusion will not be issued until the form(s) has been received and completed to the satisfaction of the Chief, Laboratory Service. Verbal requests for blood will not constitute the proper authority except under emergency circumstances as stated in M-2, part VI, paragraph 5.05c.

k. Blood for transfusion will be issued only when compatibility testing has been complete except as noted in M-2, part VI, paragraph 5.05. A properly completed and signed SF 518 will be attached securely to each unit of blood and folded properly so as to display the patient's name at the bottom of the page and information on blood type in section II. In addition, a completed VA Form 10-2984, CAUTION TAG, will be securely attached to each unit.

l. Before starting a transfusion, two qualified persons will make certain that the recipient is the person named on VA Form 10-2984 and on SF 518 which are attached to the blood container and will verify the record on, or attached to, the blood container for the following: (1) ABO type, (2) Rh type, (3) compatibility tests, (4) identification number of the unit, and (5) name and Social Security number of the recipient. Qualified persons include physicians and professional nurses, including nurse anesthetists. Two Nursing Service personnel may qualify if at least one is a professional nurse. Additional personnel, including physicians' assistants, may be qualified for this task provided they receive special training and supervision. All personnel other than physicians, professional nurses and nurse anesthetists will be designated in writing by name and position title by the Transfusion Officer and approved and published by the center Director. All copies of SF 518 will show the signatures of the two verifying persons in the appropriate section of SF 518. At least one of the persons identifying the patient and the blood will be involved in the administration of the blood.

(1) The responsibility for starting blood transfusion and other intravenous fluids which have been ordered by the patient's physician may be delegated by the patient's physician to the following: other physicians, professional nurses, nurse anesthetists, physicians' assistants, or other persons specially trained and supervised for this task who have been designated by name and position title by the Transfusion Officer and approved and published by the center Director.

(2) The administration of additional units of fluid or blood may be initiated by designated persons (subpar. (1) above), at the written direction of the patient's physician. The ultimate responsibility for the transfusion process, including the recognition and treatment of any complications incurred during or after the transfusion, remains with the physician who ordered the transfusion.

(3) During the transfusion the physician will provide close supervision of the patient. On completion of the transfusion, the physician or those delegated responsibility for starting blood transfusion and other intravenous fluids by the patient's physician in subparagraph (1) above, will complete the "Post transfusion Data" portion of SF 518, including certification of the absence or occurrence of transfusion reaction. The attending nurse and/or physician's assistant will observe the patient at frequent intervals following transfusion and, if there is any untoward reaction, will notify the responsible physician. If any transfusion complications occur the procedures described in M-2, part VI, paragraph 5.08, will be followed.

m. Blood will not be warmed toward body temperature except as may be appropriate in situations such as rapid or massive transfusions. The warming procedure will conform to that described in the current *Standards for Blood Bank and Transfusion Services* published by the AABB.

n. No drugs or solutions will be added to the blood or injected through the walls of intravenous administration sets before or during transfusion. However, the practice of using "y" infusion set and isotonic sodium chloride solution (saline, suitable for intravenous use) to start a transfusion of red blood cells is acceptable.

o. Following completion of all transfusions, the blood containers will not be returned to the blood bank section of the Laboratory Service except in instances of suspected transfusion reaction. The completed original SF 518, will be placed in the patient's medical record and the duplicate returned to the Laboratory Service.

p. If the physician who is to perform the transfusion decides to reject the donor or the blood, the physician will send the donor or the blood unit(s), with appropriate notation on the SF 518, back to the Chief, Laboratory Service. The original SF 518 will then be placed in the medical record of the patient concerned and the duplicate filed in the Laboratory Service.

q. Enforcement of strict time limits will be observed on retention of crossmatched blood with release of all crossmatched units after 24 hours. Exceptions to this rule should be rare and should be noted at meetings of the Transfusion Committee.

12.04 MEDICOLEGAL ASPECTS OF BLOOD TRANSFUSION SERVICES

a. Some patients will refuse to consent to a blood transfusion when it is medically indicated. It may not be necessary to refuse to admit or to discharge the patient even if a blood transfusion is or is likely to be medically indicated. Under 38 U.S.C. 621, the Administrator is authorized to prescribe rules and limitations concerning the furnishing of VA hospital care.

b. A competent individual or the appropriate legal representative of an incompetent individual has the right to refuse treatment. Proper disclosure to the patient of the risks involved in the patient's refusal to consent to a transfusion, and careful documentation of the patient's refusal, can protect the VA from liability for failure to provide the preferred treatment. Under these circumstances, and option available to the physician is to provide alternative care within the limits of a patient's consent.

c. Although VA policy discourages segregating units of blood or components (directed blood) for transfusion, there may be instances where the patient stipulates that directed blood be used to meet transfusion needs. If after consultation with the patient's physician, Chief, Laboratory Service, and/or Director of the Blood Bank and Chief of Staff, it is deemed to be in the best interest of the patient, the directed blood may be used for transfusion. However, proper disclosure will be made to the patient of the risks involved in the event the patient's need for blood should exceed the volume of directed blood available, requiring supplementation with bank blood. If the patient refuses to consent to the use of bank blood or components under such emergent circumstances, careful documentation of the patient's refusal will be made as noted in paragraph 12.04b above. Under these circumstances an option available to the physician is to provide alternative care within the limits of the patient's consent.

42786

Department of Medicine and Surgery
Veterans Administration
Washington, DC 20420

M-2, Part I
Change 77

January 14, 1986

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Clinical Affairs," is changed as indicated below:

NOTE: The purpose is to change chapter 12 to revise the conduct of the blood transfusion program in accordance with current medical practices with the introduction of additional safeguards to improve the service. Due to extensive changes brackets have not been used.

Page iii:

Paragraph 1d: Add "Cir. 10-85-181".

Paragraph 1f: Add change "60".

Page vi, paragraph 12.04: Delete "Other" and insert "Medicolegal".

Pages 12-1 through 12-5: Remove these pages and substitute pages 12-1 through 12-5 attached. (Ch. 12 revised.)

RESCISSIONS: Change 60, dated January 31, 1977, part I, M-2; and Circular 10-85-181.

JOHN W. DITZLER, M.D.
Chief Medical Director

Distribution: RPC: 1024
FD

Printing Date: 3/86

January 31, 1977

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to bring the conduct of the blood transfusion program in line with current medical practices.

- ✓ Page iii, paragraph 1f, line 4: Delete "M-1," and insert "57, M-2,".
- ✓ Pages 12-1 through 12-4: Remove these pages and substitute pages 12-1 through 12-5 attached. (Ch. 12 revised.)
- ✓ RESCISSION: Change 57, dated February 4, 1975, M-2, part I.



JOHN D. CHASE, M.D.
Chief Medical Director

Distribution: RPC: 1024
FD

by chg. 11

by change 60

Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

M-2, Part I
Change 57

February 4, 1975

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to clarify the delegation of responsibility for the performance and certification of the blood transfusion process.

✓ Page 12-4: paragraph 12.03e(3), line 2: Delete "physician's assistant" and insert "those delegated responsibility for starting blood transfusions and other intravenous fluids by the patient's physician in subparagraph (1) above,".



JOHN D. CHASE, M.D.
Chief Medical Director

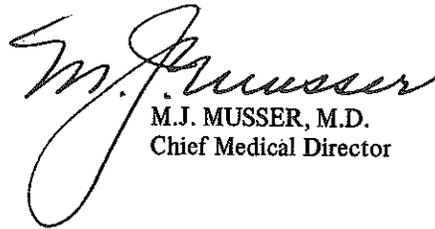
Distribution: RPC: 1024
FD

December 14, 1973

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to revise the conduct of the blood transfusion program in accordance with current medical practices with the introduction of additional safeguards to improve the service.

- ✓ Pages iii through viii: Remove these pages and substitute pages iii through viii attached. (Rescissions and contents updated.)
- ✓ Pages 12-1 through 12-8: Remove these pages and substitute pages 12-1 through 12-4 attached. (Ch. 12 revised.)



M.J. MUSSER, M.D.
Chief Medical Director

Distribution: RPC: 1024
FD

February 22, 1972

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to incorporate provisions of teletype Interim Issue 10-71-33 to facilitate better patient care by providing each hospital the flexibility to meet local circumstances in intravenous fluid administration and transfusion practices consistent with the general normal guidelines. This also permits more efficient utilization of resources with delegation down to appropriately trained personnel.

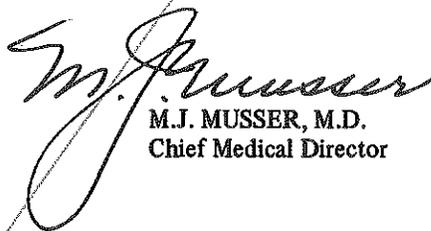
Page iii, paragraph 1

Subparagraph f: Add change "38".

Subparagraph g: Add "II 10-71-33".

Pages 12-5 through 12-8: Remove these pages and substitute pages 12-5 through 12-8 attached. (Par. 12.04e changed.)

RESCISSION: Change 38, M-2, part I.


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chg. 5-4

December 15, 1970

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to:

a. Revise the conduct of the blood transfusion program in accordance with current medical practices with the introduction of additional safeguards to improve the service.

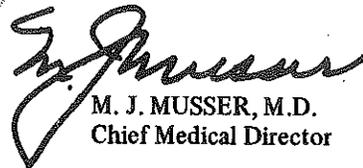
b. Permit professional nurses in the Hemodialysis Units to start a blood transfusion and/or add additional units of blood, and to permit verification of recipient in the Hemodialysis Units by two Nursing Service personnel at least one a professional nurse.

Page iii, paragraph 1f, line 3: Add changes "41, 44".

Pages 12-1 and 12-2: Remove these pages and substitute pages 12-1 and 12-2 attached. (Par. 12.03 changed.)

Pages 12-7 and 12-8: Remove these pages and substitute pages 12-7 and 12-8 attached. (Pars. 12.04e and 12.07e changed.)

RESCISSIONS: Changes 41 and 44, M-2, part I.


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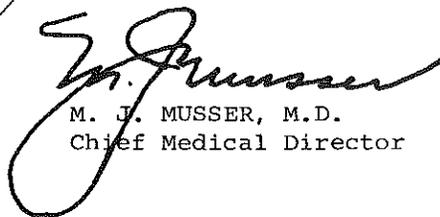
chg. 5-14

July 27, 1970

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to eliminate the restriction in Chapter 12, "Transfusions--Blood and Blood Derivatives," that a donor may not donate more than five times a year.

Page 12-2, paragraph 12.03a, lines 5 and 6: Delete "A person may not donate more often than every 8 weeks or five times per year." and insert "Except for reasonable qualifying circumstances, the interval between individual donations should be 8 weeks."



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*Revised by
Chg. 45*

December 5, 1969

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to revise the conduct of the blood transfusion program in accordance with current medical practices with the introduction of additional safeguards to improve the service.

Page 12-2, paragraph 12.03a(3)

✓ Subparagraph (a): Delete "Recurrent Malaria. History of more than a single attack of malaria is cause for rejection." and insert "History of Malaria. A donor who has ever had malaria is permanently deferred."

✓ Subparagraph (b): Delete this subparagraph.

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*Resubmitted
Chy 4/5*

Department of Medicine and Surgery
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Washington, D. C. 20420

M-2, Part I
Change 39

August 22, 1969

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to extend the eligible age limit for blood donors.

Page 12-4, paragraph 12.03a(26)

Line 1: Delete "60" and insert "65".

Subparagraph (a), line 1: Delete "60" and insert "65".

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FD

chg. 5-4

Department of Medicine and Surgery
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M-2, Part I
Change 38

April 1, 1969

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to revise the conduct of the blood transfusion program in accordance with current medical practices with the introduction of additional safeguards to improve the service.

✓ Pages 12-5 and 12-6: Remove these pages and substitute pages 12-5 through 12-6a attached. (Par. 12.04b(3) added.)

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Eng 51

August 20, 1968

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to revise the conduct of the blood transfusion program in accordance with current medical practices with the introduction of additional safeguards to improve the service.

← Pages iii through viii: Remove these pages and substitute pages iii through viii attached.

← Pages 12-1 through 12-7: Remove these pages and substitute pages 12-1 through 12-8 attached. (Ch. 12 revised.)

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*12-5 & 12-6 by chg 38
12-7 & 12-8 by chg 47*

chg. 54

November 20, 1967

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to revise the conduct of the blood transfusion program in accordance with current medical practices with the introduction of additional safeguards to improve the service.

ch 37
✓ Page 12-2, paragraph 12.03a, line 1: Before "Before" insert "A physician must be available on the premises and assume full responsibility during the interview, examination and collection from the donor."

ch 37
✓ Page 12-4, paragraph 12.03b, line 1: Delete "The physician carrying out the interview and examination of the donor" and insert "After the interview and examination of the donor, a physician".

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ch. 37

June 15, 1967

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to revise the conduct of the blood transfusion program in accordance with current medical practices with the introduction of additional safeguards to improve the service.

chg 37

Page 12-3, paragraph 12.03a(13)

Line 5: Delete "and oral poliomyelitis".

Line 7: After "physician." insert "Oral vaccines are not disqualifying."

chg 37

Page 12-4, paragraph 12.03a(25), line 3: Delete "100" and insert "110".

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chg. 37

Department of Medicine and Surgery
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M-2, Part I
Change 21

October 16, 1964

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to revise the conduct of the blood transfusion program in accordance with current medical practices with the introduction of additional safeguards to improve the service.

clg. 37
Pages 12-1 through 12-5: Remove these pages and substitute pages 12-1 through 12-7 attached. (Ch. 12 revised.)

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Chief Medical Director

Distribution: Same as M-2, part I
FD

clg. 37

Department of Medicine and Surgery
Veterans Administration
Washington 25, D.C.

*absorbed by
change 31*

M-2, Part I
Change 16

10E

November 9, 1961

Part 1, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as follows:

ch 21

Page 12-1, paragraph 12.02

✓ Subparagraph b, lines 1 and 2: Delete "Manager . . . Medical Director," and insert "Director of a VA hospital may, in accordance with MP-2, part II,".

✓ Subparagraph c, line 1: Delete "Manager" and insert "Director".



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Distribution:

Same as M-2, Part I

absorbed by change 32

June 4, 1958

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to:

1. Reemphasize length of stay as an important management tool.
2. Place responsibility for control of length of stay with the Manager.
3. Decentralize to the station and Area Medical Office the methods by which length of stay will be studied.
4. Eliminate the recurring semiannual report from field stations and Area Medical Offices.

ch. 32

Pages 11-1 and 11-2: Remove these pages and substitute page 11-1 attached. (Ch. 11, "Hospital Stay Committee," redesignated "Length of Hospital Stay," and changed.)

ch. 31

Page 12-4, paragraph 12-04e (1)

✓ Line 8: After "and/or" insert "may".

✓ Line 12: After "started, the" insert "responsible".

Wm. S. Middleton

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Distribution:

Same as M-2, Part I

March 31, 1958

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to establish the overall conduct of the blood transfusion program as a responsibility of the Director, Professional Services, and to revise existing procedures in blood transfusion administration. M-2, part V, section IV, paragraph 1.15, and M-2, part VI, chapter 5, will be changed in the near future, as appropriate, to reflect the changes contained herein.

chgs 15
Pages v and vi: Remove these pages and insert pages v and vi attached. (Contents pages brought up to date.)

chgs 15, 21
Pages 10-5, 11-1, 11-2, and A-1: Remove these pages and substitute pages 10-5, 11-1, 11-2, 12-1 through 12-5, and A-1 attached. (Par. 11.01b changed as directed by change 4 and to correct organizational title; ch. 12, "Blood Transfusions--Plasma Expanders," added; app. A 1a, b, and d changed as directed by changes 1, 3, and 5.)



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Distribution:

Same as M-2, Part I.

chgs. 37