

Manual M-2, Clinical Programs. Part IV, Medical Service

Chapter 2, Cardiology (Paragraphs 2.01 through 2.05)

Revises Chapter 2 dated October 23, 1990

This document includes:

Title page and title page verso M-2, Part IV, dated **April 29, 1994**
Contents page for M-2, Part IV, dated **April 29, 1994**
Rescissions page iv for M-2, Part IV, dated **April 29, 1994**
Rescissions page v for M-2, Part IV, dated **September 11, 1991** (Change 1)
Contents page Chapter 2, dated **April 29, 1994**
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Text for Chapter 2, dated **April 29, 1994**

Transmittal sheet located at the end of the document:

Sheet dated **April 29, 1994**

Changes prior to 1994 located at the end of the document:

Sheet dated **October 23, 1990**
Interim Issue 10-72-13, dated **May 17, 1972**
Change 13, dated **May 15, 1970**
Change 12, dated **July 8, 1969**
Change 10, dated **February 26, 1968**
Change 6, dated **November 16, 1962**
Change 5, dated **September 25, 1961**
Change 4, dated **May 5, 1958**



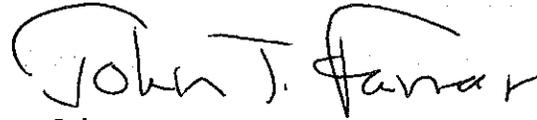
Clinical Programs

Medical Service

April 29, 1994

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

Department of Veterans Affairs, Veterans Health Administration manual M-2, "Clinical Programs," Part IV, "Medical Service," is published for the compliance of all concerned.



John T. Farrar, M.D.
Acting Under Secretary for Health

Distribution: RPC: 1027
FD

Printing Date: 5/94

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7. SICKLE CELL SCREENING AND COUNSELING PROGRAM
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9. PREVENTIVE MEDICINE
10. HYPERTENSION

RESCISSIONS

1. COMPLETE RESCISSIONS

a. Manuals

M-2, part XV

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b. Interim Issues

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e. Circulars

10-75-45

10-79-1

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10-85-150

f. All Station Letters and Other Communications

Letter and DateSubject

November 20, 1950

Cortisone and ACTH

December 4, 1950

Reporting of Cases of Syphilis to Health Authorities

March 15, 1951

Cortisone and ACTH

June 15, 1951

Physical Examination for Residuals of Filariasis

December 28, 1951

Letter refers to availability and use of cortisone and ACTH

August 26, 1953

Use of Antihypertensive Drugs Subsequent to Hospitalization

August 28, 1953

Purchase of Antigens for Treatment of Disease Due to Allergy

December 4, 1953

Cortisone and ACTH

February 5, 1954

Physical Examination for Residuals of Hepatitis (Viral)

August 5, 1954

Procurement of Allergenic Material From the VA Central Laboratory at Aspinwall

August 9, 1954

Special Boards for the Control of Therapeutic Management of Cases

August 9, 1954

ACTH and Cortisone Therapy

August 13, 1954

Prerequisite for Medical Therapy (Malaria)

August 13, 1954

Self-Administration of Hyposensitization Therapy

RESCISSIONS

1. COMPLETE RESCISSIONS

a. Manuals

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10-75-45

10-79-1

10-80-18

10-82-4 and Supplement No. 1

10-83-4 and Supplement No. 1

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d. Regulations and Procedures

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g. VHA Information Letters

- IL 10-84-24
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- IL 11-89-06

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RESCISSIONS

The following material is rescinded:

1. Manual

M-2 Part IV, Chapter 2 dated October 23, 1990

CHAPTER 2. CARDIOLOGY

2.01 POLICY

It is the Department of Veterans Affairs (VA) policy that invasive cardiovascular procedures will be performed only in appropriately authorized and equipped laboratories, by experienced, credentialed and privileged staff. Individuals must be board-certified in internal medicine, cardiovascular diseases or radiology. Trainees must be directly supervised by a fully qualified staff member.

2.02 SCOPE

a. Routine cardiac catheterization, angioplasty, valvuloplasty, pacemaker insertions and electrophysiologic studies and treatments are performed in 71 VA medical center laboratories.

b. Trends in average performance over several years are followed to assess compliance with minimum performance requirements. The minimum number of total procedures for a catheterization laboratory is 300; the minimum number of left heart procedures is 250.

2.03 CARDIAC CATHETERIZATION LABORATORIES

a. **Authority.** VA's cardiac catheterization laboratories are governed by regulations that call upon VA and the Department of Defense (DOD) to minimize duplication and underuse of health-care resources, and provides VA, DOD, and Public Health facilities with authority to enter into agreements to "share" health-care resources (see M-1, Pt. I, Ch. 1, Sec. XI).

b. **Staffing.** Approximately five clinical Full-time Employees (FTE) are required to operate a catheterization laboratory performing the minimum number of procedures. An example is: one Chief, Catheterization Laboratory, who is a physician, two Registered Nurses (R.N.s), and two catheterization laboratory technicians). *NOTE: The goal of VA is to achieve 500 procedures per year per lab.*

c. Opening a Catheterization Laboratory

(1) Demographic changes have determined where new facilities are opened.

(2) Approval for the concept must be obtained through Veterans Health Administration's (VHA's) formal planning process. The VA medical center Director then submits an application to VA Central Office, Medical Service. Entirely new laboratories will require availability of on-site cardiac surgery. *NOTE: No new laboratories will be opened unless nearby Federal government laboratories are performing an average of 500 cases annually.*

d. **Retaining a Catheterization Laboratory.** Once established, a laboratory will stay open as long as it conforms to the minimum performance requirements of VA and other guidelines which VA accepts. For persistently borderline performance, (in terms of numbers, or morbidity and mortality status) a VA Central Office site visit team will be sent to evaluate, prior to authorization of new equipment.

e. **Closing a Catheterization Laboratory.** Established criteria are used to determine that a laboratory should be closed. The stages of closure begin with warning letters, then progress to site visits and formal recommendations through channels.

(1) Failure to achieve a minimal performance standard or to report required statistics may result in closure.

(2) Failure to retain or recruit appropriately trained and credentialed staff, unduly high morbidity or a change in the mission of a VA medical center, may result in closure.

(3) Laboratories may be phased out through not replacing their equipment. **NOTE:** *Most catheterization laboratory equipment is replaceable after 8 to 10 years. Once the decision is made to replace equipment, serviceable devices and in some cases, lead-lined rooms, may be retained for electrophysiology or procedure rooms. This permits two rooms, but just one state-of-the-art angiography suite. VA medical centers performing 1,000 total procedures per year could justify two fully equipped new rooms for coronary angiography.*

f. Incident Reports

(1) Complications must be recorded at the local laboratory if they occur within 24 hours of the cardiac catheterization or if they are attributable to the catheterization even if remote in time. **EXAMPLE:** *A patient who undergoes an angioplasty and has complications including dissection, myocardial infarction and subsequent renal failure. After a prolonged Intensive Care Unit (ICU) course including hemodialysis, the patient dies. The death is to be listed as an angioplasty related death (complication of procedure). All episodes of surgery that the patient would not have had if the catheterization had not been performed are also listed as complications.*

(2) The following list is the minimum for local laboratory record-keeping: **NOTE:** *Other serious complications, (especially those discussed in a staff review, or morbidity and mortality conference) should be included.*

- (a) Death during or related to catheterization;
- (b) Dissection;
- (c) Transient ischemic attacks and/or stroke and/or paralysis and/or visual changes;
- (d) Myocardial infarction or pulmonary edema within 24-hours of catheterization;
- (e) Renal failure (contrast nephrotoxicity);
- (f) Perforation and/or tamponade and/or rupture;
- (g) Amputation and/or peripheral vascular surgery;
- (h) Anaphylaxis;
- (i) Pseudoaneurysm and/or significant hematoma and/or fistula;
- (j) Hypotension, during and after procedure, requiring intra-aortic balloon pump or sustained therapy;
- (k) Local infection or inflammation, requiring drainage;

(l) Septicemia; or bacterial endocarditis; or thrombophlebitis, requiring more than 7 days of treatment;

(m) Unusual catheter problems as breakage or rupture;

(n) Bleeding of a nature requiring transfusion or surgery; and

(o) Ventricular fibrillation and/or a complete heart block.

2.04 CORONARY ANGIOPLASTY

VA authorizes the use of percutaneous transluminal coronary angioplasty (PTCA) as an elective and emergent procedure in accord with the following regulations:

a. **Eligibility.** Only VA medical centers with on-site Cardiac Surgery Programs are eligible to perform elective angioplasty. Due to the nature of VA which includes in-house programs, contracts, and sharing agreements to provide cardiac surgery, VA recognizes circumstances that may merit an exemption. Formal application for an exemption must be made to Medical Service (111A), VA Central Office.

b. **Requirements for Training.** Many VA cardiologists perform invasive procedures at other institutions. VA requires only that the total number of cases for an individual angioplasty attending comply with nationally accepted guidelines (e.g., 75 per year). VA medical centers with insufficient volume to achieve such a total experience for the individual angioplasty operator should discontinue performing PTCA, unless an experienced angioplasty attending will directly supervise each case (e.g., a fully-qualified university or community affiliated attending, who is present in the cardiac catheterization laboratory).

2.05 PACEMAKERS/IMPLANTABLE DEFIBRILLATORS

a. **Registry.** Veterans with pacemakers and other implantable devices are registered through the National Pacemaker/Device Registry at the VA Medical Center, Washington, DC.

(1) Currently, 98 VA medical centers implant about 1,000 permanent pacemakers are annually. *NOTE VA medical centers must implant about 15 pacemakers per year to remain authorized (sufficient volume to keep current).*

(2) Patients are followed locally for clinical care and reprogramming, and by telephone for surveillance.

(3) Patients with Automatic Implantable Cardioverter Defibrillators (AICDs) are followed by 21 VA medical centers. They are:

Region I	Region 2	Region 3	Region 4
New York	Ann Arbor	Gainesville	Salt Lake City
Richmond	Columbia	Houston	San Diego
Washington, DC	Hines	Little Rock	San Francisco
	Indianapolis	Miami	Tucson
	Milwaukee	Nashville	West Los Angeles
	Minneapolis	Oklahoma City	
		Tampa	

b. Pacemaker Selection

(1) Shipping and/or Returns. Pacemakers appear on the Federal Supply Schedule. Receipt of a pacemaker is accomplished by Acquisition and Materiel Management (A&MM), which maintains a record for pacemaker purchases and returns. Unused pacemakers will be exchanged for credit as authorized, and then deleted from the facility's inventory.

(2) Explants

(a) Explanted pacemakers, which are removed because of evidence of unexplained clinical failure or because of a Food and Drug Administration (FDA) recall, will be sent by the Chief, A&MM, of VA medical centers to the Eastern Cardiac Pacemaker Surveillance Center, VA Medical Center, 50 Irving Street, NW, Washington, DC, 20422. The explanted pacemaker should be accompanied by a completed VA Form 10-0049, Explanted Cardiac Pacemaker Prosthesis (ECPP) Data. A shipping label and a request for reimbursement by the manufacturer must be provided.

(b) Explanted pacemakers removed due to replacement or cremation can be tested locally and returned to the manufacturer for credit or sent in accordance with subparagraph b(1). If an individual medical center lacks the capability to evaluate an explanted model, it should be returned as stated in subparagraph b(1).

(c) All VA medical centers need to ensure that credit is sought for explanted pacemakers still under warranty. If sent to the Eastern Pacemaker Surveillance Center, use the mailing label provided and include the request for reimbursement. A report on the operating characteristics of the explanted pacemaker will be sent to the originating VA medical center, to the manufacturer, and to the FDA. If evaluated at the individual medical center and found lacking, the pacemaker should be returned directly to the manufacturer for possible credit. All generators should be non-invasively analyzed so that VA can obtain credits toward new devices.

(3) Cremation. When an autopsy is performed, Standard Form (SF) 523, Authorization for Autopsy, will document the removal of the pacemaker. Otherwise, the Chief, Pathology Service, or designee, shall seek authorization (documented on SF 507, Clinical Record Report) from the family to remove the pulse generator. If the pulse generator is not removed from the body, the Death Certificate must clearly state its presence. For example:

NOTE: BODY CONTAINS A PACEMAKER WHICH INCLUDES A BATTERY OR POWER SOURCE.

(4) Other Equipment. Veterans electing pacemaker follow-up through VA will be supplied with attachments necessary for telephone surveillance (considered a prosthetic appliance). VA medical centers may not use any free monitoring services offered by vendors or manufacturers directly or indirectly (this does not apply to loaned programmer equipment).

c. Pacemaker Surveillance Centers

(1) There are two pacemaker surveillance centers for telephone monitoring:

(a) The Eastern Pacemaker Surveillance Center, VA Medical Center, Washington, DC, serves pacemaker recipients East of the Mississippi River. It is the location of the National Pacemaker/Device Registry and will analyze explanted cardiac pacemakers as needed. For clinical issues call: FTS 8-700-921-8398 or 1-800-543-PACE (7223).

(b) The Western Pacemaker Surveillance Center, VA Medical Center, San Francisco, CA, serves pacemaker recipients West of the Mississippi River. For clinical issues call FTS 700-470-2079, or (415)-750-2077.

(2) The surveillance centers save time and effort for VA medical centers, as well as providing pacemaker expertise to remote and/or underserved areas on a device-specific basis.

NOTE: The VA medical center where the implant is performed or where the patient is followed, is responsible for making sure that stable pacing parameters are achieved.

(a) Telephone surveillance decreases the need for pacemaker clinic appointments. Most VA medical centers now defer telephone monitoring to the surveillance centers, which provide computerized reports back to the clinicians.

NOTE: Clinical follow-up is provided at VA medical centers or via fee-basis if not otherwise available locally.

(b) All veterans with pacemakers will continue to be offered telephone surveillance, from one of the two (Eastern or Western) pacemaker surveillance centers, even if they are no longer followed in a VA clinic.

(c) VA medical centers discharging patients from their clinics, or discontinuing clinics, must ensure that all pacemaker patients continue to be offered telephone surveillance. Any alternative method (to follow-up by one of the pacemaker surveillance centers) requires specific approval, with individual requests directed to Medical Service (111A), VA Central Office.

1. Transmitted is a revision to the Department of Veterans Affairs, Veterans Health Administration manual M-2, "Clinical Programs," Part IV, "Medical Service," Chapters 1 through 8.

2. Principal changes are:

a. Chapter 1: Delegates general supervision of the Medical Officer of the Day to the Chief of Staff.

b. Chapter 2: Revises and updates policies regarding cardiology.

c. Chapter 3: Defines policy for Intensive Care Units.

d. Chapter 4: Revises and updates policies on the Dialysis Program including new 38 United States Code (U.S.C.) citations.

e. Chapter 5: Establishes policy for providing outpatient oxygen therapy.

f. Chapter 6: Amended to include the Infection Control Program.

g. Chapter 7: Defines ethnic origin of applicant and includes new 38 U.S.C citations.

h. Chapter 8: Defines policy for providing Allergen Therapy.

3. Filing Instructions

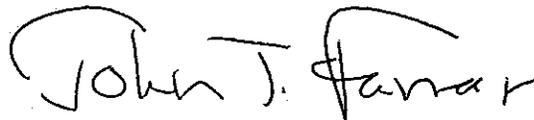
Remove pages

Cover page through iv ✓
1-i through 1-3 ✓
2-i through 2-7 ✓
3-i through 3-1 ✓
4-i through 4-7 ✓
5-i through 5-2 ✓
6-i through 6-3 ✓
7-i through 7-3 ✓
8-i through 8-1 ✓

Insert pages

Cover page through iv ✓
1-i through 1-2 ✓
2-i through 2-5 ✓
3-i through 3-1 ✓
4-i through 4-9 ✓
5-i through 5-2 ✓
6-i through 6-7 ✓
7-i through 7-4 ✓
8-i through 8-1 ✓

4. RESCISSIONS: M-2, Part IV, dated October 23, 1990, chapters 1 through 8.



John T. Farrar, M.D.
Acting Under Secretary for Health

Distribution: RPC: 1027
FD

Printing Date: 5/94

PHARMACY AND
DIRECTOR'S OFFICE
STAFF (JDE)
(707) 415-1111

JUN 13 12 33 PM '94

RECEIVED

1. Transmitted is a revision to Veterans Health Services and Research Administration Manual M-2, "Clinical Affairs," Part IV, "Medical Service," chapters 1 through 8. Brackets have not been used to indicate changes.

2. Principal change:

This is a major revision of Part IV, "Medical Service," providing updated and expanded guidance.

3. Filing Instructions

Remove pages

Cover page through vii
1 through 9
21 through 27
5-1 through 5-2

Insert pages

Cover page through iv
1-1 through 8-1

4. **RESCISSION:** M-2, part IV, dated April 15, 1955; and changes 3, 5, 7, 13, 15, and 17. Interim Issue II 10-72-13, dated May 17, 1972.


JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

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October 23, 1990

Department of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC 20420

Veterans Health Services and Research Administration Manual M-2, "Clinical Affairs," Part IV, "Medical Service," is published for the compliance of all concerned.



JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

Distribution: **RPC: 1027**
FD

Printing Date: 10/90

VACO WASH DC

PRIORITY

05-17-72

S + D
7-19-72
3:17 p.m.

ROBERT C. PARKIN, M.D. (112B4)

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DIRECTORS, VA HOSPITALS, DOMICILIARY, OUTPATIENT CLINICS, AND REGIONAL OFFICES WITH OUTPATIENT CLINICS

OO/ THIS IS INTERIM ISSUE 10-72-13

A. BASIC ADMINISTRATIVE ISSUE AFFECTED: DMSS MANUAL M-2, PART IV, PARAGRAPH 2.01.

B. OTHER ISSUES AFFECTED: NONE

REASON FOR ISSUE:

TO REQUIRE OBTAINING OF ALL ALLERGENIC EXTRACTS FROM THE CENTRAL ALLERGY LABORATORY, VAH (UD) PITTSBURGH ONLY, FOR UNIFORMITY AND STANDARDIZATION OF DIAGNOSTIC AND THERAPEUTIC PURPOSES.

D. TEXT OF ISSUE: M-2, PART IV, ~~PAGE 7~~ PARAGRAPH 2.01 c (1), SUB-PARAGRAPH (A) LINE 1: AFTER "BY" DELETE "SENT" AND INSERT "ORDERED ONLY." LINE 3: AFTER "PENNSYLVANIA" INSERT "AND SENT." SUBPARAGRAPH (C), LINES 3 THRU 5: AFTER "AT" DELETE "CONSIDERABLE SAVINGS. OTHER SOURCES." AND INSERT "NO COST TO THE REQUESTING STATION." THIS II WILL NOT BE CONFIRMED WITH A PRINTED ISSUE. 112B/10

Rec'd
M-2
PHU
cb. 5
7/1/89

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

M-2, Part IV
Change 13

May 15, 1970

Part IV, "Medical Service," 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 procedures to permit stations with approved hemodialysis units to approve fee-basis treatment for, or issue equipment to non-service-connected PHC patients under certain conditions.

b. Include provisions for continuing prophylactic therapy of tuberculin converters separated from the military service departments prior to completion of 1 year of therapy.

c. Delete requirements for maintenance of tuberculosis case register.

d. Delete requirements for reporting of the Tuberculosis Case-Finding Survey program.

e. Delete requirements for reporting of the Employee Tuberculin Testing program.

✓ Pages v and vi: Remove these pages and substitute pages v and vi attached. (Contents revised.)

✓ Page 3, paragraph 1.04c, line 3: Delete "25" and insert "20305".

✓ Pages 6a and 6A-1: Remove these pages and substitute pages 6a and 6c attached. (Par. 1.10b(2) and app. 6A changed.)

Page 7

Paragraph 2.01b

✓ Line 2: Delete "area" and insert "regional".

✓ Line 3: Delete "Area" and insert "appropriate Regional".

Paragraph 2.02b

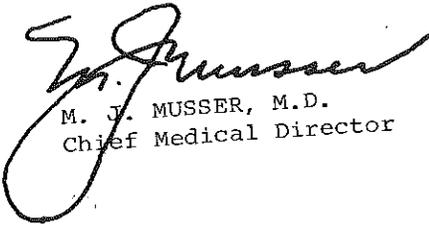
Subparagraph (1)

✓ Line 4: Delete "area" and insert "regional".

✓ Line 5: Delete "Area" and insert "appropriate Regional".

(Subparagraph (2), line 2: Delete "Area" and insert "appropriate Regional".

Pages 11 through 33: Remove these pages and substitute pages 11 through 20 attached. (Pars. 3.04 changed; pars. 3.06 and 3.07a and b deleted; pars. 3.07c(1) and (2) and 3.07e (1) and (2) changed; pars. 3.08 deleted; pars. 3.12 changed; pars. 3.13 through 3.18 deleted; pars. 3.19 and 3.20 changed; pars. 3.28 and 3.29 added; pars. 4.04 through 4.07 deleted; figs. 4.2 through 4.4 deleted.)


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

Distribution: RPC: 1027
FD

By chg. 16

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

NOTE: The purpose of this change is:

- a. To delete or revise certain procedures regarding the treatment and care of tuberculous patients.
- b. To revise procedures for forwarding VA Form 10-2575, Tuberculosis Case Register Card.
- c. To include provision for obtaining statistical information on incidence of tuberculosis among veterans of the Vietnam era.
- d. To include provisions for drug administration in employee tuberculin converters.

chg 13 ✓ Page vi: Under "3.25" insert:

"Section VIII. Drug Prophylaxis for Employee Tuberculin Converters

- 3.26 General ----- 24a
3.27 Statement of Policy ----- "

chg 13 ✓ Page 11, paragraph 3.02

✓ Subparagraph a, line 2: Delete "in any form." and insert "especially when it is infectious."

✓ Subparagraph d: Delete this subparagraph.

chg 13 ✓ Page 12

Paragraph 3.02

✓ Subparagraph f: Delete subparagraphs (3) and (4).

✓ Subparagraph g: Delete this subparagraph.

✓ Paragraph 3.03, line 3: After "Tuberculosis" insert "and Respiratory Disease".

Paragraph 3.04a, line 3

✓ After "State" insert "and local".

✓ Delete "and on request for Central Office".

✓ Paragraph 3.05a, line 1: Delete "items 1 through 27" and insert "lines 1 through 9 of the legend".

chg 13 ✓ Page 13, paragraph 3.05

Subparagraph b

✓ Subparagraph (1), line 4: Delete "Registrar" and insert "Medical Administration".

✓ Subparagraph (2), line 3: Delete "Registrar" and insert "Medical Administration".

M-2, Part IV
Change 12

July 8, 1969

Subparagraph c(1)(b)

✓ Subparagraph 1, line 2: Delete "clinical" and insert "VA medical".

Subparagraph 5

✓ Line 10: Delete "annually" and insert "every 5 years".

✓ Line 12

✓ Delete "25".

✓ After "D.C." insert "20402."

chg 13 Page 14, paragraph 3.05c(2)(a)

✓ Subparagraph 4, line 2: Delete "clinical" and insert "VA medical".

Subparagraph 5

✓ Line 11: Delete "annually" and insert "every 5 years".

✓ Line 13

✓ Delete "25".

✓ After "D.C." insert "20402."

chg 13 ✓ Pages 15 and 16: Remove these pages and substitute pages 15 and 16 attached.

chg 13 ✓ Page 18, paragraph 3.12a(3), line 3: Delete "4.04c" and insert "4.04b".

chg 13 ✓ Pages 19 and 20: Remove these pages and substitute pages 19 and 20 attached.

chg 13 Page 21

✓ Paragraph 3.15d, line 3: Delete "Registrar" and insert "Medical Administration".

✓ Paragraph 3.16

Subparagraph a

✓ Line 15: Delete "WW II" and insert "Vietnam era"--veterans who had active service since August 5, 1964."

✓ Line 16: Delete "World War II" and insert "Vietnam era".

✓ Subparagraph c, line 4: Delete "or Registrar".

chg 13 Page 22

Paragraph 3.16

✓ Subparagraph d, line 2: Delete "Registrar or the".

✓ Subparagraph e

✓ Line 8: Delete "or".

✓ Line 9: Delete "Registrar".

✓ Paragraph 3.17b, line 3: Delete "Registrar or".

chg 13 ✓ Page 24a: Remove this page and substitute page 24a attached.

H. M. Engle
H. M. ENGLE, M. D.
Chief Medical Director

Distribution: RPC: 1027
FD

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

M-2, Part IV
Change 10

February 26, 1968

Part IV, "Medical Service," 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. Add paragraph 1.10, "Kidney Failure--Administration of the Chronic Hemodialysis Program."

b. Add appendix 6A, listing of designated hemodialysis centers.

✓ Page iii: Add:

"f. Interim Issues

II 10-67-21
II 10-67-51"

ch 11 → Page v: Under "1.09", insert "1.10 Kidney Failure--Administration of the Chronic Hemodialysis Program - - - - 6a".

✓ Page 6a: Remove this page and substitute page 6a attached. (Par. 1.10, "Kidney Failure--Administration of the Chronic Hemodialysis Program," added.)

✓ Page 6A-1: Insert this page attached. (App. 6A added.)

H. M. Engle
H. M. ENGLE, M.D.
Chief Medical Director

Distribution: RPC: 1027
FD-PRR

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

M-2, Part IV
Change 6

November 16, 1962

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

NOTE: The purpose of this change is as follows:

a. The Pulmonary Disease Service of Central Office, has, by name, been abolished and the activities of that service have been merged with the Medical Service. The policies and procedures contained in part XV are being incorporated in Part IV, "Medical Service."

b. To incorporate the provisions of DM&S Circular 10-62-143.

- ✓ Pages iii and iv: Remove these pages and substitute pages iii through vi attached.
- ✓ Pages 3 through 5: Delete paragraph 1.06.
- ✓ Pages 8 and 9: Delete paragraph 2.04.
- ✓ Pages 11 through 33: Insert these pages attached. (Chs. 3 and 4 added.)



WILLIAM S. MIDDLETON, M.D.
Chief Medical Director

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Veterans Administration
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M-2, Part IV
Change 5

September 25, 1961

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

NOTE: The purpose of this change is to conform with changes in M-2, part I, relative to specialized centers.

Pages 7 and 8: Remove these pages and substitute pages 7 and 8 attached. (Pars. 2.01 b and c and 2.04 changed; par. 2.01d deleted; par. 2.03 changed as directed by change 4.)



WILLIAM S. MIDDLETON, M. D.
Chief Medical Director

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OCT 23 1961

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

File
M-2, Part IV
Change 4

May 5, 1958

abstract
Part IV, "Medical Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to reflect the current policies and procedures relative to blood transfusion administration.

Chg 5 → Page 8, paragraph 2.03: Delete subparagraphs a and b and insert:

"The policies and procedures relative to the administration of blood transfusions will be found in DM&S Manual M-2, Part I, 'General,' chapter 12."

Wm. S. Middleton

WILLIAM S. MIDDLETON, M. D.
Chief Medical Director

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REMARKS

DO NOT REPRINT. Change 1, M-2, Part IV, will be revised some time in 1961. *(Same for Chg. 3)*

H. F. WRIGHT
PCO, IM&S (10E)
Jan. 3, 1961

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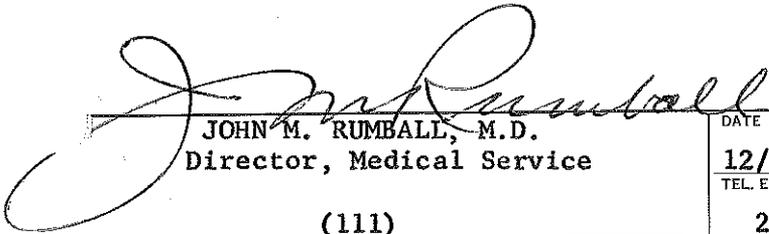
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REMARKS

The specific items requested in your note of 12/1/60 have been reviewed.

I do believe a change should be considered, however, before doing so the Area Consultants in Tropical Medicine must be consulted. This will be done in 1961.


JOHN M. RUMBALL, M.D.
 Director, Medical Service

	DATE
	12/30/60
	TEL. EXT.
	2549

(111)

**VETERANS ADMINISTRATION
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REMARKS

Changes 1 and 3 of M-2, Part IV, have come up for reprinting, 100 copies each.

Would you look over these changes and let us know whether any revisions ^{are indicated} in the manual (re these pages) at your earliest convenience, since we must make reply to the Depot as soon as possible.

If you find that revisions are indicated, please return these changes, so stating, and the revisions *should* be submitted as a new change and one or both of these changes *will be* disapproved for reprint.

This should be discussed with Dr. Rumball

FROM	DATE
<i>R. Strachan</i> for H. F. WRIGHT PCO, DM&S (10E)	12/1/60 TEL. EXT. 2507