

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

(M-2, Part IV, Change 6 dated November 16, 1962 rescinds M-2, Part XV)

Chapter 7, Sickle Cell Screening and Counseling Program (Paragraphs 7.01 through 7.09)

Rescinds Chapter 7 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 7, dated **April 29, 1994**
- Rescissions page Chapter 7, dated **April 29, 1994**
- Text for Chapter 7, dated **April 29, 1994**

Transmittal sheet located at the end of the document:

Sheet dated **April 29, 1994**

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

Sheet dated **October 23, 1990**



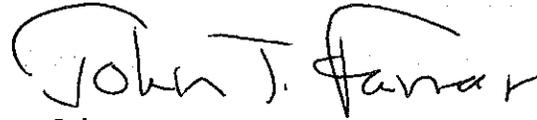
Clinical Programs

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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3. SPECIALIZED MEDICAL PROGRAMS
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7. SICKLE CELL SCREENING AND COUNSELING PROGRAM
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9. PREVENTIVE MEDICINE
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RESCISSIONS

1. COMPLETE RESCISSIONS

a. Manuals

M-2, part XV

M-2, part IV, dated April 15, 1955, and Changes 2, 3, 5, 7, 13, 15, and 17

M-2, Part IV, dated October 23, 1990, Chapters 1 through 8

b. Interim Issues

II 10-79-17

c. Regulations and Procedures

R&P 6209

d. Technical Bulletins

TB 10A-17

TB 10A-103

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Paragraph 1f, 2b, 3a and b, section II, TB 10A-295

e. Circulars

10-75-45

10-79-1

10-80-18

10-83-4 and Supplement No. 1

10-85-5 and Supplement No. 1

10-85-31

10-85-67

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

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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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August 13, 1954	Prerequisite for Medical Therapy (Malaria)
August 13, 1954	Self-Administration of Hyposensitization Therapy

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RESCISSIONS

The following material has been rescinded:

1. Manuals

M-2, Part IV, Chapter 7, dated October 23, 1990

CHAPTER 7. SICKLE CELL SCREENING AND COUNSELING PROGRAM

7.01 POLICY

a. Title 38 United States Code (U.S.C.) Sections 1751 through 1754, authorizes a Sickle Cell Anemia Program within the Department of Veterans Affairs (VA). The specific provisions of this authority state that:

- (1) Screening, counseling and medical treatment are available to all eligible sickle cell anemia patients (see par. 7.05);
- (2) Participation by the patient will be voluntary;
- (3) An annual report shall be prepared on the administration of this program, including recommendations for additional legislation which may be deemed necessary.

b. The Chief Hematologist at the facility having a VA Sickle Cell Screening and Counseling Program has overall administrative responsibility for the program.

7.02 SCOPE

The objectives of the Sickle Cell Screening and Counseling Program are to:

a. Provide a Voluntary Screening Program for all patients who are recognizable as risks for hemoglobin (Hb) S and/or glucose-6-phosphate dehydrogenase (G-6-PD) deficiency who are admitted to the medical center, or who are eligible for treatment in the outpatient clinic.

b. Provide a Voluntary Educational Program on the basic medical and genetic aspects of the hemoglobinopathies and enzyme deficiency to all such patients and their spouses.

c. Educate physicians, registered nurses (R.N.s), and other VA personnel regarding sickle cell disorders and G-6-PD deficiency.

7.03 PATIENT SELECTION

a. Persons otherwise eligible for VA bed care or outpatient treatment are potential candidates for participation in the Sickle Cell Program (see 38 CFR (Code of Federal Regulations) Section 17.135.)

NOTE: *Where applicable and medically indicated, spouses of patients may participate in the program but actual treatment is limited to eligible veterans.*

b. Preliminary screening of persons for identification of potential candidates will be performed in the admissions office.

c. A patient's racial background or ethnic origin will be ascertained and placed in lower right corner of item 1 of VA Form 10-10m, Medical Certificate and History.

d. For uniformity of data analysis, race or ethnic origin and codes for race contained in coding instructions in MP-6, Part XVI, Supplement No. 4.1, for the Patient Treatment File Program will be used. A rubber stamp or other suitable means similar to the following will be used for designating the appropriate race of the applicant:

Race or Ethnic Origin of Applicant

- (1) Hispanic White
- (2) Hispanic Black
- (3) American Indian or Alaskan Native
- (4) Black not of Hispanic Origin
- (5) Asian or Pacific Islander
- (6) White not of Hispanic Origin
- (7) Unknown

7.04 PATIENT CONSENT

a. Except for preliminary screening in the admission office, participation in the Sickle Cell Program by the applicant will be voluntary, and will not be a prerequisite for any other VA benefit.

b. An Standard Form (SF) 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, will be used to obtain the applicant's written consent.

(1) Item A 1 of SF 522 will include the statement "Participation in Sickle Cell Screening and Counseling Program."

(2) Item B 1 of SF 522 will include the statement "Necessary laboratory examination(s) for hemoglobinopathies."

(3) All other applicable items on SF 522 will be completed.

7.05 DRAWING BLOOD SAMPLES

Blood samples for testing will be obtained, if available, from the clinical laboratory using the residue of blood that has been obtained for routine blood counts or other ordered laboratory tests when possible.

7.06 LABORATORY METHODOLOGY

a. Hemoglobin Electrophoresis

(1) A number of accurate techniques are available for determining the hemoglobin type present.

(2) Testing should be done in a College of American Pathology (CAP) approved laboratory.

(3) To verify the presence of hemoglobin S, solubility tests should be performed. Techniques that can be applied for the confirmation of abnormal hemoglobins are:

(a) Citrate agar electrophoresis at pH 6.1, isoelectric focusing, and

(b) Globin chain electrophoresis.

NOTE: The Reference Laboratory for the program is located at the VA Medical Center, Jackson, MS, and is available for questionable results and difficult problems.

b. **Glucose-6-phosphate Dehydrogenase.** The fluorescent spot test will be used to detect the presence or absence of G-6-PD deficiency. **NOTE:** *The reference laboratory at the VA Medical Center, Jackson, MS, is available for questionable results.*

7.07 REPORTING RESULTS ON SICKLE CELL DISEASE

a. Results of all tests are recorded on a laboratory form and filed in the patient's medical record.

b. The laboratory will maintain a log identifying each patient by name, Social Security Number, hospital location, and results. These data are used in the compilation of:

- (1) The annual report, and
- (2) Quality assurance.

c. All persons tested will be given VA Form 10-1450, Identification Card, that indicates the results of the tests.

7.08 EDUCATIONAL SESSIONS

a. The hematologist will determine the best technique for the method of conducting educational programs for patients, their spouses and facility personnel. One of the effective methods is to hold daily or tri-weekly sessions of all patients (screened or otherwise) conducted by the counselor, utilizing such modalities as brochures, film strips, movies and lantern slides with appropriate narration. A question and answer period can be instituted following the formal session.

NOTE: *Training of counselors will be the responsibility of each participating hospital.*

b. If possible, educational exhibits, with educational brochures, describing sickle cell disorders may be constructed and placed in the lobby of the medical facility making this information available for, and acting as a reminder for personnel and visitors.

NOTE: *Availability of nearby sickle cell centers for non-VA beneficiaries can be disseminated through such exhibits.*

7.09 STAFFING

a. In a hospital that is able to screen 1,000 new patients per year, one medical technician, grade GS 5-7, and one counselor, grade 7-9, can effectively handle the program. If a hospital were able to screen only half this amount, a single Full-time Employee Equivalent (FTEE) capable of both counseling and the laboratory support work would be required. **NOTE:** *A prototype job description for a GS-7 Counselor is available from the Office of Human Resources Management, VA Central Office;*

b. The position of counselor requires a practical understanding of the methods and techniques used in interviewing and counseling. **NOTE:** *There are numerous centers and considerable resource materials available for training in counseling and the introduction of educational concepts.* The counselor must have the ability to:

(1) Communicate effectively with black veterans and their spouses and with persons from other population groups who may be tested with respect to the highly sensitive area of sickle cell disorders;

(2) Develop sufficient knowledge of the medical and genetic aspects of the significance and implications of these problems; and

(3) Adapt and create, with imagination and skill, teaching aids and information materials.

NOTE: A 1-week course or apprenticeship in counseling techniques is desirable before initiating the program.

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

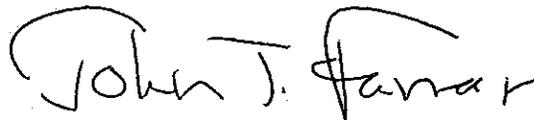
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1-i through 1-3 ✓
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7-i through 7-3 ✓
8-i through 8-1 ✓

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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

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STAFF (JTB)

JUN 13 12 33 PM '94

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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

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

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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

Distribution: RPC: 1027
FD

Printing Date: 10/90

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

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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

	DATE
	TEL. EXT.

**VETERANS ADMINISTRATION
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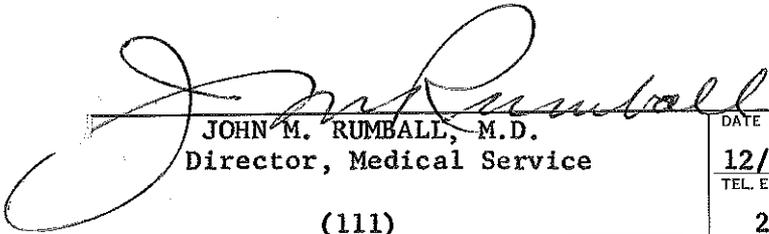
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REMARKS

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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1. Dr. Rumball, Medical Service - 111 -	
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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