

Manual M-2, Professional Services. Part XIV, Surgical Service

Chapter 10, Preadmission Surgical Screening (Paragraphs 10.01 and 10.02)

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PART XIV

M-2

VETERANS ADMINISTRATION

DEPARTMENT OF MEDICINE AND SURGERY MANUAL

PROFESSIONAL SERVICES



PART FOURTEEN

SURGICAL SERVICE

WASHINGTON 25, D. C.

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Part XIV, "Surgical Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is published for the compliance of all concerned.


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

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RESCISSIONS

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1. COMPLETE RESCISSIONS

a. Manuals

M-2, part XIV, chapter 5, change 14, dated May 31, 1967.

b. Interim Issues

II 10-177

II 10-66-47

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c. Circulars

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d. Regulations and Procedure

6210

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e. Technical Bulletins

TB 10A-96

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TB 10A-182

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f. All-Station Letters and/or Other Communications

Date	Subject
March 8, 1949	Administering of Spinal Anesthetics by Nurse Anesthetists
September 18, 1951	Recovery Rooms
June 19, 1953	Administering Spinal Anesthetics; Use and Abuse of CO ₂

2. PARTIAL RESCISSIONS

a. Manuals

Pars. 111, 112, and 114, chart XXXII and figs. 81, 83, and 84, M10-6.

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b. Circulars

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c. Technical Bulletins

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CHAPTER 10. PREADMISSION SURGICAL SCREENING

10.01 STATEMENT OF POLICY

In the interest of decreasing length-of-stay, eliminating inappropriate admissions, and avoiding cost for unnecessary presurgical inpatient days, it is mandatory that preliminary diagnostic evaluation be accomplished on an ambulatory basis whenever possible.

10.02 GENERAL PRINCIPLES

a. When possible, operations will be scheduled in advance of hospital admission in such a manner as to minimize the number of cancellations or postponements and decrease the preoperative length-of-stay.

b. Diagnostic workups which include consultations, laboratory studies, electrocardiograms, minor endoscopies, indicated nutritional screening, and x-ray studies will be completed prior to hospital admission. Each facility will develop a method of gathering the reports of these studies so that they will have been taken note of and are available for inclusion in the patient's medical record at the time of admission. Development of such a procedure will obviate the need to repeat most studies after admission. Installation of the Decentralized Hospital Computer Program with laboratory and radiology software will improve the problem of laboratory and radiology reports not being available in the patient's medical record when needed. In medical centers without Decentralized Hospital Computer Programs with laboratory and radiology reporting software programs, suggested sites for gathering reports might be a specific physician, ward clerk, or office.

c. Patients requiring minor surgery under local anesthesia will not be admitted as inpatients except under unusual circumstances, such as when they are at high risk for complications due to multisystem disease or when travel distance from home and return for the patient is too great to accomplish safely or without hardship within 1 day.

d. Patients will be assessed by the Ambulatory Care Dietitian for evaluation of nutritional abnormalities. If a nutrition related diagnosis is determined, the dietitian and surgeon will develop a nutrition care plan to support the patient during the treatment period.

e. In order to obviate inappropriate admissions to surgical beds, specific Surgical Service personnel must be identified as having admission authority.

f. Postoperative length-of-stay on Surgical Service will not be prolonged for any but purely medical reasons. For example, discharge planning will begin at the time of admission for all patients. Delays of discharge will not be caused by the patient's own request for passes or attempts to prolong hospitalization in order to qualify for the 21-day certification program for service-connected veterans.

g. Local factors which discourage implementation of the intent of this policy must be corrected. Those factors which discourage implementation and cannot be resolved locally will be referred to the Regional Director for correction.

Veterans Administration
Department of Medicine and Surgery
Washington, DC 20420

M-2, Part XIV
Change 30

August 21, 1987

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

NOTE: The purpose of this change is to add Chapter 10, "Preadmission Surgical Screening," to Manual M-2, Part XIV. This chapter outlines instructions and guidelines recommending that patients scheduled for elective surgery have their preoperative laboratory, radiology, and consultative workup accomplished on an ambulatory basis prior to admission.

Pages v and vi: Remove these pages and substitute pages v and vi attached.

Page 10-1: Insert this page attached.

RESCISSION: Circular 10-86-8.



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