<u>Manual M-2, Clinical Affairs. Part I, General</u>

Chapter 24, Medical Alert (Paragraphs 24.01 through 24.07)

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 24, dated **February 9, 1990**
Text for Chapter 24, dated **January 13, 1983** (Change 68)

Transmittal sheet located at the end of the document:
Change 68, dated **January 13, 1983**

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

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 — Rescs (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
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Part XIX	~~Extended Care Service (Domiciliary)~~ Replaced by M-5 ~~Spinal Cord Injury~~
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? XXI	Pathology [illegible]
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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. Gronvall, MD.
JOHN A. GRONVALL, M.D.
Chief Medical Director

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CHAPTERS

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The following material is rescinded:

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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.

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

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2. **LIMITED RESCISSIONS**

The following material is rescinded insofar as it pertains to this manual.

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CHAPTER 24. MEDICAL ALERT

CHAPTER 24. MEDICAL ALERT

24.01 PURPOSE

VA facilities are responsible for reporting the occurrence of *unexpected* or *unexplained* illnesses, particularly ones which suggest the possibility of a threat to the public health, or other unusual medical events to VA Central Office. (Examples of such events might be the unknown disease which affected Legionnaires in Philadelphia in 1976 or the illness related to the swine flu immunization program. An unusual clustering of disease among patients or employees might also need to be reported.) Any unusual or unexplained disease which is reported to local public health authorities should be reported into the Medical Alert system, as well as unusual untoward reactions to medications or external series of traumatic medical events.

24.02 RESPONSIBILITY

The identification of events consistent with the guidelines above are the responsibility of the medical staff. Consequently, the Chief of Staff must accept responsibility for initiating medical center action. RCS 10-281 applies to any written or telephonic report of a medical alert.

24.03 REPORTING

Once an event has been identified, the following steps should be taken:

a. Preparation of the initial case report identified in paragraph 24.04 for each patient.

b. A one-time telephonic report of the initial case to the office of the Regional Director (10BA__). Telephonic reports should summarize individual case reports and delineate steps taken by the facility to deal with the situation. The Regional Director's office will advise the facility if further telephonic reports are required once the data have been evaluated.

c. TWX transmission of the initial case report, *in* the specified format, to the Regional Director 10BA__) and to the attention of the Chief of Staff who is Chairperson of the Council of Chiefs of Staff in the medical district of the reporting facility. Transmit on the day of the telephone report.

d. Preparation and TWX transmission of interval progress reports for each identified patient until time of discharge, when a final report for the current episode will be submitted. The frequency of the interval reports is left to the discretion of the facility and should be related to the acuteness of the illness, emergence of untoward events, success of particular therapies, etc.

e. If a patient is readmitted for a sequel of the illness which prompted earlier reporting, a post-discharge followup report should be submitted.

In transmitting the initial case report by TWX, number each item and precede the response for each by a key word which should be the first word (underlined) of the applicable item listed in the following paragraph.

24.04 INITIAL INDIVIDUAL CASE REPORT

The items on the report are:

a. Reporting health care facility.

b. Date of this report.

c. Name of patient.

d. SSN (social security number).

e. Initial report (indicate only for identification).

f. Birth date.

g. Race/Ethnicity —American Indian or Alaskan Native; Asian or Pacific Islander; Black, not of Hispanic Origin; Hispanic; White, not of Hispanic Origin.

h. Sex.

i. Presenting Symptoms.

j. Onset (date if available).

k. Source of contact, including date, if known.

l. First seen by reporting facility (date).

m. Summary of pertinent history.

n. Physical findings, summary.

o. Laboratory examinations, summary.

p. Ancillary examinations, summary.

q. Other examinations in progress (including laboratory).

r. Clinical impression of the primary illness.

s. Comment concerning any unusual facts or impressions.

t. Preparing physician's name (for later contact if needed).

24.05 PROGRESS REPORT—INDIVIDUAL CASE REPORT

The TWX for the progress report should be prepared in the same format as the initial case report (stated at the end of par. 24.03).

a. Reporting health care facility.

b. Date of this report.

c. Name of patient.

d. SSN.

e. Progress report, or post-discharge (indicate which).

f. Summary of course and progress, including therapy.

g. Diagnoses (this and late items only on final report for episodes of care).

h. Discharge date (indicate if death).

i. Manner of death, time of death.

j. Autopsy findings (gross or microscopic).

k. Preparing staff physician's name (for later contact if needed).

24.06 FOLLOWUP

If individual health care facilities' reports or advice from non-VA sources indicate that a threat does exist, all, or certain, VA facilities will be requested to report cases with special findings. In such an event, the reporting instructions above will also apply.

24.07 VA CENTRAL OFFICE ACTION

Upon receiving the above initial call and TWX the region will immediately send copies of the Report of Contact and the TWX to the office of the ADCMD (10B) and to the office of the ACMD for Professional Services (11). All followup reports will be forwarded to (11) and the ADCMD will be kept apprised of any serious changes.

3-17-83

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

M-2, Part I
Change 68

January 13, 1983

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

Page iii, paragraph 1d: Add "Cir. 10-82-137".

Page ix: Remove this page and substitute pages ix and x attached.

Pages 24-1 through 24-3: Insert these pages attached. (Ch. 24 added.)

RESCISSION: DM&S Circular 10-82-137.

DONALD L. CUSTIS, M.D.
Chief Medical Director

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