#### Manual M-1, Operations. Part I, Medical Administration Activities

(Manual M-1, Part I, Chapter 14, Sections I and III through XIV are rescinded by VHA Handbook 1601B.04, dated February 8, 2013)

## Chapter 14, Seriously Ill Patients and Deaths (Section II only) (Paragraphs 14.06 through 14.14)

RESCINDS: Chapter 14, dated October 30, 1989

#### This document includes:

Title page and Foreword for M-1, Part I, dated **May 27, 1968** (Change 107) Contents page for M-1, Part I, dated **July 27, 1993** Contents and Rescissions pages for Chapter 14, dated **October 25, 1991** Text dated **October 25, 1991** 

#### Transmittal sheet located at the end of the document:

Sheet dated October 25, 1991

#### **Changes prior to 1991** located at the end of the document:

Transmittal sheet, dated October 30, 1989 Change 2, dated May 13, 1988 Change 1, dated March 20, 19:: Transmittal sheet, dated January 5, 1984

## VETERANS ADMINISTRATION

## DEPARTMENT OF MEDICINE AND SURGERY MANUAL

# **OPERATIONS**



PART ONE

MEDICAL
ADMINISTRATION
ACTIVITIES

M-1, Part I Change 107 Department of Medicine and Surgery Veterans Administration Washington, D.C. 20420

May 27, 1968

Part I, "Medical [Administration] Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is published for the compliance of all concerned.

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

Distribution: RPC: 1016

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#### **FOREWORD**

VA Department of Medicine and Surgery Manual M-1, "Operations," promulgates certain policies and mandatory procedures concerning administrative management and medical [administration] operational activities of the Department of Medicine and Surgery. It is for [ ] application at all VA [ ] hospitals, domiciliaries, centers, regional office outpatient clinics, VA outpatient clinics, [ ] the VA prosthetic center, prosthetic distribution centers, and all Veterans Canteen Service installations.

This manual consists of [seven] parts as follows:

Part I --- Medical [Administration] Activities

Part II --- Prosthetic and Sensory Aids

Part III --- [Domiciliary] Administration Voluntury Services.

Part IV --- Veterans Canteen Service [Part V --- Performance Standards Part VI --- Restoration Programs

Part VII --- Building Management Service]

Parts II [through V] have been issued as complete parts: Part I is comprised of [27] chapters with titles as indicated in the table of contents. Chapters, as completed, will be issued separately as changes to this manual. Each chapter has its own title page, rescission page and table of contents.

This manual will ultimately rescind the provisions of VA Manuals M10-3, M10-6, and I pertinent to medical [administration] activities. All directives not in conflict with the provisions of this manual may be utilized for informational and guidance purposes only.

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4/88 IN SHARING Suide Lines 4/00/89 I - CHAMPVA Programs (not added)

### PART I. MEDICAL ADMINISTRATION ACTIVITIES

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#### SECTION II. SERIOUSLY ILL PATIENTS

#### 14.06 RESPONSIBILITY FOR DETERMINATION OF SERIOUSLY ILL CONDITION

The physician in charge of the patient ordinarily will determine when a patient should be considered seriously ill, or, if previously reported seriously ill, is no longer considered to be in that category. The chief of service concerned will render all possible advice or assistance to ensure that such determination is proper.

#### 14.07 REPORTING SERIOUSLY ILL PATIENTS

After the physician has determined that a patient is seriously ill, VA Form 10-2743, Report of Seriously Ill, will be prepared immediately to initiate the required administrative actions. The original, signed by the physician, will be forwarded to the Chief, Medical Administration Service, or designee, and the duplicate filed in suspense on the ward. The emergency addressee (or the nearest relative if one has not been designated), chaplain, information clerk, as well as other locally designated offices within the facility, will be promptly notified of all patients determined to be seriously ill. Regardless of whether the various notifications are made by personnel on the ward or by the Medical Administration Service, the Chief, Medical Administration Service, is responsible for ensuring that such action is taken promptly and that the form is maintained as a control record.

#### 14.08 NOTIFICATION OF EMERGENCY ADDRESSEE OR NEAREST RELATIVE

- a. The emergency addressee, unless circumstances indicate otherwise, or, if one has not been designated, the nearest relative of a patient who is considered to be seriously ill, will be notified immediately by the most expeditious means. Notification will be made preferably by telephone unless the person is visiting the health care facility at the time.
- b. Utmost tact and diplomacy are essential in transmitting such messages. The information will be precise and any prognosis not warranted by the circumstances will be avoided.
- c. In addition to notifying the nearest relative, the applicable service department will be advised of the serious illness of an active service patient by telecommunication, as prescribed in paragraph 14.56.

#### 14.09 REPORTING SERIOUSLY ILL PATIENTS AFTER REGULAR DUTY HOURS

When the treating physician is not present during other than regular duty hours, the Medical Officer of the Day is responsible for determining that a patient is seriously ill. Local procedures will be established to ensure prompt notification of the chaplain and the emergency addressee and/or nearest relative, as well as completion of VA Form 10-2743.

#### 14.10 SERIOUSLY ILL LIST--PREPARATION AND DISTRIBUTION

- a. A current list of seriously ill patients will be maintained by the Medical Administration Service.
  - b. Data shown on the list will be obtained from VA Forms 10-2743.
- c. A seriously ill list will be published daily or, if considered desirable, the list may be published weekly and information regarding changes thereto disseminated and posted daily. Distribution of the list will be as determined by the Director.

#### 14.11 PERSONAL FUNDS AND EFFECTS

When a patient is first identified as seriously ill, Nursing Service will secure the patient's funds, valuables and effects immediately at the bed site. Building Management Service will then be notified for pickup and disposition. (This is also applicable to patients who are scheduled for surgery.) If appropriate, and the patient has no objection, a family member (if present at the health care facility) will be encouraged to assume possession of the funds, effects, or valuables for safekeeping. When indicated, the funds will be deposited with the agent cashier, and the valuables and effects collected for safekeeping and storage by the designee of Building Management Service.

#### 14.12 VISITING HOURS

Local policy will be established to permit relatives and friends to visit seriously ill patients during other than regular visiting hours. The length of these visits will be determined by the physician in attendance.

#### 14.13 REMOVAL FROM SERIOUSLY ILL STATUS

a. When the medical staff has determined that a patient is no longer considered seriously ill, the duplicate VA Form 10-2743 in the suspense file on the ward will be

completed, signed by the physician, and forwarded to the Medical Administration Service.

- b. As deemed necessary, interested personnel within the health care facility will be advised by means considered most appropriate.
- c. The emergency addressee, or the nearest relative if an emergency addressee has not been designated, will be advised by the most expeditious means, preferably by telephone unless the person is visiting the health care facility at the time. Routine letters are not considered appropriate except under unusual circumstances.
- d. Regardless of whether the various notifications are made by personnel on the ward or by the Medical Administration Service, the Chief, Medical Administration Service is responsible for ensuring that such action is taken. The seriously ill list will be appropriately annotated and the VA Forms 10-2743 will be filed with the patient's administrative records.

#### 14.14 PROCESSING OF VA FORM 10-2743 ON DEATH

On the death of a patient who had been reported seriously ill, the duplicate copy of the VA Form 10-2743, completed to show the hour and date of death, will be routed to the Medical Administration Service.

October 25, 1991

- 1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 14, "Seriously Ill Patients and Deaths." Brackets have not been used to indicate changes.
- 2. Principal changes are:
  - A. Paragraphs have been renumbered to eliminate "reserved" paragraphs.
- b. Sections have been renumbered to eliminate "reserved Section X" and Section XV has been deleted.
  - c. Paragraph 14.19(a)(1): Amended to reflect change in interment allowance.
  - d. Paragraph 14.22(c): Added to document cremation of unclaimed remains policy.
  - e. Paragraph 14.46: Amended to reflect change in headstone marker.
- 3. Filing Instructions

Remove pages	Insert pages	1
14-i through 14-v 14-1 through 14-36	14–i through 14–iv 14–1 through 14–31	

Chief Medical Director

4. RESCISSION: M-1, part I, chapter 14, dated October 30, 1989.

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Department of Veterans Affairs Veterans Health Services and Research Administration Washington, DC 20420 M-1, Part I Chapter 14

October 30, 1989

- 1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Services and Research Administration Manual M-1, "Operations," Part I, Chapter 14, "Seriously Ill Patients and Deaths."
  - 2. Principal changes are:

Paragraphs 14.04 and 14.05: Amended to include former prisoners of war.

3. Filing Instructions

Remove

Insert

14-i through 14-29

14-i through 14-36

John A. GRONVALL, M.D., Chief Medical Director

4. **RESCISSION:** M-1, part I, chapter 14, dated January 5, 1984; M-1, part I, chapter 14, change 1, dated March 20, 1985; and M-1, part I, chapter 14, change 2, dated May 13, 1988.

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Department of Medicine and Surgery Veterans Administration Washington, DC 20420 M-1, Part I Chapter 14 Change 2

May 13, 1988

Chapter 14, "Seriously II1 Patients and Deaths," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is changed as indicated below:

NOTE: The purpose of this change is to:

- a. Update the policy on release of remains (par. 14.33).
- b. Update the policy on dead-on-arrival cases (par. 14.34):
- c. Provide updated addresses to be used for the notification of death-active service patients (par. 14.64).
- d. Change the title of Paragraph 14.64.1. to read, "Notification of Death, and Funeral and Burial Arrangements, for Patients Separated or Retired or Army Personnel who Die within 120 Days of Discharge While Hospitalized."

#### Remove pages

14-9 and 14-10 14-15 and 14-16

#### Insert pages

14-9 through 14-10a 14-15 through 14-16a

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

John a Growall, M.D.

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Printing Date: 8/88

Department of Medicine and Surgery Veterans Administration Washington, DC 20420 M-1, Part I Chapter 14 Change 1

March 20, 1985

Chapter 14, "Seriously Ill Patients and Deaths," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is changed as indicated below:

NOTE: The purpose of this change, other than editorial, is to:

- a. Require that VA Form 10-2068a, Inspection of Services and Merchandise Furnished for Contract Burial, will be used when performing inspections of contract burials (par. 14.37d.)
- b. Add new subparagraph to provide that the death of a veteran reported to a VA facility by a Medical Examiner's Office will be reported by that facility to the nearest VA regional office. (Par. 14.42.)
- c. Require that when in the absence of an existing consolidated health record that a medical record folder (type II) will be prepared for dead on arrival cases who were not authorized to report for admission. (Par. 14.34.)

Pages 14-i and 14-ii: Remove these pages and substitute pages 14-i and 14-ii attached.

Pages 14-9 through 14-12: Remove these pages and substitute pages 14-9 through 14-12a attached.

Pages 14-15 and 14-16: Remove these pages and substitute pages 14-15 and 14-16 attached.

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

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Printing Date: 6/85

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

Chapter 14

January 5, 1984

Chapter 14, "Seriously III Patients and Deaths," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is revised as indicated below. The use of brackets to denote new or revised material is precluded due to the extensive nature of the revision. Beginning with this revision, chapter 14 will be published with its own series of changes and will carry an RPC number separate and distinct from other chapters of M-1, part I.

NOTE: The purpose of this revision, other than editorial, is to:

- a. Incorporate the provisions of Interim Issue 10-74-15 concerning order of descendency for next of kin.
- b. Incorporate the provisions of Interim Issues 10-73-17 and 10-81-50 concerning the plot-interment allowance, and statutory burial allowance.
- c. Provide for the processing of dead-on-arrival cases.
- d. Incorporate the provisions of Interim Issue 10-73-13 concerning burial in national cemeteries.
- e. Incorporate the provisions of Circular 10-83-189 concerning contract burials.
- f. Provide that the shipment of remains of deceased veterans will be in accordance with VA Manual MP-2, subchapter G, paragraph 108-40.153.
- g. Provide that funds on deposit in a deceased patient's PFOP account will not be released if an overpayment of VA funds exists.

h. Delete obsolete information.

Pages 14-i through 14-45: Remove these pages and substitute pages 14-i through 14-29 attached.

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

Distribution: RPC: 1128 (Assigned)

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(This ID same as RPC 1104.)