FOR FURTHER INFORMATION CONTACT: CDR Steven S. Kerrick, USN, National Naval Medical Center, Department of Ophthalmology, Bethesda, MD 20889–5000 or E-Mail at Steven K966@aol.com.

Dated May 12, 1999.

Steven S. Kerrick,

Chairperson, Interagency Committee on Medical Records.

[FR Doc. 99–12706 Filed 5–19–99; 8:45 am]

BILLING CODE 6820–34–M

GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Records (ICMR); Automation of Medical Standard Form 505

AGENCY: General Services Administration.

ACTION: Guideline on automating medical standard forms.

SUMMARY: With GSA's approval, the Interagency Committee on Medical Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following fields must appear on the electronic version of the following form:

BACKGROUND: The Interagency Committee on Medical Records (ICMR) is aware of numerous activities using computer-generated medical forms, many of which are not mirror-like images of the genuine paper Standard/Optional Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set required fields standards and that activities developing computer-generated versions adhere to the required fields but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly used and/or commonly computer-generated. We will identify those fields which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add data elements that would change the meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data entry elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements. This guideline controls the ''image'' or required fields but not the actual data entered into the field.

ELECTRONIC ELEMENTS FOR SF 505

Item	Placement*
Text:	
Title: History—Parts 2 and 3	Top of form.
Form ID: Standard Form 505 (Rev. 7–91)	Bottom right corner of form.
Data Entry Fields:	
Instructions (Include (1) Occupation (Civilian and military), (2) Military History (Include geographic locations and dates), (3) Habits (Alcohol, tobacco and drugs) (4) Family History, (5) Childhood Illnesses, (6) Adult Illnesses (7) Operations, (8) Injuries and (9) Drug Sensitivities and Allergic Reactions.	
Instructions (Include (1) General, (2) Head (including (3) Eye, (4) Ear, (5) Nose and Throat), (7) Neck, (8) Respiratory, (9) Cardiovascular, (10) Gastrointestinal, (11) Geniot-Urinary and (12) Gynecological, (13) hemopoietic, (14) Lymphatic, (15) Musculo-Skeletal and (16) Nero-Psychiatric Systems.	
Signature of Physician.	
Date (of Signature).	
Patient's Name—(last, first, middle)	Bottom left corner of form.
Patient's Grade.	
Patient's Rank.	
Patient's Rate.	
Patient's Hospital or Medical Facility.	
Register No.	
Ward No.	

*If no placement indicated, items can appear anywhere on the form.

FOR FURTHER INFORMATION CONTACT: CDR Steven S. Kerrick, USN, National Naval Medical Center, Department of Ophthalmology, Bethesda, MD 20889–5000 or E–Mail at StevenK966@aol.com.

Dated: May 12, 1999.

Steven S. Kerrick,

Chairperson, Interagency Committee on Medical Records.

[FR Doc. 99–12707 Filed 5–19–99; 8:45 am]

BILLING CODE 6820–34–M

GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Records (ICMR); Automation of Medical Standard Form 559

AGENCY: General Services Administration.

ACTION: Guideline on automating medical standard forms.

BACKGROUND: The Interagency Committee on Medical Records (ICMR) is aware of numerous activities using computer-generated medical forms, many of which are not mirror-like images of the genuine paper Standard/Optional Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set required fields standards and that activities developing computer-generated versions adhere to the required fields but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly used and/or commonly computer-generated. We will identify those fields which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add data elements that would change the meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are

approved for paper Standard/Optional forms, activities may add other data entry elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements. This guideline controls the ''image'' or required fields but not the actual data entered into the field.

SUMMARY: With GSA's approval, the Interagency Committee on Medical Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following fields must appear on the electronic version of the following form:

ELECTRONIC ELEMENTS FOR SF 559

Item	Placement *
Text:	
Title: Allergen Extract Prescription New and Refill	Top of form.
Form ID: Standard Form 559 (Rev. 4–94)	Bottom right corner of form.
The total of individual antigens and diluent must add up to 10 ml. The total vial volume is 10 ml	Under ''Final Concentration * * * '' entry.
This prescription may be refilled for a period not to exceed 4 years, after which a new prescription must be issued by an authorized prescriber.	Under ''Please list * * * '' entry.
Complete Items 5 (Vials Requested) Through 9 (Strength) for Refills Only	Before ''Item 5 Through 9'' appear on form.
Specific Instructions:	
A. PHYSICIAN MUST ALWAYS BE IMMEDIATELY AVAILABLE IN THE CLINIC AREA.	
B. ALL PATIENTS MUST REMAIN IN THE CLINIC AT LEAST 30 MINUTES AFTER AN INJECTION.	
C. Use a 26–28 gauge needle and give the subcutaneous injection into the lower deltoid area.	
D. Record date, dosage, and any reaction on a separate immunotherapy form.	
E. GRADING AND MANAGEMENT OF REACTIONS:	
(1) Negative (swelling up to 15 mm; i.e., dime size)—progress according to schedule.	
(2) ''A'' (swelling 15–20 mm; i.e., dime to nickel size)—repeat the same dosage.	
(3) ''B'' (swelling 20–25 mm; i.e., nickel to quarter size)—return to the last dosage which caused no reaction.	
(4) ''C'' (swelling persisting more than 12 hours or over 25 mm; i.e., quarter size or larger)—decrease dosage by 50%.	
(5) Systemic reactions (hives, sneezing, generalized itching, asthma, difficulty breathing, or shock) may be controlled by immediately placing a tourniquet above the injection site, and giving up to 0.01 ml/kg of 1:1000 epinephrine up to 0.50 ml every 10–20 minutes subcutaneously. NOTIFY THE PHYSICIAN! For the average adult give 0.10 ml 1:1000 epinephrine subcutaneously in the injection site and 0.20 ml of 1:100 epinephrine in the other arm. Generally the allergen extract dose is reduced to ⅓ the last dosage that caused no systemic reaction and repeated 3 times before increasing dose. If the injections cause repeated reactions or are suspected of causing delayed symptoms repeatedly, or if reactions prevent progression of treatment, please contact the medical facility below for further instructions.	
F. IF THE PATIENT MISSES THE SCHEDULED INJECTION BY:	
Up to 7 days late, increase according to schedule.	
8 to 14 days late, repeat the last dose.	
15 to 21 days late, reduce dose by 25%.	
22 to 28 days late, reduce dose by 50%.	
29 to 42 days late, reduce dose by 75%.	
43 to 56 days late, reduce dose by 90%.	
In a patient with a history of previous shot reactions, severe asthma or severe cardiac disease, the dose may need to be decreased even more. If in doubt, contact the medical facility below.	
If patient misses his/her scheduled injection by over 8 weeks, contact the medical facility below!	
G. If newly informed that patient is pregnant or on beta blockers, notify medical facility below for instructions.	
H. REFILL EXTRACT PRESCRIPTIONS: When starting a new treatment vial, recommend a minimum of 40% reduction in initial dose.	
RECOMMENDED TREATMENT INSTRUCTIONS:	
Progress treatment using one vial at a time starting with the lowest numbered vial. When the schedule for each vial is completed, go to the next higher vial.	Before items 13–13D.
SCHEDULE A	Near Items 13–13C.
0.05 ml	Do.
0.10 ml	Do.
0.25 ml	Do.
0.60 ml	Do.
SCHEDULE B	
0.05 ml	Do.
0.10 ml	Do.
0.20 ml	Do.
0.40 ml	Do.
0.60 ml	Do.
SCHEDULE C	
0.05 ml	Do.
0.10 ml	Do.

ELECTRONIC ELEMENTS FOR SF 559—Continued

Item	Placement *
0.20 ml	Do.
0.30 ml	Do.
0.40 ml	Do.
0.50 ml	Do.
SCHEDULE D	
0.05 ml	Do.
0.10 ml	Do.
0.15 ml	Do.
0.20 ml	Do.
0.30 ml	Do.
0.40 ml	Do.
0.50 ml	Do.
SCHEDULE E	
0.05 ml	Do.
0.07 ml	Do.
0.10 ml	Do.
0.15 ml	Do.
0.20 ml	Do.
0.25 ml	Do.
0.30 ml	Do.
0.35 ml	Do.
0.40 ml	Do.
0.45 ml	Do.
0.50 ml	Do.
SCHEDULE F (Custom Schedule)	
Data Entry Fields:	
New (check box).	
Refill (check box).	
Revision (check box).	
Aqueous (check box).	
Alum Precipitate (check box).	
Final Concentration Below Stated In—	
Protein Nitrogen Unit (PNU/ml) (check box).	
Weight/Volume (WT/VOL) (check box).	
Allergen Unit (AU)/ml is: (check box and entry).	
Please list the most dilute vial as the lowest numbered vial.	
Vial no. XXX is the most concentrated.	
Previous Treatment Programs Will Be Discounted—Yes.	
Previous Treatment Programs Will Be Discounted—No.	
Explain.	
Allergen Contents (allow for at least 33 entries).	
ML Extract (allow for at least 33 entries).	
Conc (allow for at least 33 entries) Diluent.	
Vials Requested (List vial number and strength).	
Asthma Symptoms—Yes or No.	
Prescription Number.	
Systemic Reaction History—Yes or No.	
Date of Last Dose (Mo. Day, Yr.).	
Current Interval (Weeks).	
Amount (e.g., 0.1 ml).	
Vial Number.	
Strength—PNU/ML.	
Strength—Wt/Vol.	
Strength—AU/ML.	
Patient's Address.	
Patient's Telephone—Home.	
Patient's Telephone—Work.	
Send Extract To.	
Date Ordered.	
Requested Treatment—Vial No. (allow for at least 7 entries).	
Requested Treatment—PNU/ml., WT/VOL, Au/ml Content (allows for at least 7 entries).	
Requested Treatment—Days Betw. Shots (allow for at least 7 entries).	
Requested Treatment—Schedule (allow for at least 7 entries).	
When the maximum tolerated dose or a dose of ml (no.) of vial (no.) has been achieved, injections should be administered every weeks (no.).	
An exception to this is during the period (describe).	
When injections should be administered every weeks (no.).	
Custom Extract Label or Remarks.	
The Prescription Must Be Signed By The Ordering Physician—Signature.	
The Prescription Must Be Signed By The Ordering Physician—Rank.	
The Prescription Must Be Signed By The Ordering Physician—Degree.	
Name of Medical Facility.	

ELECTRONIC ELEMENTS FOR SF 559—Continued

Item	Placement *
Telephone Number (Medical Facility).	
Patient's Name—last, first, middle.	
Patient's ID No. or SSN	Bottom left corner of form.
Patient's Sex	Do.
Patient's Date of Birth	Do.
Patient's Sex	Do.
Patient's Treating Facility	Do.

* If no placement indicated, items can appear anywhere on the form.

FOR FURTHER INFORMATION CONTACT: CDR Steven S. Kerrick, USN National Naval Medical Center, Department of Ophthalmology, Bethesda, MD 20889–5000 or E-Mail at StevenK966@aol.com.

Dated: May 12, 1999.

Steven S. Kerrick,

Chairperson, Interagency Committee on Medical Records.

[FR Doc. 99–12708 Filed 5–19–99; 8:45 am]

BILLING CODE 6820–34–M

GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Records (ICMR); Automation of Medical Standard For 551

AGENCY: General Services Administration.

ACTION: Guideline on automating Medical standard forms.

BACKGROUND: The Interagency Committee on Medical Records (ICMR) is aware of numerous activities using computer-generated medical forms, many of which are not mirror-like images of the genuine paper Standard/Optional Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set required fields standards and that activities developing computer-generated versions adhere to the required fields but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly used and/or commonly computer-generated. We will identify those fields which are required, those (if any) which are commonly used and/or commonly computer-generated. We will identify those fields which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add data elements that would change the meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data entry elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements. This guideline controls the ''image'' or required fields but not the actual data entered into the field.

SUMMARY: With GSA's approval, the Interagency Committee on Medical Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following fields must appear on the electronic version of the following form:

ELECTRONIC ELEMENTS FOR SF 551

Item	Placement *
Text	
Title: Serology	Bottom right corner of form.
Form ID: Standard Form 551 (Rev. 6–77)	Bottom right corner of form.
Test(s)	
Speciment Taken	Under ''Test(s)''.
Data Entry Fields:	
Specimen Lab Rpt. No.	
Urgency—Routine (Check box).	
Urgency—Today (Check box).	
Urgency—Pre-Op (Check box).	
Urgency—Stat (Check box).	
Patient Status—Bed (Check box).	
Patient Status—Amb. (Check box).	
Outpatient—NP (Check box).	
Outpatient—DOM (Check box).	
Specimen Source—Blood (Check box).	
Specimen Source—Other (Check box).	
Specimen Source—Other (Specify).	
Requesting Physician's Signature.	
Reported By—MD.	
Reported By—Tech.	
Date (Reported).	
Lab ID No.	
Remarks.	
Date (Specimen Taken).	
Time (Specimen Taken).	
Requested—Inf. Mono. Qual. (Check box).	
Results—Inf. Mono. Qual.	