

LIST OF CLINICAL PRIVILEGES – DIETICIAN

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

I Scope		Requested	Verified
P389372	The scope of privileges for dietitians includes the nutritional assessment, evaluation, diagnosis, education, counseling and collaborative treatment of patients of all ages with a variety of nutritional needs. Dietitians provide a range of individual, family, unit, and community services and programs in multiple settings including outpatient, inpatient and the community. Dietitians participate in transitions of care and refer patients to other healthcare providers, community agencies, and programs.		
Diagnosis and Management (D&M)			
	Nutrition Assessment / Monitoring / Evaluation	Requested	Verified
P389374	Assessment for food allergy/intolerance or alternate dietary plan		
P389376	Prevent and mitigate disease to include but not limited to: drug-nutrient and diet-drug interactions, substance abuse and feeding problems		
P389378	Order laboratory tests: albumin/prealbumin, blood glucose, HgA1C, lipid profile, 24-hour UUN, thyroid function, fasting insulin, vitamin/mineral levels, iron studies, fecal fat/fecal elastase, liver function, albumin/creatinine, fructosamine, CRP, PTH		
P389380	Order swallow study		
	Nutrition Intervention:	Requested	Verified
P389382	Develop feeding regimens for nutritional support of trauma, critical care, burn, transplantation and bariatric and other major surgeries, to include fluid and electrolyte requirements		
P389384	Develop nutritional care plans and dietetic support for psychiatric eating disorders, e.g. anorexia, bulimia		
P389386	Recommend nutritional care plans for advanced nutrition intervention for conditions in the pediatric patient to include malabsorption, endocrine abnormalities, failure to thrive, congenital abnormalities, or inborn errors of metabolism		
P389388	Develop nutritional care plans for the oncology and hematology patient to include drug-nutrient interaction		
P389390	Recommend and/or maintain enteral feeding devices in accordance with MTF policies		
	Community Nutrition:	Requested	Verified
P389392	Assess and identify population nutrition needs along with gaps and overlaps in provision of nutrition strategies, interventions and programs		
P389394	Prioritize population nutrition needs and develop a nutrition action plan utilizing multiple, evidence-based strategies, interventions and programs		
P389396	Monitor response to strategies, interventions and programs and evaluate effect on stated nutrition plan objectives		
P389402	Develop and implement evidence-based nutrition strategies, interventions and programs for population, community, and specific local sites.		

LIST OF CLINICAL PRIVILEGES – DIETICIAN (CONTINUED)

D&M Advanced Privileges (Specific certification and IAW MTF policy):		Requested	Verified
	<i>Nutrition Support (Certified Nutrition Support Dietitian):</i>		
P389404	Order enteral nutrition		
P389406	Order parenteral nutrition/IV Fluid		
P389408	Order placement verification of nutrition support access devices		
P389410	Order indirect calorimetry		
P389412	Order DXA		
	<i>Nutrition Support Procedures:</i>	Requested	Verified
P389414	Place naso-enteral feeding devices with physician order		
P389416	Perform indirect calorimetry		
P389418	Perform DXA		
	<i>Diabetes management (Certified Diabetes Education):</i>	Requested	Verified
P389420	Perform Diabetes Self-Management Training (DMST)		
P389422	Perform Diabetes Self-Management Education (DMSE)		
P389424	Recommend initiation or adjustment of pharmacotherapy based on evaluation of pattern management		
P389426	Order Glucometer		
P389428	Order test strips		
P389430	Order Alb/Cr ratio		
	<i>Pediatrics (Certification in Pediatric Nutrition):</i>	Requested	Verified
P389432	Perform nutrition assessment/intervention/monitoring/evaluation		
P389434	Inborn errors of metabolism		
P389436	Ketogenic Diet		
P389438	Perform feeding therapy		
P389440	SOS (Sensory approach)		
P389442	DIR (directed approach)		
	<i>Other Advanced Privileges:</i>	Requested	Verified
P389444	Perform nutrition-focused physical exam		
P389446	Evaluation and treatment of patients with swallowing disorders (dysphagia)		
Procedures		Requested	Verified
	N/A		
Other (Facility or provider-specific privileges only)		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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II CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE