

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT EMERGENCY MEDICINE

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

Physician Assistants requesting privileges in this physician assistant specialty must also request Physician Assistant (PA) privileges.

I Scope		Requested	Verified
P388960	The scope of privileges for a Physician Assistant (PA) includes the evaluation, diagnosis, and treatment for patients of all ages with any symptom, illness, injury, or condition. PAs provide medical services within the scope of practice of the collaborating physician(s), including routine primary and preventive care of children and adults. PAs may refer patients to specialty clinics, and assess, stabilize, and determine disposition of patients with emergent conditions.		
P388962	Emergency Medicine (EM) PA. In addition to the general scope, EM PAs stabilize patients with major and life threatening illnesses or injuries of all body systems and assess all patients to determine whether additional care is necessary. The EM PA provides medical services within the scope of practice of the collaborating EM physician. EM PAs may admit to an observation unit in consultation with a collaborating physician in accordance with MTF policies.		
Diagnosis and Management (D&M)		Requested	Verified
P384772	Supervision of prehospital and other emergency medical technician (EMT)-provided care		
	Ultrasonography exam and interpretation in the emergency setting for:	Requested	Verified
P388421	Ultrasonography exam and interpretation in the emergency setting for: Trauma		
P389014	Abdominal ultrasonography for abdominal aortic aneurysm (Ultrasonography exam and interpretation in the emergency setting for :)		
Procedures		Requested	Verified
P388370	Endotracheal intubation		
P388449	Use of laryngeal mask airway		
P388455	Rapid sequence intubation		
P388459	Nasopharyngoscopy		
P388473	Needle thoracotomy		
P388479	Diagnostic peritoneal lavage		
P388411	Suprapubic bladder aspiration		
P388486	Reduction of paraphimosis / phimosis		
P388496	Removal of ocular foreign body		
P388504	Nail trephination		
P388432	Slit lamp examination		
P388481	Paracentesis		

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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