

## LIST OF CLINICAL PRIVILEGES – FAMILY 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 military service.

**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, 3, or 4 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 local facility privilege list. Use of this code is reserved for the Credentials Committee/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:**

**ADDRESS:**

I Scope		Requested	Verified
<b>P388516</b>	The scope of privileges in Family Medicine includes the evaluation, diagnosis, treatment, and consultation for patients of all ages with any symptom, illness, injury, or condition. Family Medicine physicians may admit and may provide care to patients in the intensive care setting in conformance with MTF policies. They may assess, stabilize, and determine disposition of patients with emergent conditions.		
<b>Diagnosis and Management (D&amp;M)</b>		<b>Requested</b>	<b>Verified</b>
<b>P388518</b>	Obstetrical Care		
<b>P388341</b>	Pulmonary function testing and interpretation		
<b>P388351</b>	Basic synovial fluid analysis		
<b>P388525</b>	Supervise and/or perform basic spirometry with flow/volume loops and pre/post bronchodilator if needed		
<b>P391125</b>	Cardiac stress test		
<b>P384774</b>	Electrocardiogram (EKG) interpretation		
<b>P388337</b>	Mechanical ventilatory management (invasive and noninvasive)		
<b>Diagnosis and Management (D&amp;M) Advanced Privileges (Requires Additional Training)</b>		<b>Requested</b>	<b>Verified</b>
<b>P388527</b>	Aeroallergen skin prick testing (NOT intradermal)		
<b>P388529</b>	Administer immunotherapy (allergy shots) for aeroallergen and venom patients		
<b>Procedures</b>		<b>Requested</b>	<b>Verified</b>
<b>P387317</b>	Topical and local infiltration anesthesia		
<b>P387323</b>	Peripheral nerve block anesthesia		
<b>P388535</b>	Pudendal nerve block anesthesia		
<b>P388537</b>	Newborn lumbar puncture		
<b>P388539</b>	Pediatric lumbar puncture		
<b>P388541</b>	Adult lumbar puncture		
<b>P388370</b>	Endotracheal intubation		
<b>P388372</b>	Intraosseous catheter / trocar insertion		

P388481	Paracentesis		
P388364	Thoracentesis		
P385208	Cardioversion, elective		
<b>LIST OF CLINICAL PRIVILEGES – FAMILY MEDICINE (CONTINUED)</b>			
<b>Procedures (Cont.)</b>		<b>Requested</b>	<b>Verified</b>
P388551	Newborn umbilical vessel catheterization		
P390707	Central venous catheter insertion		
P388357	Flexible Sigmoidoscopy with and without biopsy		
P388888	Intrauterine device (IUD) insertion		
P388675	Intrauterine device (IUD) removal		
<b>Surgical</b>		<b>Requested</b>	<b>Verified</b>
P388553	Surgical first assistant		
P388483	Thrombosed hemorrhoid incision and drainage (I&D)		
P385198	Tube thoracostomy		
P388557	Breast mass aspiration		
P388559	Pilonidal cyst excision/marsupialization		
P388561	Lymph node biopsy		
P388563	Needle biopsy of solid and cystic breast lesions		
P388565	Newborn circumcision		
P388567	Vasectomy		
P388569	Hemorrhoidectomy		
P388571	Extensor tendon repair		
<b>Skin Biopsies</b>		<b>Requested</b>	<b>Verified</b>
P388391	Punch biopsy		
P388393	Shave biopsy		
P388395	Excisional biopsy		
P388397	Incisional biopsy		
P388387	Cryosurgical removal of skin lesions		
P388389	Laceration repair		
P387759	Incision and drainage of cysts and minor abscesses		
P388376	Complete / partial nail removal with or without destruction of nail matrix		
<b>Head and Neck</b>		<b>Requested</b>	<b>Verified</b>
P388496	Removal of ocular foreign body		
P388430	Tonometry		
P388583	Removal of nasal foreign body		
P388585	Placement of posterior nasal packs or balloons		
P388587	Anterior nasal packing		
P388589	Removal of otic foreign body		
P388591	Tympanometry		
<b>Musculoskeletal</b>		<b>Requested</b>	<b>Verified</b>

<b>P388500</b>	Reduction of simple closed fractures and dislocations		
<b>P388594</b>	Cast / splint simple closed fractures and dislocations		
<b>P388380</b>	Arthrocentesis		
<b>LIST OF CLINICAL PRIVILEGES – FAMILY MEDICINE (CONTINUED)</b>			
<b>Musculoskeletal (Cont.)</b>		<b>Requested</b>	<b>Verified</b>
<b>P388382</b>	Joint injection		
<b>P388384</b>	Soft tissue injections		
<b>GYN</b>		<b>Requested</b>	<b>Verified</b>
<b>P388598</b>	Insertion and removal of subcutaneous contraceptive devices		
<b>P388600</b>	Vaginal diaphragm fitting		
<b>P388604</b>	Cervical biopsy		
<b>P388606</b>	Cervical cryotherapy		
<b>P388608</b>	Culdocentesis		
<b>P388610</b>	Endometrial biopsy		
<b>P388612</b>	Loop electrical excision procedure		
<b>P391104</b>	Dilation and curettage - diagnostic and / or therapeutic		
<b>P391711</b>	Uterine curettage following incomplete abortion		
<b>P388838</b>	Colposcopy with or without cervical biopsy		
<b>Obstetrics</b>		<b>Requested</b>	<b>Verified</b>
<b>P388618</b>	Induction of labor		
<b>P388620</b>	Placement of internal fetal and uterine monitoring devices		
<b>P388622</b>	Amnioinfusion		
<b>P388624</b>	Amniocentesis		
<b>P388626</b>	Ultrasound: limited for fetal life, fetal presentation, fetal number, assessment of amniotic fluid (AFI), and assessment of placental location		
<b>P388628</b>	Vaginal probe ultrasound in the first trimester for documentation of intrauterine pregnancy		
<b>P388630</b>	Obstetrical ultrasound for the determination of head circumference, femur length, crown-rump length		
<b>P388632</b>	Obstetrical ultrasound for fetal and placental survey		
<b>P388634</b>	Second and third trimester ultrasound for the estimation of fetal weight and gestational age (head circumference, abdominal circumference, femur length)		
<b>P388636</b>	Obstetrical ultrasound for the determination of cervical length		
<b>P388638</b>	Outlet vacuum-assisted vaginal deliveries		
<b>P388640</b>	Low forceps delivery		
<b>P388642</b>	Delivery: Breech presentation		
<b>P388644</b>	Repair of obstetric lacerations: episiotomy and second degree lacerations		
<b>P388647</b>	Manual extraction of the placenta		
<b>Procedure Advanced Privileges (Requires Additional Training):</b>		<b>Requested</b>	<b>Verified</b>
<b>P388214</b>	Esophagogastroduodenoscopy with / without biopsy		
<b>P388649</b>	Primary surgeon for C-section		
<b>P388651</b>	Hysterosalpingography		
<b>P388653</b>	Bilateral Tubal Ligation		

