LIST OF CLINICAL PRIVILEGES - PHARMACIST

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		
P389192	The scope of privileges for a Pharmacist includes eval physician's orders (written and verbal) for appropriater monitoring for drug interactions, overdosage and advereview of proper drug selection, subtherapeutic dosage reactions, and drug interactions in the inpatient and outdocument pharmaceutical care activities in the medical Pharmacists prepare, compound, and dispense pharmages in the inpatient and outpatient setting, conduct exhealthcare professionals, and ensure proper handling investigational drugs.					
P389194	The scope of privileges for a Clinical Pharmacist include management and consultation regarding drug therapy selected diagnoses defined by MTF policy. Clinical Pharmacistory, perform limited physical assessments to a the need for and interpret relevant laboratory tests, pretreatment regimen and educate patients regarding the Pharmacists recognize and ensure appropriate remediselections, sub-therapeutic dosages, failure to receive drug reactions, and drug interactions in the inpatient and					
Diagnosis and Management (D&M)				Verified		
P385998	Prescribe medications in accordance with Military Trea Pharmacy and Therapeutics (P&T) policy	atment Facility (MTF)				
P389196	Pharmacokinetic monitoring					
P389198	Prescribe total parenteral, peripheral parenteral, or entwith MTF P&T policy	teral nutrition in accordance				
P389200	Administration of oral or IV medications for nausea ass (antineoplastic) or radiation therapy					
P389202	Administration of emergency medication for anaphylac extravasations while awaiting the attendance of a physical extravasation of the ex					
D&M Advanced Privileges (Requires Additional Training):				Verified		
P389204	Perform primary clinical Pharmacist duties and respon of Nuclear Pharmacy	·				
P389206	Perform primary clinical Pharmacist duties and respon of Oncology Pharmacy	sibilities in the specialized area				
Procedures			Requested	Verified		
	N/A					

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Other (Facility- or provider-specific privileges only):								Verified	
_							Requested		
SIGNATURE O	F APPLICANT						DATE		
II		CLINICA	L SUPERVISO	R'S RECOMM	ENDATION				
							ECOMMEND DISAPPROVAL Specify below)		
STATEMENT	:								
CLINICAL SUP	ERVISOR SIGNATURE		CLINICAL SUP	ERVISOR PRIN	TED NAME OR	STAMP	DATE		