

## LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT (PA)

**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, date and forward to your Clinical Supervisor.

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 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, date 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
<b>P388960</b>	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.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P391164</b>	Prescribe all medications, controlled substances (including Schedule II through V) and therapy regimens to include orthotics and prosthetics required within the scope of practice		
<b>P391166</b>	Recommend temporary limited duty profiles in accordance with Service policy		
<b>P391168</b>	Occupational and medical surveillance program physical examinations in accordance with the Occupational Safety and Health Administration (OSHA) and Service policy		
<b>P391173</b>	Provide evaluations of nuclear and chemical surety activities in accordance with applicable law and regulation		
<b>P386002</b>	Place patients on quarters in accordance with Service policy		
<b>P391984</b>	Electrocardiogram (EKG) preliminary interpretation		
Procedures		Requested	Verified
<b>P388986</b>	Laceration repair, minor one layer		
<b>P388988</b>	Excision of superficial cysts and skin lesions		
<b>P388992</b>	Irrigation of the eye, ear, and wounds		
<b>P388995</b>	Indirect laryngoscopy		
<b>P388997</b>	Fluorescein staining		
<b>P388999</b>	Splinting and stabilizing spine or extremity injuries		
<b>P389001</b>	Casting of extremities		
<b>P389004</b>	Tonometry and tonography		
<b>P389006</b>	Color vision testing		
<b>P391181</b>	Laceration repair requiring more than one layer of closure		
<b>P391200</b>	Aspiration and injection of joints and musculotendinous units		
<b>P388376</b>	Complete / partial nail removal with or without destruction of nail matrix		
<b>P387759</b>	Incision and drainage of cysts and minor abscesses		

**LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT (PA) (CONTINUED)**

<b>Procedures (Cont.)</b>		<b>Requested</b>	<b>Verified</b>
P388387	Cryosurgical removal of skin lesions		
P388380	Arthrocentesis		
P388500	Reduction of simple closed fractures and dislocations		
P388483	Thrombosed hemorrhoid incision and drainage (I&D)		
P388473	Needle thoracotomy		
P388935	Emergency cricothyroidotomy		
P387757	Wound debridement		
P388669	Anoscopy		
<b>Anesthesia privileges:</b>		<b>Requested</b>	<b>Verified</b>
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
<b>Skin biopsies:</b>		<b>Requested</b>	<b>Verified</b>
P388391	Punch biopsy		
P388393	Shave biopsy		
<b>D&amp;M Advanced Privileges (Requires Additional Training):</b>		<b>Requested</b>	<b>Verified</b>
P388432	Slit lamp examination		
<b>Procedure Advanced Privileges (Requires Additional Training):</b>		<b>Requested</b>	<b>Verified</b>
P388888	Intrauterine device (IUD) insertion		
P388675	Intrauterine device (IUD) removal		
P386389	Diaphragm fitting		
P388357	Flexible Sigmoidoscopy with and without biopsy		
P385367	Subcutaneous contraceptive rod insertion/removal		
P388481	Paracentesis		
P388364	Thoracentesis		
P385198	Tube thoracostomy		
P388359	Lumbar puncture		
P389010	Management of fingertip amputation		
P389012	Direct Laryngoscopy		
P388585	Placement of posterior nasal packs or balloons		
P388567	Vasectomy		
P391212	Ultrasonography exam and interpretation for trauma		
<b>Anesthesia privileges:</b>		<b>Requested</b>	<b>Verified</b>
P388406	Moderate sedation		
P387333	Regional nerve block anesthesia		

