

## LIST OF CLINICAL PRIVILEGES – AEROMEDICAL NURSE PRACTITIONER

**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>P391549</b>	The scope of privileges for Aeromedical & Aerospace Advanced Nurse Practitioner includes the evaluation, diagnosis, treatment & consultation on an outpatient basis of aircrew & special operators. Providers are responsible for identification & prevention of various adverse human factors & physiological responses to hostile biologic & physical stresses encountered in the aerospace environment, performance of special operational evaluations & dispositions, evaluation & initial management of hypoxia and G-induced loss of consciousness (GLOC), & application of operational medicine education to individuals & groups under their care. Aeromedical & Aerospace Medicine Advanced Nurse Practitioners apply aerospace medicine, preventive medicine & occupational medicine principles, perform flight duty medical evaluations, make medical recommendations for flying or special operational duty, complete aeromedical waivers, & perform profile office duties as they apply to the communities they serve.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P388665</b>	Pre- and post-travel health counseling and care		
<b>P390094</b>	Interpretation of required audiometric exams		
<b>P390098</b>	Interpretation of comprehensive eye exams to determine refractive error, intraocular pressure, depth perception, ocular balance and color vision		
<b>P390100</b>	Outpatient psychiatric interviews to screen flight personnel for aeronautical adaptability, adjustment / behavioral disorders and / or neuroses or psychoses		
<b>P389128</b>	Evaluate for aeronautical / special operational duty adaptability not consistent with specific occupation		
<b>P389132</b>	Medical management of operational use of fatigue management medications		
<b>P389134</b>	Medical management of occupational and environmental disease conditions / exposures		
<b>P389136</b>	Initial evaluation and medical management of psychological and sociological stresses of deployment, special warfare, combat operations, sustained operations, and humanitarian operations		
<b>P429894</b>	Initial evaluation and management of decompression illness which includes decompression sickness and arterial gas embolism.		
<b>P383423</b>	Provide basic occupational medicine services to meet regulatory and force health protection requirements and supervision of worksite evaluations and job-related medical surveillance.		

<b>P429652</b>	Perform occupational-specific medical examinations and interpret spirometry		
<b>P429895</b>	Manage and monitor radiation health program personnel.		
<b>P429654</b>	Perform and complete Initial Flying Class and Flight Duty Medical examinations for aircrew and aviation classes IAW Service Specific Guidelines.		
<b>P429655</b>	Perform and complete annual Flight, Dive, and other non-specified Special Warfare physicals for aircrew and other special operators IAW Service Specific Guidelines		
<b>P429656</b>	Provide occupational medicine support, conducting placement and periodic health exams for employees		
<b>P429657</b>	Assist in identifying occupational hazards, notifying appropriate agencies of occupational diseases or injuries, and investigating job related injuries or illness.		
<b>P429658</b>	Investigate, document and treat following aerospace / operational and / or training based physiologic incidents, to include (but not limited to) hypoxia, smoke and fumes, heat and cold injuries, and pressure related injuries.		
<b>P429659</b>	Initial evaluation of exposure to direct energy such as laser eye injuries and radiofrequency radiation.		
<b>P429660</b>	Medical management of G-induced loss of consciousness		
<b>P429661</b>	Medical management of motion / air sickness		
<b>P429662</b>	Initial evaluation and medical management of barotrauma		
<b>P391858</b>	Nasotracheal intubation		
<b>Other (Facility or provider-specific privileges only):</b>		<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

**CLINICAL PRIVILEGES – AEROMEDICAL NURSE PRACTITIONER (CONTINUED)**

**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**