

LIST OF CLINICAL PRIVILEGES – CRITICAL CARE-ANESTHESIA

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

Physicians requesting privileges in this subspecialty must also request Anesthesia privileges.

I Scope		Requested	Verified
P390771	The scope of privileges in Critical Care Medicine includes the evaluation, diagnosis, and provision of treatment or consultative services to critically ill patients with neurological or post-neurosurgical, postsurgical, or post-cardiac/thoracic surgical organ dysfunction and/or who are in need of critical care for life-threatening disorders. The provider may admit in accordance with MTF policies. Critical care medicine specialists assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P390773	Use of all modes of mechanical ventilation, including continuous positive airway pressure (CPAP), BiPAP, and non-invasive ventilation		
P390396	Tracheostomy care		
P390398	Chest physiotherapy and therapeutic maneuvers		
P384774:	Electrocardiogram (EKG) interpretation		
P390401	Enteral nutritional support		
P390403	Parenteral nutritional support		
P390405	Use and set up of amplifiers, recorders, transducers, metabolic, respiratory and hemodynamic monitors		
P390407	Management of intra-aortic assist devices		
P390409	Perioperative management		
P390411	Invasive and noninvasive cardiac output measurement		
P390413	Thrombolytic therapy		
P385771	Intracranial pressure monitoring		
P390416	Interpretation and management of acid-base disturbances		
P390418	Blood and component therapy administration		
P383784	Non-operative care of burn injuries		
P390421	Use of neuromuscular blocking agents		
P390423	Hypothermic therapy		
Procedures		Requested	Verified
P390425	Bag mask ventilation, supplemental oxygen and airway control		
P388370	Endotracheal intubation		
P388411	Suprapubic bladder aspiration		

LIST OF CLINICAL PRIVILEGES – ANESTHESIA CRITICAL CARE (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