

## LIST OF CLINICAL PRIVILEGES – INTERNAL 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 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 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
<b>P385152</b>	The scope of privileges in Internal Medicine includes the evaluation, diagnosis, treatment, and provision of consultation to patients with common and complex illnesses, diseases, and functional disorders in the areas of Allergy & Immunology, Cardiology, Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Nephrology, Neurology, Pulmonary Disease and Rheumatology. The physician may admit and may provide care to patients in the intensive care setting in accordance with MTF policies. Internal Medicine physicians assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P388337</b>	Mechanical ventilatory management (invasive and noninvasive)		
<b>P388341</b>	Pulmonary function testing and interpretation		
<b>P388343</b>	Interpret holter monitor/event monitor		
<b>P388347</b>	Perform exercise portion of radioisotope cardiac perfusion imaging tests		
<b>P388349</b>	Perform pharmacologic stress portion of radioisotope cardiac perfusion imaging tests		
<b>P388351</b>	Basic synovial fluid analysis		
<b>P388353</b>	Central venous pressure monitoring		
<b>P391125</b>	Cardiac stress test		
<b>P384774</b>	Electrocardiogram (EKG) interpretation		
D&M Advanced Privileges (Requires Additional Training):		Requested	Verified
<b>P385150</b>	Wright's stain (Tzanck test)		
Procedures		Requested	Verified
<b>P388355</b>	Arterial cannula placement		
<b>P388357</b>	Flexible Sigmoidoscopy with and without biopsy		
<b>P388359</b>	Lumbar puncture		
<b>P385198</b>	Tube thoracostomy		
<b>P387759</b>	Incision and drainage of cysts and minor abscesses		
<b>P388361</b>	Superficial needle aspiration		
<b>P388364</b>	Thoracentesis		
<b>P388366</b>	Abdominal paracentesis		
<b>P385208</b>	Cardioversion, elective		
<b>P388368</b>	Bronchoprovocation challenge		
<b>P388370</b>	Endotracheal intubation		

**LIST OF CLINICAL PRIVILEGES – INTERNAL MEDICINE (CONTINUED)**

<b>Procedures (Cont.)</b>		<b>Requested</b>	<b>Verified</b>
<b>P388372</b>	Intraosseous catheter / trocar insertion		
<b>P388376</b>	Complete/partial nail removal with or without destruction of nail matrix		
<b>P388378</b>	Management of continuous subcutaneous insulin infusion via insulin pump		
<b>P88380</b>	Arthrocentesis		
<b>P388382</b>	Joint injection		
<b>P388384</b>	Soft tissue injections		
<b>P388387</b>	Cryosurgical removal of skin lesions		
<b>P388389</b>	Laceration repair		
<b>P385194</b>	Bone marrow aspiration/biopsy		
<b>P385779</b>	Focused Assessment with Sonography for Trauma (FAST) exam		
<b>P390707</b>	Central venous catheter insertion		
	<b>Skin Biopsies:</b>	<b>Requested</b>	<b>Verified</b>
<b>P388391</b>	Punch biopsy		
<b>P388393</b>	Shave biopsy		
<b>P388395</b>	Excisional biopsy		
<b>P388397</b>	Incisional biopsy		
<b>P388399</b>	Needle biopsy		
	<b>Anesthesia Procedures:</b>	<b>Requested</b>	<b>Verified</b>
<b>P387317</b>	Topical and local infiltration anesthesia		
<b>P387323</b>	Peripheral nerve block anesthesia		
	<b>Procedure Advanced Privileges (Requires Additional Training):</b>	<b>Requested</b>	<b>Verified</b>
<b>P385158</b>	Pericardiocentesis		
<b>P388406</b>	Moderate sedation		
<b>P388409</b>	Echocardiographic interpretation 2-D		
<b>P388411</b>	Suprapubic bladder aspiration		
<b>P388413</b>	Temporary transvenous pacemaker insertion		
<b>P388415</b>	Acupuncture in accordance with Service policy		
<b>P390328</b>	Pulmonary artery catheter insertion and interpretation		
	<b>Allergy Extender:</b>	<b>Requested</b>	<b>Verified</b>
<b>P388417</b>	Supervise and/or perform aeroallergen skin prick testing (NOT intradermal)		
<b>P388419</b>	Supervise and/or administer immunotherapy (allergy shots) for aeroallergen and venom patients		
	<b>Other (Facility- and provider-specific privileges only):</b>	<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

**LIST OF CLINICAL PRIVILEGES – INTERNAL MEDICINE (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