

## LIST OF CLINICAL PRIVILEGES – GENERAL SURGERY

**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**

**P384663**

The scope of privileges in General Surgery includes the evaluation, diagnosis, treatment, and consultation for patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the head and neck, chest, abdomen and its contents, extremities, breast, skin and soft tissues, and endocrine system. General surgeons provide nonsurgical care for conditions that may eventually require surgical procedures as well as pre-, intra-, and post-operative surgical care. Surgeons may admit to the facility and may provide care to patients in the intensive care setting in accordance with MTF policies. General surgeons also assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.

### Diagnosis and Management (D&M)

**Requested**

**Verified**

**P389805**

Management of multiple trauma

**P389807**

Resuscitation and management of burn injuries

**P389809**

Comprehensive critical care management of patients with burns, smoke inhalation injury or related conditions

**P389811**

Resuscitation of patients with high-voltage electric shock injury

**P388337**

Mechanical ventilatory management (invasive and noninvasive)

**P389814**

Arterial pressure monitoring

**P388353**

Central venous pressure monitoring

**P390328**

Pulmonary artery catheter insertion and interpretation

### Procedures

**Requested**

**Verified**

**P384675**

Introduction of radiologic contrast materials in conjunction with operative procedures or assessment of trauma or other anatomic problems

**P384677**

Arterial cannulation

**P384684**

Head and Neck: Biopsy and partial or complete resectional procedures involving the endocrine and exocrine glands (thyroid, parathyroids, salivary glands)

**P384686**

Head and Neck: Biopsy and partial or complete resectional procedures involving the face, scalp, external ear and soft tissues of the face and neck. Includes dissection of the cervical lymph nodes

**P384688**

Breast/chest: Biopsy of breast lesions

**P384690**

Breast/chest: Segmental, total, modified radical or radical mastectomies. Dissection of axillary lymph nodes, chest wall resection alone or in conjunction with breast procedure

**P384692**

Breast/chest: Thoracoabdominal flap reconstruction after radical mastectomy

**P384695**

Abdomen: Operations on the gastrointestinal tract (esophagus, stomach, small bowel, colon, rectum, and anus) or biliary tract

**P384697**

Procedures involving other intra-abdominal or retroperitoneal organs (e.g., liver, spleen, adrenals, pancreas,), provision of abdominal or retroperitoneal exposures for other disciplines

**LIST OF CLINICAL PRIVILEGES – GENERAL SURGERY (CONTINUED)**

<b>Procedures (Con't)</b>		<b>Requested</b>	<b>Verified</b>
<b>P384699</b>	Procedures involving the genitourinary and reproductive system (e.g. kidneys, ureters, bladder, urethra, external genitalia, uterus, fallopian tubes, ovaries)		
<b>P384701</b>	Procedures on the anus and rectum to include resection or ablation of tumors, drainage of abscesses, treatment of fistulae, resection or obliteration of hemorrhoids, stricture repair		
<b>P384703</b>	Abdominal wall: Repair of hernias with or without use of prosthetic materials. Repair of wound dehiscence, resection of masses		
<b>P384705</b>	Musculoskeletal: Procedures on nerves, ganglia, muscles and tendons, including fasciotomy		
<b>P384707</b>	Musculoskeletal: Management of simple fractures, external fixator placement, and amputations		
<b>P384709</b>	Skin and subcutaneous tissue: Repair, excision and/or grafting of injuries or lesions involving the skin and subcutaneous tissues. Includes radical lymph node dissections, local and pedicle flaps		
<b>P384711</b>	General pediatric surgery: Elective surgical management of common pediatric surgical problems such as hernias, pyloric stenosis		
<b>P384713</b>	General pediatric surgery: Emergent management of traumatic injuries in pediatric patients		
<b>P384715</b>	Trauma: Initial stabilization, resuscitation, emergency operative management, staged and elective operations, and coordination of specialty care of the injured patient		
<b>P384717</b>	Trauma: Exposure, resection and/or repair of traumatic injuries involving the head and neck, thorax and intrathoracic components, abdominal cavity, and extremities		
<b>P384719</b>	Sentinel lymph node mapping and biopsy		
<b>P384721</b>	Diagnostic laparoscopy and laparoscopic operative approach to intra-abdominal procedures, including: anti-reflux procedures, hernia repair, appendectomy, splenectomy, adrenalectomy, bariatric procedures, and bowel resection		
<b>P384723</b>	Vascular access procedures including placement of indwelling devices and construction of shunts and fistulae		
<b>P384725</b>	Regional limb perfusion for chemotherapy		
<b>P384727</b>	Placement of hepatic artery catheter for perfusion		
<b>P385527</b>	Gracilis myocutaneous flaps for pelvic reconstruction		
<b>P390432</b>	Percutaneous endoscopic gastrostomy tube placement		
<b>P385779</b>	Focused Assessment with Sonography for Trauma (FAST) exam		
<b>P388446</b>	Ultrasonography exam and interpretation in the emergency setting for: Ultrasound guided vascular access		
<b>P389228</b>	Ultrasound-guided procedures		
<b>P391758</b>	Ultrasound of the breast		
<b>P390707</b>	Central venous catheter insertion		
	<b>Endoscopic procedures with or without biopsy</b>	<b>Requested</b>	<b>Verified</b>
<b>P384665</b>	Bronchoscopy, flexible and rigid		
<b>P384673</b>	Choledochoscopy		
<b>P386393</b>	Sigmoidoscopy		
<b>P390346</b>	Colonoscopy with/without biopsy		
<b>P388214</b>	Esophagogastroduodenoscopy with/without biopsy		
	<b>Anesthesia privileges</b>	<b>Requested</b>	<b>Verified</b>
<b>P387317</b>	Topical and local infiltration anesthesia		
<b>P387323</b>	Peripheral nerve block anesthesia		
<b>P388406</b>	Moderate sedation		
<b>P387333</b>	Regional nerve block anesthesia		



**CLINICAL PRIVILEGES – GENERAL SURGERY (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**