## LIST OF CLINICAL PRIVILEGES - INTERNAL MEDICINE CRITICAL CARE

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		ME OF MEDICAL FACILITY				
Physicians requesting privileges in this subspecialty must also request Internal Medicine privileges.						
I Scope			Requested	Verified		
P390394	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		
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, m hemodynamic monitors	etabolic, respiratory and				
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 disturbance					
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					
P388214	Esophagogastroduodenoscopy with / without biopsy					

	LIST OF CLINICAL PRIVI	LEGES – INTERNAL MEDICINE CRITICAL CARE	(CONTINUED)	1	
Procedure	s (Con't)		Requested	Verified	
P390428	Percutaneous tracheostomy				
P390430	Surgical tracheostomy				
P390432	Percutaneous endoscopic ga	Percutaneous endoscopic gastrostomy tube placement			
P390434	Vascular ultrasound for intra	venous and intra-arterial catheter placement			
P390436	Manage pediatric intensive of	Manage pediatric intensive care disorders			
P390438	Bronchoscopy - fiberoptic (bronchoalveolar lavage and bronchial wash)				
P390440	Transtracheal needle aspira	Transtracheal needle aspiration			
P390442	Percutaneous placement of	Percutaneous placement of peritoneal dialysis catheter			
P390444	Peritoneal lavage				
P390320	Peritoneal dialysis				
P390446	Continuous hemofiltration dia	alysis			
P390448	Cardioesophageal balloon ta	amponade / Sengstaken-Blakemore tube placement			
P390905	Rigid bronchoscopy				
P390450	Thoracoscopy				
P391810	Hemodynamic transesophageal echocardiography				
P391812	Bedside critical care ultrasou	und			
Other (Facil	lity- or provider-specific privile	eges only):	Requested	Verified	
APPLICANT S	SIGNATURE		DATE		
II	CLIN	ICAL SUPERVISOR'S RECOMMENDATION			
REC	OMMEND APPROVAL	RECOMMEND APPROVAL WITH MODIFICATION	RECOMMEND DISA	PPROVAL	
		(Specify below)	(Specify below)		
STATEMEN	IT:				
01711-111-11					
CLINICAL SIL	IPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE		
CLINICAL 30	T ERVISOR SIGNATURE	CLINICAL SOI ENVISORTRINTED NAME OR STAMI	DAIL		