## LIST OF CLINICAL PRIVILEGES - NEPHROLOGY

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 AP	PLICANT	ME OF MEDICAL FACILITY		
Physicians re	equesting privileges in this subspecialty must also request Inte	ernal Medicine privileges		
I Scope			Requested	Verified
P383265	The scope of privileges in Nephrology includes the evaluation of consultation to adult patients presenting with kidney, high blood pressure, fluid and mineral balance, at the kidneys do not function. Physicians may admit and printensive care setting in accordance with MTF policies. It to assess, stabilize, and determine the disposition of pataccordance with medical staff policy.			
Diagnosis and Management (D&M)			Requested	Verified
P383267	Prescription of immunomodulation therapies for treatment of renal parenchymal disorders			
P383269	Treatment of kidney transplant, including provision of maintenance therapies and diagnosis and treatment of rejection			
P383271	Medical management of pancreas transplantation			
Procedures			Requested	Verified
P388307	Acute hemodialysis			
P388309	Chronic hemodialysis			
P388311	Acute peritoneal dialysis			
P388313	Chronic peritoneal dialysis			
P388315	Continuous renal replacement therapy (CRRT)			
P388317	Therapeutic plasmapheresis			
P388319	Charcoal hemoperfusion			
P388321	Percutaneous placement of central venous dual-lumen hemodialysis catheters			
P388323	Percutaneous renal biopsy			
P419993	Chemical and microscopic urinalysis			
P419994	Percutaneous placement of arterial catheters for continu	ious renal placement therapy		
Other (Facility- or provider-specific privileges only):		Requested	Verified	

SIGNATURE OF APPLICANT			DATE				
LIST OF CLINICAL PRIVILEGES – NEPHROLOGY (CONTINUED)							
II CLINICAL SUPERVISOR'S RECOMMENDATION							
	COMMEND APPROVAL WITH MODIFICATION pecify below)		IMEND DISAPPROVAL y below)				
STATEMENT:							
CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR	STAMP [	DATE				