

## LIST OF CLINICAL PRIVILEGES – NEONATOLOGY

**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**

**Providers requesting privileges in this specialty will also request privileges in Pediatrics in accordance with individual provider competencies and mission requirement.**

I Scope		Requested	Verified
<b>P387377</b>	The scope of privileges in Neonatology and Perinatology includes the evaluation, diagnosis, treatment and consultation for term, pre-term, and critically ill newborns and infants. Neonatologists manage pre-, peri-, and post-operative patients requiring ventilator care, neurological, neurosurgical, surgical, or cardiac/thoracic surgical care for organ dysfunction, patients with issues due to prematurity, and/or who are in need of critical care for life-threatening disorders. Physicians may admit to the facility and may provide care to patients in the intensive care setting in accordance with medical staff policies. In addition, privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P390302</b>	High frequency ventilation		
<b>P387263</b>	Neonatal and pediatric interfacility transport		
<b>P390328</b>	Pulmonary artery catheter insertion and interpretation		
<b>P391469</b>	Conventional mechanical ventilation		
<b>P391478</b>	Non-invasive respiratory support (e.g., CPAP, HHFNC, NIPPV)		
<b>P391476</b>	Therapeutic hypothermia for hypoxic-ischemic encephalopathy (HIE)		
<b>P390306</b>	Extracorporeal membrane oxygenation (ECMO)		
Procedures		Requested	Verified
<b>P391447</b>	Echocardiography (screening echocardiogram)		
<b>P387393</b>	Emergency bedside ultrasound/echocardiography		
<b>P391449</b>	Screening ultrasound (bedside screening ultrasonography, e.g., cranial, abdominal, procedure guidance)		
<b>P390487</b>	Umbilical artery catheter and umbilical vein catheter line insertion		
<b>P391454</b>	Partial exchange transfusion		
<b>P391456</b>	Double volume exchange transfusion		
<b>P388411</b>	Suprapubic bladder aspiration		
<b>P385158</b>	Pericardiocentesis		



**LIST OF CLINICAL PRIVILEGES – NEOATOLOGY (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**