LIST OF CLINICAL PRIVILEGES – PEDIATRIC 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 APPLICANT	NAME OF MEDICAL FACILITY

Providers requesting privileges in this specialty must also request privileges in Pediatrics.

I Scope		Requested	Verified
P390376	The scope of privileges in Nephrology includes the evaluation, diagnosis, treatment and consultation for patients from birth to young adulthood presenting with illnesses and disorders of the kidney, high blood pressure, and fluid and mineral balance. Nephrologist manages all types of dialysis treatments. 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**
	N/A		
Procedures		**Requested**	**Verified**
P390378	Hemodialysis		
P390318	Percutaneous placement of hemodialysis catheter		
P390380	Renal biopsy		
P390320	Peritoneal dialysis		
P388315	Continuous renal replacement therapy (CRRT)		
Other (Facility- or provider-specific privileges only):		**Requested**	**Verified**

SIGNATURE OF APPLICANT	DATE

LIST OF CLINICAL PRIVILEGES – PEDIATRIC NEPHROLOGY (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