LIST OF CLINICAL PRIVILEGES - CARDIOLOGY

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

CLÍNICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 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.

NAME OF APPLICANT

P391912

P388164

P391914

- 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.)

NAME OF MEDICAL FACILITY

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

PHYSICIANS REQUESTING PRIVILEGES IN THIS SUBSPECIALTY MUST ALSO REQUEST INTERNAL MEDICINE PRIVILEGES I Scope Requested Verified The scope of privileges in cardiology includes the evaluation, diagnosis, treatment, and provision of consultation to patients of all ages presenting with diseases of the heart, lungs, and blood vessels. Cardiologists also manage complex cardiac conditions. P391701 Practitioners may provide care to patients in the intensive care setting in accordance with MTF policies. 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 P388142 Cardiac computerized tomography (CT) scan performance and interpretation P388144 Cardiac magnetic resonance imaging (MRI) interpretation P391896 Perform and interpret exercise stress test P391898 Perform and interpret exercise and pharmacologic stress echocardiogram P391900 Perform and interpret exercise and pharmacologic nuclear stress test P391904 Holter / event monitor interpretation P391908 Transthoracic echocardiogram **Procedures** Verified Requested P388146 Right heart catheterization P388148 Left heart catheterization P388150 Coronary angiography P388152 Pulmonary angiography P388154 Intra-aortic balloon pump placement / removal P388158 Endomyocardial biopsy P388160 Tilt table testing P388162 Implant permanent transvenous pacemaker P388184 Implant implantable cardioverter / defibrillator

Implant temporary transvenous pacemaker

Transesophageal echocardiography

Electrical cardioversion

LIST OF CLINICAL PRIVILEGES – CARDIOLOGY (CONTINUED)				
Procedures (Cont.)			Requested	Verified
P385158	Pericardiocentesis			
P388406	Moderate sedation			
P420239	Peripheral angiogram			
P420240	Aortography			
Procedure Advanced Privileges (Requires Additional Training)			Requested	Verified
P421583	421583 Implantable loop recorder implant / explant			
Other (Facility- or provider-specific privileges only):			Requested	Verified
SIGNATURE OF APPLICANT			DATE	
II CLINICAL SUPERVISOR'S RECOMMENDATION				
RECOMM STATEMENT:	END APPROVAL Specify		OMMEND DISAPI	PROVAL
CLINICAL SUPI	ERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE	