

LIST OF CLINICAL PRIVILEGES – PEDIATRICS

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 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
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I Scope		Requested	Verified
P390684	The scope of privileges in Pediatrics includes the evaluation, diagnosis, treatment, and consultation for patients from birth to young adulthood concerning their physical, emotional, and social health as well as treating acute and chronic disease, including major complicated illnesses. 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
P389814	Arterial pressure monitoring		
P388353	Central venous pressure monitoring		
P388337	Mechanical ventilatory management (invasive and noninvasive)		
Procedures:		Requested	Verified
P390703	Arterial line insertion		
P390705	Defibrillation and synchronized cardioversion		
P390707	Central venous catheter insertion		
P390709	Exchange transfusion		
P390711	Intraosseous line placement		
P388370	Endotracheal intubation		
P390487	Umbilical artery catheter and umbilical vein catheter line insertion		
P390714	Plasma exchange		
P390716	Peripherally inserted central catheter (PICC)		
P384774	Electrocardiogram (EKG) interpretation		
P388406	Moderate sedation		
P390718	Subcutaneous contraceptive rod insertion		
P388359	Lumbar puncture		
P383592	Circumcision		
P387759	Incision and drainage of cysts and minor abscesses		
P388376	Complete / partial nail removal with or without destruction of nail matrix		
P388364	Thoracentesis		
P388481	Paracentesis		

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Procedures (Cont.):		Requested	Verified
P388380	Arthrocentesis		
P388382	Joint injection		
P386389	Diaphragm fitting		
P388888	Intrauterine device (IUD) insertion		
P387263	Neonatal and pediatric interfacility transport		
P390724	Exogenous surfactant administration		
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P388341	Pulmonary function testing and interpretation		
P391858	Nasotracheal intubation		
P388838	Colposcopy with or without cervical biopsy		
P388475	Repair of cutaneous lacerations, single or multilayer		
P388387	Cryosurgical removal of skin lesions		
	Skin Biopsies:	Requested	Verified
P388391	Punch biopsy		
P388393	Shave biopsy		
P388395	Excisional biopsy		
Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P390726	Battlefield acupuncture in accordance with Service policy		
P390728	Auricular acupuncture in accordance with Service policy		
P390730	Aeroallergen skin prick testing and interpretation		
P390733	Immunotherapy administration for aeroallergen and venom patients		
P388743	Muscle biopsy		
Other (Facility- or Provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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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