

## LIST OF CLINICAL PRIVILEGES – CRITICAL CARE – INTERNAL MEDICINE

**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 military service.

**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, 3, 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 local facility privilege list. Use of this code is reserved for the Credentials Committee/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:**

**ADDRESS:**

### PHYSICIANS REQUESTING PRIVILEGES IN THIS SPECIALTY MUST ALSO REQUEST INTERNAL MEDICINE PRIVILEGES

| I Scope                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Requested | Verified |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>P390394</b>                 | The scope of privileges in Critical Care Medicine includes the evaluation, diagnosis, and provision of treatment or consultative services to critically ill patients with neurological or postneurosurgical, postsurgical, or postcardiac/thoracic surgical organ dysfunction and/or who are in need of critical care for life-threatening disorders. The provider may admit in accordance with MTF policies. Critical care medicine specialists 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>P390396</b>                 | Tracheostomy care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |          |
| <b>P390398</b>                 | Chest physiotherapy and therapeutic maneuvers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |          |
| <b>P384774</b>                 | Electrocardiogram (EKG) interpretation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |          |
| <b>P390401</b>                 | Enteral nutritional support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |          |
| <b>P390403</b>                 | Parenteral nutritional support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |          |
| <b>P390405</b>                 | Use and set up of amplifiers, recorders, transducers, metabolic, respiratory and hemodynamic monitors                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |          |
| <b>P390407</b>                 | Management of intra-aortic assist devices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |          |
| <b>P390409</b>                 | Perioperative management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |          |
| <b>P390411</b>                 | Invasive and noninvasive cardiac output measurement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |          |
| <b>P390413</b>                 | Thrombolytic therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |          |
| <b>P385771</b>                 | Intracranial pressure monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |          |
| <b>P390416</b>                 | Interpretation and management of acid-base disturbances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |          |
| <b>P390418</b>                 | Blood and component therapy administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |          |
| <b>P383784</b>                 | Non-operative care of burn injuries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |          |
| <b>P390421</b>                 | Use of neuromuscular blocking agents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |          |
| <b>P390423</b>                 | Hypothermic therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |          |

| Procedures:                                            |                                                                           | Requested | Verified |
|--------------------------------------------------------|---------------------------------------------------------------------------|-----------|----------|
| P390425                                                | Bag mask ventilation, supplemental oxygen and airway control              |           |          |
| P388370                                                | Endotracheal intubation                                                   |           |          |
| P388411                                                | Suprapubic bladder aspiration                                             |           |          |
| P388214                                                | Esophagogastroduodenoscopy with / without biopsy                          |           |          |
| P390428                                                | Percutaneous tracheostomy                                                 |           |          |
| P390430                                                | Surgical tracheostomy                                                     |           |          |
| P390432                                                | Percutaneous endoscopic gastrostomy tube placement                        |           |          |
| P390434                                                | Vascular ultrasound for intravenous and intra-arterial catheter placement |           |          |
| P390436                                                | Manage pediatric intensive care disorders                                 |           |          |
| P390438                                                | Bronchoscopy - fiberoptic (bronchoalveolar lavage and bronchial wash)     |           |          |
| P390440                                                | Transtacheal needle aspiration                                            |           |          |
| P390442                                                | Percutaneous placement of peritoneal dialysis catheter                    |           |          |
| P390444                                                | Peritoneal lavage                                                         |           |          |
| P390320                                                | Peritoneal dialysis                                                       |           |          |
| P390446                                                | Continuous hemofiltration dialysis                                        |           |          |
| P390448                                                | Cardioesophageal balloon tamponade / Sengstaken-Blakemore tube placement  |           |          |
| P390905                                                | Rigid bronchoscopy                                                        |           |          |
| P390450                                                | Thoracoscopy                                                              |           |          |
| P391810                                                | Hemodynamic transesophageal echocardiography                              |           |          |
| P391812                                                | Bedside critical care ultrasound                                          |           |          |
| P388406                                                | Moderate sedation                                                         |           |          |
| P390332                                                | Deep sedation                                                             |           |          |
| Other (Facility or provider-specific privileges only): |                                                                           | Requested | Verified |
|                                                        |                                                                           |           |          |
|                                                        |                                                                           |           |          |
|                                                        |                                                                           |           |          |
|                                                        |                                                                           |           |          |
| SIGNATURE OF APPLICANT                                 |                                                                           | DATE      |          |

**LIST OF CLINICAL PRIVILEGES – CRITICAL CARE – INTERNAL MEDICINE (CONTINUED)**

**II CLINICAL SUPERVISOR'S RECOMMENDATION**

☐ **RECOMMEND APPROVAL**      ☐ **RECOMMEND APPROVAL WITH MODIFICATION**      ☐ **RECOMMEND DISAPPROVAL**  
(Specify below)      (Specify below)

**STATEMENT:**

**CLINICAL SUPERVISOR SIGNATURE**

**CLINICAL SUPERVISOR PRINTED NAME OR STAMP**

**DATE**