

LIST OF CLINICAL PRIVILEGES – PEDIATRIC SURGERY

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:

I Scope		Requested	Verified
P384050	The scope of privileges in Pediatric Surgery includes the evaluation, diagnosis, consultation, and provision of pre-, intra-, and postoperative care, as well as, performance of surgical procedures to patients, from newborn to adolescence, to correct or treat congenital abnormalities, and other conditions, diseases, disorders, and injuries. Pediatric surgeons may admit and may provide care to patients in the intensive care setting in accordance with MTF policies. Pediatric surgeons also assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P389805	Management of multiple trauma		
P389807	Resuscitation and management of burn injuries		
P388337	Mechanical ventilatory management (invasive and noninvasive)		
Procedures		Requested	Verified
P384081	Head and Neck: Biopsy and partial or complete resectional procedures involving the face, scalp, external ear and soft tissues of the face and neck, including congenital anomalies such as branchial cleft anomalies and thyroglossal duct cysts		
P384083	Breast/chest: Dissection of axillary lymph nodes, chest wall resection alone or in conjunction with breast procedure		
P384156	Procedures for the anus and rectum to include biopsy (suction or full thickness), resection or ablation of tumors, drainage of abscesses, treatment of fistulae, resection or obliteration of hemorrhoids, stricture repair, anoplasty, treatment of imperforate anus and rectal prolapse		
P384158	Abdominal wall: Repair of hernias with or without use of prosthetic materials. Repair of wound dehiscence, resection of masses. Management of congenital abdominal wall defects. Excision of urachal and omphalomesenteric duct remnants		
P384164	Incision and drainage of cysts, simple abscesses and complex abscesses		
P384166	Skin and subcutaneous tissue: Repair, excision and/or grafting of injuries or lesions involving the skin and subcutaneous tissues, including complex lacerations, local and pedicle flaps		
P384170	Trauma: Exposure, resection and/or repair of traumatic injuries involving the head and neck, thorax and intrathoracic components, abdominal cavity, and extremities not otherwise specified		

CLINICAL PRIVILEGES – PEDIATRIC SURGERY (CONTINUED)			
P384174	Intensive care management: Placement and interpretation of arterial, central venous and pulmonary artery catheters. Management of ventilators. Use of vasoactive medications. Management of fluid and electrolytes as well as hyperalimentation		
P384178	Placement of indwelling devices including central venous catheters and catheters for Extra-corporeal membrane oxygenation (ECMO)		
P384180	Vascular procedures including construction and maintenance of shunts and fistulae and portosystemic shunting		
P384182	Plastic surgery procedures including scar revision, cleft lip and palate repair, major reconstruction to ear or face, and umbilicoplasty		
P384184	Lymphatic surgery procedures including superficial and deep lymph node biopsies, regional and radical lymph node dissections, management of simple and complex lymphatic malformations		
P384675	Introduction of radiologic contrast materials in conjunction with operative procedures or assessment of trauma or other anatomic problems		
P384684	Head and Neck: Biopsy and partial or complete resectional procedures involving the endocrine and exocrine glands (thyroid, parathyroids, salivary glands)		
P384707	Musculoskeletal: Management of simple fractures, external fixator placement, and amputations		
P384715	Trauma: Initial stabilization, resuscitation, emergency operative management, staged and elective operations, and coordination of specialty care of the injured patient		
P384719	Sentinel lymph node mapping and biopsy		
P384721	Diagnostic laparoscopy and laparoscopic operative approach to intra-abdominal procedures, including: anti-reflux procedures, hernia repair, appendectomy, splenectomy, adrenalectomy, bariatric procedures, and bowel resection		
P389863	Abdomen: Procedures on the gastrointestinal tract (stomach, small bowel, colon, rectum, and anus), biliary tract or omentum		
P389865	Procedures involving other intra-abdominal or retroperitoneal organs (e.g., liver, spleen, adrenals, pancreas,), provision of abdominal or retroperitoneal exposures for other disciplines. Includes biopsy, resection and repair. Includes excision and biopsy of retroperitoneal tumors. Includes open and laparoscopic surgery		
P384705	Musculoskeletal: Procedures on nerves, ganglia, muscles and tendons, including fasciotomy		
Endoscopic procedures with or without biopsy		Requested	Verified
P384062	Laryngoscopy		
P384077	Thoracoscopy; direct, video-assisted		
P384667	Esophagogastroduodenoscopy		
P386393	Sigmoidoscopy		
P384673	Choledochoscopy		
P384665	Bronchoscopy, flexible and rigid		
P388457	Laryngoscopy; direct, indirect		
P390346	Colonoscopy with / without biopsy		
Thoracic Procedures			
Lungs		Requested	Verified
P384085	Thoracotomy		
P384087	Pleurectomy / pleurodesis		
P384089	Wedge, segmental, other anatomic resection		
P384091	Lobectomy		
P384093	Pneumonectomy		
P384095	Decortication		

CLINICAL PRIVILEGES – PEDIATRIC SURGERY (CONTINUED)			
Chest Wall and pluera		Requested	Verified
P384097	Repair of chest wall deformity (pectus excavatum, pectus carinatum)		
P384099	Chest wall resection / reconstruction with or without muscle flap		
Trachea		Requested	Verified
P384101	Trachea and bronchus repair		
P384103	Tracheo-esophageal fistula repair		
P384105	Tracheostomy		
Esophagus, including		Requested	Verified
P384107	Repair of esophageal atresia		
P384109	Esophagostomy		
P384111	Esophagectomy		
P384113	Esophagogastrostomy		
P384115	Esophagomyotomy		
P384119	Esophageal reflux procedures (intra- or extrathoracic approach)		
P388216	Esophageal dilatation		
Mediastinum, including		Requested	Verified
P384121	Mediastinal tumor or cyst excision		
P384123	Thymectomy		
Cardiovascular, including		Requested	Verified
P384125	Ligation of patent ductus arteriosus		
P384127	Aortopexy		
P384129	Treatment of vascular rings		
Procedures involving the genitourinary and reproductive systems, including but not limited to		Requested	Verified
P384148	Hysterectomy		
P384150	Vaginoplasty		
P384152	Procedures on the vulva, clitoris, perineum, including treatment of intersex		
P384154	Vaginoscopy		
P383592	Circumcision		
P389514	Orchiectomy		
P389518	Orchiopexy		
P389516	Treatment of testicular torsion		
P389590	Nephrectomy, partial or complete		
P385503	Oophorectomy, partial or complete		
Anesthesia privileges		Requested	Verified
P387317	Topical and local infiltration anesthesia		
P388406	Moderate sedation		
P387333	Regional nerve block anesthesia		
Laser type privileges		Requested	Verified
P389827	Laser type: CO2		
P389829	Laser type: YAG		
P389837	Laser: Argon		

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P389831	Laser type: Tuneable dye		
P389833	Laser type: KTP		
P389839	Laser: Alexlazzr		
P389835	Laser type: Vbeam		
Burn-specific privileges		Requested	Verified
P384201	Burn debridement		
P384207	Use of biologic temporary skin substitutes (e.g., cadaver allograft, porcine xenograft)		
P384209	Use of synthetic temporary skin substitutes (e.g., Biobrane, Transcyte)		
P384211	Use of synthetic and semi-synthetic skin substitutes (e.g., Integra, Alloderm)		
P384220	Resuscitation in burn injuries		
P384731	Tangential excision and grafting of burns		
P384733	Excision to fascia and grafting of burns		
P384737	Surgical care of burns of the hand, to include placement of Kirschner wires for immobilization of the metacarpophalangeal (MCP) and interphalangeal (IP) joints		
P384739	Contracture release		
P384741	Amputations for burns and related conditions		
P389811	Resuscitation of patients with high-voltage electric shock injury		
P389809	Comprehensive critical care management of patients with burns, smoke inhalation injury or related conditions		
Additional Privileges		Requested	Verified
P384230	Thoracoabdominal flap reconstruction after radical mastectomy		
P384725	Regional limb perfusion for chemotherapy		
P384727	Placement of hepatic artery catheter for perfusion		
P385527	Gracilis myocutaneous flaps for pelvic reconstruction		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

II CLINICAL SUPERVISOR'S RECOMMENDATION		
<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> RECOMMEND APPROVAL </div> <div style="text-align: center;"> <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below) </div> <div style="text-align: center;"> <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below) </div> </div> <p>STATEMENT:</p> <div style="height: 150px; border: 1px solid black; margin-top: 10px;"></div>		
CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE