

LIST OF CLINICAL PRIVILEGES – EMERGENCY 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 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

I Scope		Requested	Verified
P384768	The scope of privileges in Emergency Medicine includes the assessment, evaluation, diagnosis, and initial treatment of patients of all ages with any symptom, illness, injury, or condition. In addition, physicians resuscitate and stabilize patients with major and life threatening illnesses or injuries of all body systems and assess all patients to determine whether additional care is necessary, including the initial interpretation of radiographs. Physicians may admit for inpatient care in consultation with a treating physician in accordance with MTF policies. Physicians may admit to an observation unit in accordance with MTF policies.		
Diagnosis and Management (D&M)		Requested	Verified
P384770	Management and supervision of mass casualty and triage		
P384772	Supervision of prehospital and other emergency medical technician (EMT)-provided care		
P384774	Electrocardiogram (EKG) interpretation		
P388337	Mechanical ventilatory management (invasive and noninvasive)		
P388428	Sexual assault exam		
P388430	Tonometry		
P388432	Slit lamp examination		
P388353	Central venous pressure monitoring		
P420412	Treatment of dental fractures		
P420413	Treatment of priapism		
Procedures		Requested	Verified
P388370	Endotracheal intubation		
P388449	Use of laryngeal mask airway		
P388451	Cricothyrotomy		
P388455	Rapid sequence intubation		
P388457	Laryngoscopy; direct, indirect		
P388459	Flexible / rigid nasopharyngoscopy		
P388461	Removal of upper airway foreign body		
P388466	Pacemaker insertion, temporary - transvenous, epicardial		
P385158	Pericardiocentesis		
P388469	Emergency resuscitative thoracotomy including internal cardiac massage		

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Procedures (Cont.)		Requested	Verified
P388364	Thoracentesis		
P385198	Tube thoracostomy		
P388473	Needle thoracostomy		
P388475	Repair of cutaneous lacerations, single or multilayer		
P388477	Wound care / debridement		
P388479	Diagnostic peritoneal lavage		
P388481	Paracentesis		
P388483	Thrombosed hemorrhoid incision and drainage (I&D)		
P388411	Suprapubic bladder aspiration		
P388486	Reduction of paraphimosis / phimosis		
P388488	Emergency retrograde urethrogram		
P388491	Emergency retrograde cystogram		
P388493	Emergency vaginal delivery		
P388359	Lumbar puncture		
P388498	Nasal cautery and packing / balloon placement, anterior and posterior		
P388500	Reduction of simple closed fractures and dislocations		
P388380	Arthrocentesis		
P388376	Complete / partial nail removal with or without destruction of nail matrix		
P388504	Nail trephination		
P388506	Repair of cardiac trauma		
P387759	Incision and drainage of cysts and minor abscesses		
P391704	Caesarean section, maternal perimortem		
P390707	Central venous catheter insertion		
P390334	Emergency needle cricothyrotomy		
P389807	Resuscitation and management of burn injuries		
P383828	Escharotomy		
P390413	Thrombolytic therapy		
P391851	Suprapubic catheter		
P390705	Defibrillation and synchronized cardioversion		
P389242	Compartment pressure testing, needle transducer		
P391465	Venous cutdown		
P384998	Fluoroscopic guided procedures		
P390769	Cardioesophageal balloon tamponade		
P388669	Anoscopy		
P389516	Treatment of testicular torsion		
P390212	Tooth reimplantation		
P388921	Arterial catheter placement		
P390767	Dialysis catheter placement		
P388583	Removal of nasal foreign body		
P388384	Soft tissue injections		

LIST OF CLINICAL PRIVILEGES – EMERGENCY MEDICINE (CONTINUED)

Procedures (Cont.)		Requested	Verified
P391413	Joint aspiration and injection		
P420411	Bedside ultrasound		
P420414	Placement of alternative airway devices		
P420415	Percutaneous transtracheal jet ventilation		
P420416	Gastric lavage		
P420417	Needle aspiration and incision & drainage of peritonsillar/intraoral abscess		
P420419	Gastric tube replacement		
P420420	Tracheostomy tube replacement		
P420423	Removal of ocular foreign body and rust ring		
Anesthesia privileges		Requested	Verified
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P388406	Moderate sedation		
P387333	Regional nerve block anesthesia		
P390332	Deep sedation		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

LIST OF CLINICAL PRIVILEGES – EMERGENCY MEDICINE (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