

## LIST OF CLINICAL PRIVILEGES – FAMILY 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
P388516	The scope of privileges in Family Medicine includes the evaluation, diagnosis, treatment, and consultation for patients of all ages with any symptom, illness, injury, or condition. Family Medicine physicians may admit and may provide care to patients in the intensive care setting in conformance with MTF policies. They may assess, stabilize, and determine disposition of patients with emergent conditions.		
Diagnosis and Management (D&M)		Requested	Verified
P388518	Obstetrical Care		
P388341	Pulmonary function testing and interpretation		
P388351	Basic synovial fluid analysis		
P388525	Supervise and/or perform basic spirometry with flow/volume loops and pre/post bronchodilator if needed		
P391125	Cardiac stress test		
P384774	Electrocardiogram (EKG) interpretation		
P388337	Mechanical ventilatory management (invasive and noninvasive)		
Diagnosis and Management (D&M) Advanced Privileges (Requires Additional Training)		Requested	Verified
P388527	Aeroallergen skin prick testing (NOT intradermal)		
P388529	Administer immunotherapy (allergy shots) for aeroallergen and venom patients		
Procedures		Requested	Verified
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P388535	Pudendal nerve block anesthesia		
P388537	Newborn lumbar puncture		
P388539	Pediatric lumbar puncture		
P388541	Adult lumbar puncture		
P388370	Endotracheal intubation		
P388372	Intraosseous catheter / trocar insertion		
P388481	Paracentesis		
P388364	Thoracentesis		
P385208	Cardioversion, elective		

**LIST OF CLINICAL PRIVILEGES – FAMILY MEDICINE (CONTINUED)**

<b>Procedures (Cont.)</b>		<b>Requested</b>	<b>Verified</b>
P388551	Newborn umbilical vessel catheterization		
P390707	Central venous catheter insertion		
P388357	Flexible Sigmoidoscopy with and without biopsy		
P388888	Intrauterine device (IUD) insertion		
P388675	Intrauterine device (IUD) removal		
<b>Surgical</b>		<b>Requested</b>	<b>Verified</b>
P388553	Surgical first assistant		
P388483	Thrombosed hemorrhoid incision and drainage (I&D)		
P385198	Tube thoracostomy		
P388557	Breast mass aspiration		
P388559	Pilonidal cyst excision/marsupialization		
P388561	Lymph node biopsy		
P388563	Needle biopsy of solid and cystic breast lesions		
P388565	Newborn circumcision		
P388567	Vasectomy		
P388569	Hemorrhoidectomy		
P388571	Extensor tendon repair		
<b>Skin Biopsies</b>		<b>Requested</b>	<b>Verified</b>
P388391	Punch biopsy		
P388393	Shave biopsy		
P388395	Excisional biopsy		
P388397	Incisional biopsy		
P388387	Cryosurgical removal of skin lesions		
P388389	Laceration repair		
P387759	Incision and drainage of cysts and minor abscesses		
P388376	Complete / partial nail removal with or without destruction of nail matrix		
<b>Head and Neck</b>		<b>Requested</b>	<b>Verified</b>
P388496	Removal of ocular foreign body		
P388430	Tonometry		
P388583	Removal of nasal foreign body		
P388585	Placement of posterior nasal packs or balloons		
P388587	Anterior nasal packing		
P388589	Removal of otic foreign body		
P388591	Tympanometry		
<b>Musculoskeletal</b>		<b>Requested</b>	<b>Verified</b>
P388500	Reduction of simple closed fractures and dislocations		
P388594	Cast / splint simple closed fractures and dislocations		
P388380	Arthrocentesis		

**LIST OF CLINICAL PRIVILEGES – FAMILY MEDICINE (CONTINUED)**

<b>Musculoskeletal (Cont.)</b>		<b>Requested</b>	<b>Verified</b>
P388382	Joint injection		
P388384	Soft tissue injections		
<b>GYN</b>		<b>Requested</b>	<b>Verified</b>
P388598	Insertion and removal of subcutaneous contraceptive devices		
P388600	Vaginal diaphragm fitting		
P388604	Cervical biopsy		
P388606	Cervical cryotherapy		
P388608	Culdocentesis		
P388610	Endometrial biopsy		
P388612	Loop electrical excision procedure		
P391104	Dilation and curettage - diagnostic and / or therapeutic		
P391711	Uterine curettage following incomplete abortion		
P388838	Colposcopy with or without cervical biopsy		
<b>Obstetrics</b>		<b>Requested</b>	<b>Verified</b>
P388618	Induction of labor		
P388620	Placement of internal fetal and uterine monitoring devices		
P388622	Amnioinfusion		
P388624	Amniocentesis		
P388626	Ultrasound: limited for fetal life, fetal presentation, fetal number, assessment of amniotic fluid (AFI), and assessment of placental location		
P388628	Vaginal probe ultrasound in the first trimester for documentation of intrauterine pregnancy		
P388630	Obstetrical ultrasound for the determination of head circumference, femur length, crown-rump length		
P388632	Obstetrical ultrasound for fetal and placental survey		
P388634	Second and third trimester ultrasound for the estimation of fetal weight and gestational age (head circumference, abdominal circumference, femur length)		
P388636	Obstetrical ultrasound for the determination of cervical length		
P388638	Outlet vacuum-assisted vaginal deliveries		
P388640	Low forceps delivery		
P388642	Delivery: Breech presentation		
P388644	Repair of obstetric lacerations: episiotomy and second degree lacerations		
P388647	Manual extraction of the placenta		
<b>Procedure Advanced Privileges (Requires Additional Training):</b>		<b>Requested</b>	<b>Verified</b>
P388214	Esophagogastroduodenoscopy with / without biopsy		
P388649	Primary surgeon for C-section		
P388651	Hysterosalpingography		
P388653	Bilateral Tubal Ligation		
P388655	Nasolaryngoscopy		
P388455	Rapid sequence intubation		
P390346	Colonoscopy with / without biopsy		

### LIST OF CLINICAL PRIVILEGES – FAMILY MEDICINE (CONTINUED)

Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

### 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