

## LIST OF CLINICAL PRIVILEGES – PEDIATRIC NEUROLOGY

**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**

### PHYSICIANS REQUESTING PRIVILEGES IN THIS SPECIALTY MUST ALSO REQUEST PRIVILEGES IN PEDIATRICS

I Scope		Requested	Verified
P390452	The scope of privileges in neurology includes the evaluation, diagnosis, treatment and consultation for patients from birth to young adulthood with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures. 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
P390454	Maintenance and interrogation of neuromodulatory devices		
P388689	Visual evoked potentials testing and interpretation		
P388691	Somatosensory evoked potentials testing and interpretation		
P388693	Brainstem auditory evoked response testing and interpretation		
P390456	Electroencephalogram (EEG) interpretation		
P390384	Sleep study interpretation		
Ultrasound examination of the brain and intracranial vasculature:		Requested	Verified
P388685	Transcranial doppler		
P390458	Imaging doppler examination		
Procedures:		Requested	Verified
P388743	Muscle biopsy		
P387323	Peripheral nerve block anesthesia		
P388731	Nerve conduction velocities		
P388733	Chemodenervation		
P390460	Botox injection for functional treatment		
P387315	Electromyogram (EMG) interpretation		

