

CLINICAL PRIVILEGES - PHYSICIAN ASSISTANT

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 current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

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. Forward the form to the Credentials Function. *(Make all entries in ink.)*

CODES :

1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
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 AFI 44 -119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

I. LIST OF CLINICAL PRIVILEGES - PHYSICIAN ASSISTANT

(NOTE: Specialty Physician Assistants with AFSC shred outs should also complete the privilege list for that specialty.)

Requested	Verified		Requested	Verified	
		A. CORE PRIVILEGES			A. CORE PRIVILEGES (continued)
		1. OUTPATIENT			2. INPATIENT
		a. Assess patient medical conditions; diagnose and plan therapy appropriate for the diagnosis to include prescribing medications, ordering and evaluating laboratory tests and imaging studies and providing for follow-up or referral care			a. Admit patients, after consultation, to precepting physician's service
		b. Gynecology			b. Assist with inpatient management, including writing patient orders
		(1) Office gynecologic care			c. Assist with uncomplicated major surgical procedures
		(2) Counsel family planning, including prescription of oral contraceptives			3. PROCEDURES
		(3) Uncomplicated prenatal problems			a. Basic life support (BLS)
		c. Internal Medicine and Medicine Subspecialties			b. Advanced cardiac life support (ACLS)
		(1) Office adult internal medicine			c. Advanced trauma life support (ATLS)
		(2) Office neurologic problems			d. Nasogastric and nasopharyngeal intubation
		(3) Office dermatologic problems not including psoriasis or malignant skin tumors			e. Wound care, debridement
		d. Pediatrics			f. Peripheral venipuncture
		(1) Well-child care			g. Peripheral venous lifestines
		(2) Office pediatric problems			h. Peripheral arterial puncture for arterial blood gas analysis
		e. Surgery and Surgical Subspecialties			i. Simple laceration repair
		(1) Office orthopedic problems			j. Local infiltration anesthesia
		(2) Office otorhinolaryngologic problems			k. Regional nerve block anesthesia
		(3) Office ophthalmologic problems not including iritis or glaucoma			l. Simple abscess incision and drainage (I&D)
		(4) Office urologic problems			m. Bladder catheterization
		f. Perform physical examinations in accordance with AFI 48-123			n. Removal of ocular foreign body
		g. Initiate consultation requests to physician specialists and other health professionals			o. Removal of nasal or otic foreign body
		h. Educate on health maintenance matters and use of community resources			p. Perform Papanicolaou (Pap) smears
		i. Collect specimens for pathologic examinations			q. Minor surgical procedures <i>(e.g. excision of skin and subcutaneous lesions felt to be non-malignant, skin biopsy, fingernail/toenail removal)</i>
		j. Initiate temporary profiles not to exceed 90 days			r. Casting of extremities
		k. Admit and discharge quarters patients for a period up to 72 hours			s. Thermal or chemical treatment of skin lesions
		l. Perform Primary Care Manager (PCM) primary call duties			t. Slit lamp examination
		m. Function as sole clinic provider <i>(with physician consultation available)</i>			u. Ocular tonometry
					B. SUPPLEMENTAL PRIVILEGES
					1. OUTPATIENT
					a. Manage patients in the emergency services department (ESD) with ESD physician consultation available
					b. Manage common behavioral or psychosocial problems, including crisis intervention and short-term individual, family, and marriage counseling

I. LIST OF CLINICAL PRIVILEGES - PHYSICIAN ASSISTANT (Continued)					
Requested	Verified		Requested	Verified	
		1. OUTPATIENT (continued)			3. PROCEDURES (continued)
		c. Management of uncomplicated psoriasis and actinic keratosis			c. Gynecology
					(1) IUD Insertion/removal
		d. Management of hyphema, iritis, glaucoma with appropriate consultation with ophthalmology			(2) Cervical biopsy
					(3) Cervical cryotherapy
		e. Other (Specify)			(4) Vaginal diaphragm fitting
					(5) Other (Specify)
		2. INPATIENT			
		a. Other (Specify)			d. Internal Medicine
					(1) Sigmoidoscopy
					(2) Stress electrocardiography (treadmill)
		3. PROCEDURES			(3) Lumbar puncture
		a. Dermatology			(4) Other (Specify)
		(1) Excision of skin tumors felt to be malignant (e.g. basal cell, squamous cell carcinomas)			
		(2) Other (Specify)			e. Surgery and Surgical Subspecialties
					(1) Repair of skin lacerations involving more than one layer of closure
		b. Emergency			(2) Indirect laryngoscopy
		(1) Venous cutdown			(3) Direct laryngoscopy
		(2) Central venous venipuncture and catheterization			(4) Posterior nasal pack
		(3) Tracheostomy			(5) Thrombosed hemorrhoid incision and drainage (I&D)
		(4) Thoracentesis			(6) Vasectomy
		(5) Tube thoracostomy			(7) Arthrocentesis
		(6) Emergency cricothyroidotomy			(8) Other (Specify)
		(7) Closed reduction of simple fractures and dislocations			
		(8) Management of fingertip amputations			C. OTHER (Specify)
		(9) Intravenous conscious sedation anesthesia (in ESD, operating room only)			1.
		(10) Other (Specify)			2.
					3.
					4.

SIGNATURE OF APPLICANT	DATE
------------------------	------

II. CLINICAL SUPERVISOR'S RECOMMENDATION

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

SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)	DATE
---	------