CLINICAL PRIVILEGES – FAMILY PRACTICE AND PRIMARY CARE PHYSICIANS									
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									
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 privileges list must be mad e in accordance with AFI 44-119.         NAME OF APPLICANT (Last, First, Middle Initial)									
I.		LIST OF CLINICAL PRIVILEGES – FAMILY F	RACTICE	AND PRI	MARY CARE PHYSICIANS				
Requested	Verified		Requested	Verified					
		A. CORE PRIVILEGES			(3) Complicated pediatric problems (continued)				
		1. OUTPATIENT			(a) Serious infections (meningitis, pneumonia, septic arthritis, etc.)				
		a. Pediatrics							
		(1) Well-child care			(b) Fluid and electrolyte problems				
		(2) Office pediatric problems			(c) Neonatal sepsis				
		b. Obstetrics			(d) Mild neonatal respiratory distress				
		(1) Uncomplicated prenatal care (2) Threatened abortion			(e) Status asthmaticus b. Obstetrics				
					(1) Routine uncomplicated labor				
		(3) Complicated ( <i>high risk</i> ) prenatal outpatients with appropriate consultation from staff obstetrician			<ul> <li>(2) Complicated obstetrical problems using appropriate consultation with staff obstetricians when clinically indicated</li> </ul>				
		c. Gynecology (1) Office gynecologic care							
					(a) Preeclampsia and eclampsia				
		d. Internal Medicine and Medicine Subspecialties			(b) Chronic hypertension				
		(1) Office adult internal medicine			(c) Premature labor				
		(2) Office neurologic problems			(d) Premature rupture of membranes				
		(3) Office dermatologic problems not including			(e) Prolapsed umbilical cord				
		psoriasis, actinic keratoses, or malignant skin tumors			(f) Fetal distress syndrome				
					(g) Arrest of labor				
		(4) Uncomplicated psoriasis and actinic keratosis			(h) Postpartum hemorrhage				
		e. Surgery and Surgical Subspecialties			(i) Postpartum endometritis				
		(1) Office orthopedic problems			(j) Third trimester bleeding				
		(2) Office otorhinolaryngologic problems			(k) Hyperemesis gravidarum				
		(3) Office ophthalmologic problems not including			(I) Pyelonephritis and other UTIs				
		iritis and glaucoma			(m) Amnionitis				
		f. Behavioral Health			(n) Intrauterine fetal death				
		(1) Office behavioral problems, including crisis			c. Gynecology				
		intervention and short-term individual, family, and marital counseling 2. INPATIENT			(1) Complicated inpatient gynecologic problems using appropriate consultation with staff gynecologists when clinically indicated				
		a. Pediatrics			(a) Acute pelvic inflammatory disease				
		(1) Uncomplicated inpatient pediatric problems			(b) Incomplete abortion				
		(2) Routine care of the newborn			d. Internal Medicine and Medicine Subspecialties				
		(3) Complicated pediatric problems using appropriate consultation with staff pedicatricians when clinically indicated			(1) Uncomplicated adult internal medicine problems, not including ICU or CCU care				
					(2) Uncomplicated inpatient neurologic problems				

equested	Verified	IICAL PRIVILEGES – FAMILY	Requested	Verified			
squesteu			Requested	vermeu	h. Dermedele m. (e entire el)		
	d. Internal Medicine (continued)	e and Medicine Subspecialties			b. Dermatology (continued)		
					(2) Simple laceration repair		
		adult internal medicine problems priate consultation when			(3) Simple abscess incision and drainage		
	clinically ind		-		(4) Excision of skin and subcutaneous lesions felt to be non-malignant		
	accompa	ocardial infarction not nied by serious cardiac nsation or serious arrhythmia			(5) Excision of skin tumors felt to be malignar (basal cell carcinoma, squamous cell		
	(b) Congestiv	ve heart failure			<i>carcinoma)</i> c. Internal Medicine		
	(c) Diabetic k				(1) Lumbar puncture		
	(d) Serious fi	uid and electrolyte abnormalities			(2) Thoracentesis		
	(e) Status ast	hmaticus			(3) Sigmoidoscopy with biopsy		
	(f) Acute gas	trointestinal bleeding			(4) Bone marrow aspiration and biopsy		
	(r) Chronic o	(g) Chronic obstructive pulmonary disease			(5) Stress electrocardiography (treadmill)		
		iratory decompensation not			d. Pediatrics		
	requiring	requiring ventilator support					
					(1) Suprapubic bladder aspiration		
		fections (meningitis,			(2) Neonatal circumcision		
		pneumonia, sepsis, etc.)			(3) Umbilical artery catheterization		
	(i) Undiagno	sed anemias			(4) Umbilical vein catheterization		
	(j) Uremia				(5) Intubation		
	(k) Severe dr	ug overdose			e. Surgical and Surgical Subspecialties		
	(I) Alcohol w	ithdrawal syndromes			(1) Bladder catheterization		
	(m) Bleeding	and coagulation disorders			(2) Removal of ocular foreign body		
	(n) Blood dys				(3) Removal of nasal foreign body		
	(o) Hypertens				(4) Vasectomy		
	appropriate	adult neurologic problems with consultation with staff when clinically indicated			<ul><li>(5) Arthrocentesis</li><li>(6) Closed reduction of simple fractures and dislocations</li></ul>		
	(a) Status epi	lepticus	·		f. Obstetrics		
	(b) Cerebrova	ascular accident (CVA)			(1) Routine vaginal delivery without the use		
	(c) Coma of u	indetermined etiology			of forceps or vacuum		
	e. Surgery and Sur	gical Subspecialties			(2) Manual extraction of the placenta		
	(1) Uncomplicate	ed musculoskeletal problems			(3) Outlet vacuum delivery		
	(muscle spas	(muscle spasms, strains, back pain, etc.)			(4) Induction of labor		
	(2) Uncomplicated urologic problems (epidydimitis, prostatitis, pyelonephritis, bleeding and other complications of vasectomy)				(5) Limited obstetric ultrasound (fetal position fetal cardiac activity, etc.)		
					g. Gynecology		
				(1) Perform Papanicolaou (Pap) smears			
					(2) Endometrial biopsy		
	(3) Management of spontaneous pneumothorax				(3) Cervical biopsy		
	without serious respiratory compromise with appropriate consultation with a general or throracic surgeon when clinically indicated				(4) Intrauterine device (IUD) insertion/removal		
	(4) First assist a	major surgical procedures			B. SUPPLEMENTAL PRIVILEGES		
	3. PROCEDURES				1. OUTPATIENT		
	a. Emergency				a. Other (Specify)		
	(1) Basic life sup	port (BLS)	1				
		rdiac life support (ACLS)			2. INPATIENT		
	(2) Advanced ca (3) Crycothyroid				a. Other (Specify)		
		stomy (chest tube)	1				
	(5) Endotrachea	. ,			3. PROCEDURES		
		uncture and catheterization			a. Emergency		
	(7) Insertion of a				(1) Venous cutdown		
	()	n of life threatening arrhythmia			(2) Tracheostomy		
	b. Dermatology				(3) Other (Specify)		
	(1) Punch biops	/	1		(·/ ··· (-F-···))		

I. LIST OF CLINICAL PRIVILEGES – FAMILY PRACTICE AND PRIMARY CARE PHYSICIANS (Continued)								
Requested	Verified		Requested	Verified				
		3. PROCEDURES (continued)			3. PROCEDURES (co	ontinued)		
		b. Dermatology			e. Obstetrics			
		(1) Repair of skin laceration involving more than one layer of closure			(1) Repair of cervical, vaginal, and fourth degree perineal lacerations following delivery			
		(2) Other (Specify)			(0) 1 forman	- delline		
		c. Internal Medicine			(2) Low forceps (3) Other (Spec	-		
		(1) Paracentesis				ny)		
		(2) Colonoscopy			f. Gynecology			
		(3) Other (Specify)			(1) Colposcopy			
					(2) Vaginal diaphragm fitting			
		d. Surgery and Surgical Subspecialties			(3) Other (Spec			
		(1) Nasolaryngoscopy			(),, (-,,)			
		(2) Management of fingertip amputation			C. OTHER (Specify)			
		(3) Posterior nasal pack			1.			
		(4) Breast mass aspiration			2.			
		(5) Other (Specify)			3.			
					4.			
SIGNATURE OF APPLICANT DATE (YYYYMMDD)								
П.			JR'S RECOM	MENDAI	ION			
SIGNATU	RE OF CL	INCAL SUPERVISOR (Include typed, printed, or stamp	ed signature b	llock)		DATE (YYYYMMDD)		