DELINEATION OF CLINICAL PRIVILEGES - PEDIATRICS

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.

Supervision & care of routine newborns and uncomplicated pediatric/adolescent patients, i.e., illnesses, injuries, conditions, or procedures that have no significant risk to the patient. Non-specialists with reasonable pediatric experience in the care of these conditions (e.g., Family Practitioners, General Medical Officers (GMO)). Pediatric Residency Training is not required. Pediatricians in this category are also qualified for standard GMO privileges in adult patients.

PEDIATRIC OR ADULT SKILLS

Requested	Approved		Requested	Approved	
		Category I clinical privileges			f. Naso-gastric (N/G) tube placement
		a. Circumcision of normal newborn			g. Suturing, routine and non-cosmetic
		b. Incision and drainage of abscess			h. Urethral catheterization
		c. Ingrown toenail excision			i. Venipuncture
		d. I.V. placement			
		e. Lumbar puncture			

GENERAL MEDICAL OFFICER - ADULT PATIENTS

Requested	Approved	
		a. General diagnosis and treatment of minor illness and uncomplicated general medical conditions expected of a GMO
		b. Perform routine histories and physical exams
		c. Wet reads of acute films and stat EKGs
		d. Diagnose and treat minor skin conditions
		e. Diagnose and treat minor orthopedic conditions including sprains, low back pain, ingrown toenail
		f. Diagnose and treat minor surgical conditions including minor burns, I&D abscess, minor suturing
		g. Diagnose and manage routine infectious diseases including STDs
		h. Emergency resuscitation and stabilization of adults including CPR, emergency intubation and ventilation, chest tubes and emergency drug administration

Category II. Includes Category I.

Category I privileges must be requested and approved as a pre-requisite for Category II privileging. Major illnesses, injuries, emergency care, conditions or procedures that afford low to moderate risk to the patient. Completion of Pediatric Residency & board certification or board eligibility in Pediatrics is required.

		Category II clinical privileges			f. Chest tube insertion
		a. Admitting privileges to ward and nursery for all age groups			g. Child abuse evaluation
		b. Arterial puncture			h. Conscious sedation for procedures and studies
		c. Bone marrow aspiration			i. Interpretation of EKGs all age groups
		d. Chemotherapy - IV			j. Gastrostomy button or tube replacement
		e. Chemotherapy - Intrathecal			k. Parenteral and enteral nutrition

Category II. *(Continued)*

Requested	Approved		Requested	Approved	
		l. Management of complex disabled patients			p. Thoracentisis
		m. Paracentesis			q. Tympanocentesis
		n. Pelvic examination in adolescent			
		o. Suprapubic bladder tap			

EMERGENT/LIFE THREATENING EVENT PROCEDURES

Requested	Approved		Requested	Approved	
		a. Arterial line placement			j. Pericardiocentesis
		b. Cardioversion			k. Saphenous or antecubital vein cutdown
		c. Defibrillation			l. Stabilization & ventilation of critically ill newborn, pediatric and adolescent patients pending transport
		d. Central line placement			
		e. Emergency EKG interpretation			m. Tracheostomy, needle
		f. Exchange transfusion			n. UAC and UVC line insertion
		g. Intra-osseous needle placement			
		h. Intubation (Oro-tracheal)			
		i. Intubation (Naso-tracheal)			

Category III. Includes Categories I and II.

Category I and II privileges must be requested and approved as a pre-requisite for Category III privileging. Unusually complex, specialized or critical illnesses, injuries, conditions, or procedures that require extensive experience/training beyond residency training &/or relevant subspecialty training and Pediatric Specialty sub-board eligibility/certification for competence. Items are arranged by the subspecialty that includes the skill in training but other specialists/general pediatricians may be qualified for any individual item.

Requested	Approved		Requested	Approved	
		Category III clinical privileges			
		a. ICU admitting privileges for pediatric patients			

PEDIATRIC CARDIOLOGY

Requested	Approved		Requested	Approved	
		a. Angiography			j. Fetal echocardiogram
		b. Cardiac biopsy			k. Holter monitor interpretation
		c. Cardiac catheterization - diagnostic			l. Pacemaker implantation
		d. Cardiac catheterization - interventional			m. Radiofrequency ablation
		e. Catheterization, electrophysiology			n. Tilt table testing
		f. Cardiac transplant management			o. Treadmill testing
		g. Echocardiography, transesophageal			
		h. Echocardiography, transthoracic			
		i. Event recorder interpretation			

PEDIATRIC CRITICAL CARE

Requested	Approved		Requested	Approved	
		a. Admitting privileges for pediatric patients to ICU			h. NO administration
		b. Central arterial line placement			i. Plasmapheresis
		c. Conventional mechanical ventilation			j. PIC line placement
		d. Deep sedation			k. PICU transport
		e. ECMO - pediatric			l. Pulmonary artery catheterization and monitoring
		f. Exchange transfusion			
		g. High frequency ventilation			

PEDIATRIC ENDOCRINOLOGY

Requested	Approved		Requested	Approved	
		a. ACTH stimulation testing			f. L-DOPA hGH provocative testing
		b. Fine needle biopsy of the thyroid			g. Metyrapone stimulation testing
		c. Growth hormone stimulation testing			h. TRH stimulation testing
		d. GnRH stimulation testing			
		e. hCG stimulation testing			

PEDIATRIC GASTROENTEROLOGY

Requested	Approved		Requested	Approved	
		a. Ano-rectal manometry			k. Esophageal motility
		b. Breath hydrogen testing			l. Flexible sigmoidoscopy - diagnostic
		c. Colonoscopy - diagnostic			m. Flexible sigmoidoscopy - therapeutic
		d. Colonoscopy - therapeutic			n. Liver transplant management
		e. EGD with or without biopsies			o. Percutaneous endoscopic gastrostomy placement
		f. EGD with foreign body removal			p. Percutaneous liver biopsy
		g. EGD with sclerotherapy			q. pH probe study
		h. Endoscopic retrograde pancreato-cholangiography			r. Suction rectal biopsy
		i. Enteroscopy - small bowel			
		j. Esophageal dilation			

PEDIATRIC HEMATOLOGY/ONCOLOGY

Requested	Approved		Requested	Approved	
		a. Blood smear interpretation			d. LP with intrathecal chemotherapy
		b. Bone marrow biopsy			e. Parenteral chemotherapy
		c. Bone marrow transplant management			

PEDIATRIC NEPHROLOGY

Requested	Approved		Requested	Approved	
		a. 24-hour ambulatory blood pressure interpretation			e. Kidney biopsy
		b. Continuous renal replacement therapies: CAVH, CAVHD & CAVHDF & CVVH, CVVHD and CVVHDF			f. Peritoneal dialysis access insertion - acute
					g. Peritoneal dialysis - acute and chronic
					h. Renal transplant patient management
		c. Hemodialysis acute and chronic			
		d. Hemodialysis access insertion acute emergency			

PEDIATRIC PULMONOLOGY

Requested	Approved		Requested	Approved	
		a. Bronchoalveolar lavage			e. PFT interpretation
		b. Bronchoscopic assisted endotracheal intubation			f. Sleep study interpretation
		c. Flexible bronchoscopy with biopsy			
		d. Flexible naso-pharyngoscopy			

NEONATAL CRITICAL CARE

Requested	Approved		Requested	Approved	
		a. Admitting privileges to NICU			g. High frequency ventilation of neonates
		b. Arterial line placement in neonates			h. NO administration in neonates
		c. Central lines (femoral, subclavian and internal jugular)			i. PIC line placement in neonates
		d. Umbilical vessel cutdown			j. Neonatal transport
		e. Conventional mechanical ventilation of neonates			k. Echocardiogram (screening)
		f. ECMO (with hemofiltration) - neonatal			

COMMENTS

COMMENTS *(Continued)*

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - PEDIATRICS

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE/CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	PEDIATRIC OR ADULT SKILLS			
	Category I clinical privileges			
	a. Circumcision of normal newborn			
	b. Incision and drainage of abscess			
	c. Ingrown toenail excision			
	d. I.V. placement			
	e. Lumbar puncture			
	f. Naso-gastric (N/G) tube placement			
	g. Suturing, routine and non-cosmetic			
	h. Urethral catheterization			
	i. Venipuncture			
	GENERAL MEDICAL OFFICER - ADULT PATIENTS			
	a. General diagnosis and treatment of minor illness and uncomplicated general medical conditions expected of a GMO			
	b. Perform routine histories and physical exams			
	c. Wet reads of acute films and stat EKGs			
	d. Diagnose and treat minor skin conditions			
	e. Diagnose and treat minor orthopedic conditions including sprains, low back pain, ingrown toenail			
	f. Diagnose and treat minor surgical conditions including minor burns, I&D abscess, minor suturing			
	g. Diagnose and manage routine infectious diseases including STDs			
	h. Emergency resuscitation and stabilization of adults including CPR, emergency intubation and ventilation, chest tubes and emergency drug administration			
	Category II clinical privileges			
	a. Admitting privileges to ward and nursery for all age groups			
	b. Arterial puncture			
	c. Bone marrow aspiration			
	d. Chemotherapy - IV			
	e. Chemotherapy - Intrathecal			
	f. Chest tube insertion			
	g. Child abuse evaluation			
	h. Conscious sedation for procedures and studies			

CODE	PRIVILEGE/CATEGORY *(Continued)*	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	i. Interpretation of EKGs all age groups			
	j. Gastrostomy button or tube replacement			
	k. Parenteral and enteral nutrition			
	l. Management of complex disabled patients			
	m. Paracentesis			
	n. Pelvic examination in adolescent			
	o. Suprapubic bladder tap			
	p. Thoracentisis			
	q. Tympanocentesis			
	EMERGENT/LIFE THREATENING EVENT PROCEDURES			
	a. Arterial line placement			
	b. Cardioversion			
	c. Defibrillation			
	d. Central line placement			
	e. Emergency EKG interpretation			
	f. Exchange transfusion			
	g. Intra-osseous needle placement			
	h. Intubation (Oro-tracheal)			
	i. Intubation (Naso-tracheal)			
	j. Pericardiocentesis			
	k. Saphenous or antecubital vein cutdown			
	l. Stabilization & ventilation of critically ill newborn, pediatric and adolescent patients pending transport			
	m. Tracheostomy, needle			
	n. UAC and UVC line insertion			
	Category III clinical privileges			
	a. ICU admitting privileges for pediatric patients			
	PEDIATRIC CARDIOLOGY			
	a. Angiography			
	b. Cardiac biopsy			
	c. Cardiac catheterization - diagnostic			
	d. Cardiac catheterization - interventional			
	e. Catheterization, electrophysiology			
	f. Cardiac transplant management			
	g. Echocardiography, transesophageal			
	h. Echocardiography, transthoracic			
	i. Event recorder interpretation			
	j. Fetal echocardiogram			
	k. Holter monitor interpretation			
	l. Pacemaker implantation			
	m. Radiofrequency ablation			
	n. Tilt table testing			

CODE	PRIVILEGE/CATEGORY *(Continued)*	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	o. Treadmill testing			
	PEDIATRIC CRITICAL CARE			
	a. Admitting privileges for pediatric patients to ICU			
	b. Central arterial line placement			
	c. Conventional mechanical ventilation			
	d. Deep sedation			
	e. ECMO - pediatric			
	f. Exchange transfusion			
	g. High frequency ventilation			
	h. NO administration			
	i. Plasmapheresis			
	j. PIC line placement			
	k. PICU transport			
	l. Pulmonary artery catheterization and monitoring			
	PEDIATRIC ENDOCRINOLOGY			
	a. ACTH stimulation testing			
	b. Fine needle biopsy of the thyroid			
	c. Growth hormone stimulation testing			
	d. GnRH stimulation testing			
	e. hCG stimulation testing			
	f. L-DOPA hGH provocative testing			
	g. Metyrapone stimulation testing			
	h. TRH stimulation testing			
	PEDIATRIC GASTROENTEROLOGY			
	a. Ano-rectal manometry			
	b. Breath hydrogen testing			
	c. Colonoscopy - diagnostic			
	d. Colonoscopy - therapeutic			
	e. EGD with or without biopsies			
	f. EGD with foreign body removal			
	g. EGD with sclerotherapy			
	h. Endoscopic retrograde pancreatocholangiography			
	i. Enteroscopy - small bowel			
	j. Esophageal dilation			
	k. Esophageal motility			
	l. Flexible sigmoidoscopy - diagnostic			
	m. Flexible sigmoidoscopy - therapeutic			
	n. Liver transplant management			
	o. Percutaneous endoscopic gastrostomy			
	p. Percutaneous liver biopsy			
	q. pH probe study			

CODE	PRIVILEGE/CATEGORY *(Continued)*	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	r. Suction rectal biopsy			
	PEDIATRIC HEMATOLOGY/ONCOLOGY			
	a. Blood smear interpretation			
	b. Bone marrow biopsy			
	c. Bone marrow transplant management			
	d. LP with intrathecal chemotherapy			
	e. Parenteral chemotherapy			
	PEDIATRIC NEPHROLOGY			
	a. 24-hour ambulatory blood pressure interpretation			
	b. Continuous renal replacement therapies: CAVH, CAVHD & CAVHDF & CVVH, CVVHD and CVVHDF			
	c. Hemodialysis acute and chronic			
	d. Hemodialysis access insertion acute emergency			
	e. Kidney biopsy			
	f. Peritoneal dialysis access insertion - acute			
	g. Peritoneal dialysis - acute and chronic			
	h. Renal transplant patient management			
	PEDIATRIC PULMONOLOGY			
	a. Bronchoalveolar lavage			
	b. Bronchoscopic assisted endotracheal intubation			
	c. Flexible bronchoscopy with biopsy			
	d. Flexible naso-pharyngoscopy			
	e. PFT interpretation			
	f. Sleep study interpretation			
	NEONATAL CRITICAL CARE			
	a. Admitting privileges to NICU			
	b. Arterial line placement in neonates			
	c. Central lines (femoral, subclavian and internal jugular)			
	d. Umbilical vessel cutdown			
	e. Conventional mechanical ventilation of neonates			
	f. ECMO (with hemofiltration) - neonatal			
	g. High frequency ventilation of neonates			
	h. NO administration in neonates			
	i. PIC line placement in neonates			
	j. Neonatal transport			
	k. Echocardiogram (screening)			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*