

DELINEATION OF CLINICAL PRIVILEGES - DIETETICS

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

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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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	SUPERVISOR CODES
1 - Fully competent to perform 2 - Modification requested <i>(Justification attached)</i> 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support/mission	1 - Approved as fully competent 2 - Modification required <i>(Justification noted)</i> 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support/mission

SECTION I - CLINICAL PRIVILEGES

Category I.
 Routine nutritional assessments and nutritional care procedures expected of registered hospital dietitians.

Requested	Approved		Requested	Approved	
		Category I clinical privileges			(g) 24-hour Urine Urea Nitrogen
		a. Evaluation			(h) Thyroid Function Test
		(1) Classify clinical nutrition category			
		(2) Recommend referral to community support programs			
		(3) Evaluate diet orders for appropriateness			(7) Blood glucose monitoring using glucometer
		(4) Classify stages of change			(8) Vitamin/mineral supplements
					(9) Referrals to other HCPs
					(10) P&T committee approved pharmaceuticals
		b. Procedures			
		(1) Perform anthropometric measurements			
		(2) Measure body composition			
		(3) Conduct blood glucose monitoring using glucometer			d. Medical Nutrition Therapy
					(1) General diets for the life cycle
					(2) Modified consistency diets
					(3) Neonatal nutrition
		c. Order			(4) Pediatric diets
		(1) Diet as per verbal order of physician			(5) Geriatric diets
		(2) Calorie level within diet prescription			(6) Cardiovascular diets
		(3) Additional high calorie/protein supplements/snacks			(7) Gastrointestinal diets
		(4) Weight/height			(8) Renal diets
		(5) Calorie counts			(9) Hepatic diets
		(6) Laboratory studies to evaluate response to nutritional therapy:			(10) Calorie-controlled diets
		(a) Albumin			(11) Diabetic diets
		(b) Prealbumin			(12) Psychiatric diets
		(c) Blood glucose			(13) Test diets
		(d) HgA1c			(14) Nutrition support
		(e) Lipid Profile			
		(f) Triglycerides			

Category II. Includes Category I.

Special Privileges. Requires advanced skills as demonstrated through additional education, training and practical expertise.

Requested	Approved		Requested	Approved	
		Category II clinical privileges			(3) Transitional feedings
		a. Order (with physician co-signature)			b. Teach patients blood glucose monitoring
		(1) Tube feedings IAW local policy			c. Conduct indirect calorimetry
		(2) Parenteral formulas IAW local policy			

COMMENTS

SIGNATURE OF PROVIDER

DATE (YYYYMMDD)

SECTION II - SUPERVISOR'S RECOMMENDATIONApproval 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/FUNCTION RECOMMENDATIONApproval as requested Approval with Modifications *(Specify below)* Disapproval *(Specify below)*

COMMENTS

COMMITTEE CHAIRPERSON *(Name and rank)*

SIGNATURE

DATE (YYYYMMDD)