

EVALUATION OF CLINICAL PRIVILEGES - PEDIATRICS

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. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

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. Moderate 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. Thoracentesis			
	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 administration0.			
	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 pancreatocolangiography			
	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)*