

DELINEATION 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. 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.
 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

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.

Requested	Approved		Requested	Approved	
		Category II clinical privileges			f. Chest tube insertion
		a. Admitting privileges to ward and nursery			g. Child abuse evaluation
		b. Arterial puncture			h. Moderate sedation for procedures and
		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. Thoracentesis
		m. Paracentesis			q. Tympanocentesis
		n. Pelvic examination in adolescent			
		o. Suprapubic bladder tap			
EMERGENCY/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
		c. Hemodialysis acute and chronic			h. Renal transplant patient management
		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/FUNCTION RECOMMENDATION

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

COMMITTEE CHAIRPERSON *(Name and rank)*

SIGNATURE

DATE (YYYYMMDD)