

CLINICAL PRIVILEGES - PEDIATRICIAN

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

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 due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES : Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

I. LIST OF CLINICAL PRIVILEGES - PEDIATRICIAN

Requested	Verified		Requested	Verified	
		A. GENERAL			2. Hematologic and Oncologic (continued)
		1. Health maintenance of:			a. Acquired immunodeficiency disorders
		a. Infants			b. Anemia
		b. Children			c. Coagulation disorders
		c. Adolescents			d. Congenital immunodeficiency disorders
		2. Accident prevention			e. Leukemia/lymphoma
		3. Child abuse/sexual abuse			f. Leukopenia
		4. Growth and development			g. Solid tumors
		5. Health consultation to schools and child development centers			h. Splenic disorders
		6. Immunizations			i. Thrombocytopenia
		7. Nutrition			3. Genitourinary
		8. Infections of:			a. Acute renal insufficiency
		a. Bone			b. Chronic renal insufficiency
		b. Central nervous system			c. Congenital or acquired glomerular or tubular disorders
		c. Eye			d. Congenital disorders of the penis or vagina
		d. Gastrointestinal tract			e. Disorders of the uterus
		e. Genitourinary tract			f. Disorders of the scrotal contents
		f. Heart or blood vessels			g. Enuresis
		g. Joints			h. Hematuria
		h. Lymph nodes			i. Nephritis
		i. Mucous membranes			j. Nephrosis/nephrotic syndrome
		j. Respiratory tract (upper and lower)			k. Recurrent infections
		k. Salivary glands			l. Vesiculoureteral reflux
		l. Skin			4. Endocrine and Metabolic
		9. Fever of unknown origin			a. Diabetes mellitus and its complications
		10. Fluid and electrolyte disturbances			b. Growth disorders
		11. Genetic syndromes			c. Hyper/hypothyroidism
		B. DISEASES OF SPECIFIC ORGAN SYSTEMS			d. Pituitary and/or adrenal disorders
		1. Cardiovascular			e. Rickets
		a. Acquired heart disease			f. Sexual maturation disorders
		b. Arrhythmias			5. Gastrointestinal (GI)
		c. Cardiomyopathy			a. Biliary tract obstruction
		d. Congenital heart disease			b. Chronic liver disease
		e. Congestive heart failure			c. Congenital defects of GI tract
		f. Endocarditis			d. Constipation/encopresis
		g. Hyperlipidemia/dyslipidemia			e. Diarrheal disorders
		h. Hypertension			f. Gastritis/ulcer disease
		i. Myocarditis			g. Gastroesophageal reflux
		j. Pericarditis			h. Inflammatory bowel disease
		k. Vascular disorders (e.g., Kawasaki)			i. Jaundice
		2. Hematologic and Oncologic			j. Malabsorption disorders

I. LIST OF CLINICAL PRIVILEGES - PEDIATRICIAN (Continued)					
Requested	Verified		Requested	Verified	
		5. Gastrointestinal (continued)			F. NEONATOLOGY
		k. Pancreatic disorders			1. Routine Newborn Care
		l. Recurrent abdominal pain			a. Circumcision
		6. Neurologic and Neuromuscular Disorders			b. Examination
		a. Altered level of consciousness			c. Feeding and nutrition
		b. Cerebral palsy/static encephalopathy			2. Sick Newborn
		c. Headaches			a. Intravenous alimentation
		d. Inborn errors of metabolism			b. Oral alimentation
		e. Mental and physical handicapping disorders			c. Resuscitation
		f. Myopathies			d. Sepsis evaluation
		g. Neural tube defects			e. Sepsis treatment
		h. Neurocutaneous disorders			f. Ventilatory support
		i. Neuromuscular junction disorders			G. ORTHOPEDICS
		j. Neuropathies			1. Musculoskeletal Injuries
		k. Seizure disorders			a. Ankle
		l. Tics, tremors, and other movement disorders			b. Elbow
		7. Pulmonary			c. Foot
		a. Asthma/reactive airway disease			d. Knee
		b. Atelectasis			e. Stress fractures
		c. Chronic lung disease			2. Congenital/Developmental Skeletal Disorders
		d. Cystic fibrosis			a. Back
		e. Foreign bodies			b. Foot
		f. Pleural effusion/empyema			c. Hip
		g. Pneumothorax			d. Leg
		C. IMMUNE-MEDIATED DISORDERS			e. Neck
		1. Allergic Disorders			H. SPECIFIC PROCEDURES
		a. Allergic rhinitis/sinusitis			1. Vascular
		b. Anaphylaxis			a. Arterial or venous punctures
		c. Complicated asthma			b. Arterial catheter placement
		d. Serum sickness			c. Establishment of venous lines
		e. Uncomplicated asthma			d. Intraosseous line placement
		f. Urticaria			e. Surgical cut-down for placement of venous/arterial lines
		2. Collagen-Vascular Disorders			f. Umbilical vessel catheterization
		a. Juvenile rheumatoid arthritis			2. Lumbar Puncture
		b. Postinfectious arthritis			3. Needle Aspiration or Biopsy
		c. Spondyloarthropathies			a. Abdominal fluid
		d. Suspected rheumatic disease			b. Cellulitis
		e. Systemic lupus erythematosus			c. Chest fluid
		f. Vasculitis			d. Lung
		D. DEVELOPMENTAL/BEHAVIORAL DISORDERS			e. Lymph node
		1. Attention Deficit/Hyperactivity Disorder			f. Pericardium
		2. Behavior Disorders			g. Skin
		3. Developmental Delay			4. Cardiac
		4. Language/Speech Delay			a. Cardioversion
		5. Learning Disabilities			b. Cardiac catheterization
		6. Pervasive Developmental Disorder/Autism			c. Defibrillation
		7. School Problems			d. Echocardiography
		8. Sleep Disorders			e. Electrocardiogram
		E. ADOLESCENCE			f. Exercise stress test
		1. Acne Management			g. Fetal echocardiography
		2. Behavior Disorders			h. Holter monitor/event monitor
		3. Counseling			i. Pacemaker interrogation
		4. Delayed Development			j. Transesophageal echocardiography
		5. Eating Disorders			5. Gastrointestinal
		6. Gynecology			a. Anorectal manometry
		7. Orthopedic Disorders			b. Bowel biopsy
		8. Sexually Transmitted Diseases			c. Colonoscopy +/- ileoscopy
		9. Sleep Disorders			d. Esophageal dilation
		10. Substance Abuse			e. Esophageal manometry

I. LIST OF CLINICAL PRIVILEGES - PEDIATRICIAN <i>(Continued)</i>					
Requested	Verified		Requested	Verified	
		5. Gastrointestinal (continued)			8. Other (Specify) (continued)
		f. Esophagogastroduodenoscopy (EGD)			c. Cryotherapy
		g. Esophageal pH study			d. Intubation
		h. Gastric lavage			e. Transfusion of red blood cells, platelets
		i. Liver biopsy			f. Tube thoracostomy
		j. Nasogastric intubation			g. Tympanocentesis
		k. Percutaneous endoscopic gastrostomy			9. Neurology
		l. Sigmoidoscopy			a. Botox injections
		6. Bone Marrow			b. Chemodenervation
		a. Bone marrow biopsy			c. Electroencephalogram
		b. Needle aspiration			d. Electromyography
		7. Bladder and Kidney			e. Muscle biopsy
		a. Catheterization			f. Nerve conduction studies
		b. Needle biopsy			g. Peripheral nerve blocks
		c. Suprapubic bladder aspiration			i. OTHER (Specify)
		8. Other (Specify)			1.
		a. Colposcopy			2.
		b. Conscious sedation			3.
SIGNATURE OF APPLICANT					DATE
II. CLINICAL SUPERVISOR'S RECOMMENDATION					
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION <i>(Specify below)</i> <input type="checkbox"/> RECOMMEND DISAPPROVAL <i>(Specify below)</i>					
SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)					DATE