

CLINICAL PRIVILEGES - EMERGENCY MEDICINE PHYSICIAN

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 - EMERGENCY MEDICINE PHYSICIAN

Requested	Verified		Requested	Verified	
		A. PROVIDE INITIAL EMERGENCY CARE AS APPROPRIATE FOR TRUE LIFE-THREATENING EMERGENCIES			C. PROCEDURES
		B. PROVIDE INITIAL MANAGEMENT WITHOUT CONSULTATION			1. Oral/nasopharyngeal airway insertion
		1. Minor lacerations			2. Endotracheal intubation
		2. Major lacerations			3. Nasotracheal intubation
		3. Burn injuries			4. Use of laryngeal mask airway
		4. Multiple trauma			5. Transtracheal suctioning
		5. Eye trauma and illness			6. Needle cricothyroidotomy
		6. Musculoskeletal trauma			7. Cricothyroidotomy
		7. Hand infections			8. Rapid sequence intubation
		8. Respiratory illness			9. Direct laryngoscopy
		9. Pulmonary embolism			10. Indirect laryngoscopy
		10. Acute abdominal illness			11. Fiberoptic nasaopharyngoscopy
		11. Gastrointestinal illness			12. Removal of upper airway foreign body
		12. Gastrointestinal bleeding			13. Ventilation management
		13. Acute cardiac emergencies including acute myocardial infarction, arrhythmias, and heart failure			14. Peripheral venipuncture
		14. Gynecological disorders			15. Peripheral venous cutdown
		15. Pregnancy-related disorders			16. Central venous line insertion
		16. Allergic reactions			17. Placement of emergency electrical pacemaker
		17. Nose bleeds			a. Transvenous
		18. Hypothermia			b. Transcutaneous
		19. Hyperthermia			18. Interpretation of electrocardiogram
		20. Near drowning			19. Defibrillation and synchronized cardioversion
		21. Animal and human bites			20. Pericardiocentesis
		22. Poisonings			21. Internal cardiac massage
		23. Alcohol detoxification and drug withdrawal			22. Emergency resuscitative thorocotomy
		24. Acute psychiatric illness			23. Thoracentesis
		25. Altered level of consciousness			24. Tube thoracostomy
		26. Seizure disorders			25. Needle thoracostomy
		27. Dermatologic illness			26. Arterial puncture
		28. Acute endocrinological emergencies			27. Arterial cannula placement
		29. Urinary tract infections			28. Treatment of burns
		30. Urinary calculi			29. Debridement and repair of lacerations
		31. Pediatric illness			30. Diagnostic peritoneal lavage
		32. Screening of ambulance calls			31. Excision of thrombosed external hemorrhoids
		33. Initial interpretation of radiological studies			32. Incision and drainage of abscesses
					33. Reduction of hernias
					34. Anoscopy

I. LIST OF CLINICAL PRIVILEGES - EMERGENCY MEDICINE PHYSICIAN (Continued)

Requested	Verified		Requested	Verified	
		C. PROCEDURES (continued)			C. PROCEDURES (continued)
		35. Suprapubic cystotomy			55. Placement of molded splints
		36. Urinary catheter placement			56. Arthrocentesis
		37. Reduction of paraphimosis/phimosis			a. Diagnostic
		38. Emergency retrograde urethrogram			b. Therapeutic
		39. Emergency retrograde cystogram, IVP			57. Extensor tendon repair
		40. Emergency vaginal delivery			58. Nail trephination/removal
		41. Sexual assault exam			59. Application of cervical traction tongs
		42. Culdocentesis			60. Procedural sedation
		43. Nasogastric intubation			61. Local infiltrative anesthesia
		44. Gastric lavage			62. Regional block anesthesia
		45. Sengstaken-Blakemore tube placement			63. Pediatric resuscitation
		46. Lumbar puncture			64. Emergency screening ultrasonography
		47. Removal of corneal foreign body			a. Trauma ultrasonography
		48. Ophthalmologic tonometry			b. Pelvic ultrasonography
		49. Slit lamp exam			c. Abdominal ultrasonography
		50. Anterior nasal packing			65. Use of MAST (<i>military antishock trousers</i>)
		51. Posterior nasal packing			D. OTHER (Specify)
		52. Cautery (<i>electrical/chemical</i>) of acute mucosal bleeding			1.
		53. Reduction of simple closed dislocations			2.
		54. Reduction of simple closed fractures			3.

SIGNATURE OF APPLICANT	DATE
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II. CLINICAL SUPERVISOR'S RECOMMENDATION

- RECOMMEND APPROVAL
 RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)
 RECOMMEND DISAPPROVAL
(Specify below)

SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)	DATE
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