DELINEATION OF CLINICAL PRIVILEGES - INTERNAL MEDICINE

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

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

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	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.
Uncomplicated illnesses or problems that have low risk to the patient. Non-specialists with little or no residency training but with reasonable experience in the care of these conditions.

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.
Major illnesses, injuries, conditions or procedures, but with no significant risk to life. Significant graduate training in the specialty related to the conditions, or considerable experience in the care of the conditions is appropriate.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.
Major illnesses, conditions, or procedures that carry substantial threat to life. Board certification or other extensive training and experience in the care of these conditions is required.

Requested	Approved	
		Category III clinical privileges

Category IV. Includes Categories I, II, and III.
Unusually complex or critical diagnoses or treatment with serious threat to life. Extensive relevant subspecialty training or experience beyond board certification is typical.

Requested	Approved	
		Category IV clinical privileges

Medical Subspecialty. Initial the subspecialty(ies) for which clinical privileges are being requested.
NOTE: If a separate privilege list for the subspecialty is in use, please attach this document.

Requested	Approved		Requested	Approved	
		Allergy/Immunology			Internal Medicine
		Cardiology			Critical Care
		Endocrine and Metabolic Disease			Nephrology
		Gastroenterology			Pulmonary Disease
		Hematology/Oncology			Rheumatology
		Infectious Disease			

GENERAL INTERNAL MEDICINE PROCEDURES

Requested	Approved		Requested	Approved	
		a. Arterial puncture			i. Endotracheal intubation
		b. Arthrocentesis			j. Flexible sigmoidoscopy and biopsy
		c. Bone marrow aspiration and biopsy			k. Fluoroscopy
		d. Central venous cannulation			l. Paracentesis
		e. Chest tube insertion			m. Pericardiocentesis (emergent)
		f. Conscious sedation			n. Pulmonary function interpretation
		g. Electrocardiogram (ECG) interpretation			o. Skin biopsy
		h. Electrocardioversion			p. Spinal tap

GENERAL INTERNAL MEDICINE PROCEDURES *(Continued)*					
Requested	Approved		Requested	Approved	
		q. Thoracentesis			
		r. Treadmill stress tests *(Thallium, etc.)*			
ADDITIONAL GASTROENTEROLOGY PROCEDURES					
Requested	Approved		Requested	Approved	
		a. Colonoscopy - diagnostic and therapeutic			h. Esophagogastroduodenoscopy - therapeutic
		b. Diagnostic ERCP			i. Liver biopsy
		c. Therapeutic ERCP			j. Percutaneous endoscopic gastrostomy
		d. Esophageal dilation			
		e. Esophageal manometry			
		f. 24-hour pH study			
		g. Esophagogastroduodenoscopy - diagnostic			
ADDITIONAL CARDIOLOGY PROCEDURES					
Requested	Approved		Requested	Approved	
		a. Cardiac catheterization			d. Transthoracic echocardiography
		b. Intraaortic balloon pump insertion			
		c. Transesophageal echocardiography			
ADDITIONAL HEMATOLOGY/ONCOLOGY PROCEDURES					
Requested	Approved				
		a. Cisternal tap			
		b. Prescription and administration of chemotherapy and biological therapy by IV, SQ, IM, IT, and intracavitary routes			
		c. High dose chemotherapy with stem cell rescue, autologous and allogeneic			
ADDITIONAL PULMONARY PROCEDURES					
Requested	Approved		Requested	Approved	
		a. Bronchoscopy *(Biopsy, brushing, and lavage)*			c. Pleural biopsy
		b. Lung biopsy			
ADDITIONAL ALLERGY PROCEDURES					
Requested	Approved		Requested	Approved	
		a. Rhinoscopy			
ADDITIONAL ICU PROCEDURES					
Requested	Approved		Requested	Approved	
		a. Arterial cannulation			d. Ventilator management
		b. Pulmonary artery catheterization			
		c. Transvenous temporary pacing			
ADDITIONAL ENDOCRINOLOGY PROCEDURES					
Requested	Approved		Requested	Approved	
		a. Thyroid biopsy			
OTHER PROCEDURES *(Specify Subspecialty)*					
Requested	Approved		Requested	Approved	

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 RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - INTERNAL MEDICINE

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

1. NAME OF PROVIDER	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

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
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
	Medical Subspecialty			
	Allergy/Immunology			
	Cardiology			
	Endocrine and Metabolic Disease			
	Gastroenterology			
	Hematology/Oncology			
	Infectious Disease			
	Internal Medicine			
	Critical Care			
	Nephrology			
	Pulmonary Disease			
	Rheumatology			
	GENERAL INTERNAL MEDICINE PROCEDURES			
	a. Arterial puncture			
	b. Arthrocentesis			
	c. Bone marrow aspiration and biopsy			
	d. Central venous cannulation			
	e. Chest tube insertion			
	f. Conscious sedation			
	g. Electrocardiogram (ECG) interpretation			
	h. Electrocardioversion			
	i. Endotracheal intubation			
	j. Flexible sigmoidoscopy and biopsy			
	k. Fluoroscopy			
	l. Paracentesis			
	m. Pericardiocentesis (emergent)			
	n. Pulmonary function interpretation			
	o. Skin biopsy			
	p. Spinal tap			
	q. Thoracentesis			

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	GENERAL INTERNAL MEDICINE PROCEDURES			
	r. Treadmill stress tests			
	ADDITIONAL GASTROENTEROLOGY PROCEDURES			
	a. Colonoscopy - diagnostic and therapeutic			
	b. Diagnostic ERCP			
	c. Therapeutic ERCP			
	d. Esophageal dilation			
	e. Esophageal manometry			
	f. 24-hour pH study			
	g. Esophagogastroduodenoscopy - diagnostic			
	h. Esophagogastroduodenoscopy - therapeutic			
	i. Liver biopsy			
	j. Percutaneous endoscopic gastrostomy			
	ADDITIONAL CARDIOLOGY PROCEDURES			
	a. Cardiac catheterization			
	b. Intraaortic balloon pump insertion			
	c. Transesophageal echocardiography			
	d. Transthoracic echocardiography			
	ADDITIONAL HEMATOLOGY/ONCOLOGY PROCEDURES			
	a. Cisternal tap			
	b. Prescription and administration of chemotherapy and biological therapy by IV, SQ, IM, IT, and intracavitary routes			
	c. High dose chemotherapy with stem cell rescue, autologous and allogeneic			
	ADDITIONAL PULMONARY PROCEDURES			
	a. Bronchoscopy			
	b. Lung biopsy			
	c. Pleural biopsy			
	ADDITIONAL ALLERGY PROCEDURES			
	a. Rhinoscopy			
	ADDITIONAL ICU PROCEDURES			
	a. Arterial cannulation			
	b. Pulmonary artery catheterization			
	c. Transvenous temporary pacing			
	d. Ventilator management			
	ADDITIONAL ENDOCRINOLOGY PROCEDURES			
	a. Thyroid biopsy			

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	OTHER PROCEDURES			

SECTION II - COMMENTS

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*