

## EVALUATION OF CLINICAL PRIVILEGES - PHYSICIAN ASSISTANT

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
	Category I clinical privileges			
	a. Diagnose and treat illnesses and injuries (all categories of beneficiaries)			
	b. Order and interpret laboratory tests			
	c. Order and interpret radiographs (X-ray, CT, MRI and Ultrasound)			
	d. Prescribe and/or administer P&T Committee approved medications			
	e. Issue temporary profiles (not to exceed 30 days)			
	f. Perform complete histories and physicals (AR 40-501)			
	g. Supervision of immunizations (AR 40-562)			
	h. Nuclear and Chemical Surety evaluations (AR 50-5 and 50-6)			
	Category II clinical privileges			
	a. Aviation Medicine (Aeromedical PA)			
	b. Orthopedics			
	c. Emergency Medicine			
	d. Occupational Medicine			
	e. Cardiovascular Perfusion			
	f. Cardio-thoracic Surgery			
	g. Diving/Hyperbaric Medicine (DMO/HMO)			
	h. Neurosurgery			
	i. Dermatology			
	Category III clinical privileges			
	a. Joint aspiration/injection			
	b. Wound care, debridement and suturing			
	c. Incision and drainage of abscesses			
	d. Urethral catheterization			
	e. Administration of IV fluids			
	f. Nasogastric intubation			
	g. Nasopharyngeal intubation			
	h. Stabilization of fractures			
	i. Reduction of simple extremity fractures			
	j. Administration of anesthesia			
	(1) Digital			
	(2) Local			

CODE	PRIVILEGE CATEGORY <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	(3) Intercostal			
	k. First assist in major surgical cases			
	Category IV clinical privileges			
	a. * Admission of patients			
	b. * Inpatient history and physical examinations			
	c. * Doctor's orders			
	d. * Narrative summaries			
	e. * Discharge of patients			

\*Requires physician review and signature within 24 hours.

**SECTION II - COMMENTS** *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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