

EVALUATION OF CLINICAL PRIVILEGES - EMERGENCY MEDICINE

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
	a. Altered levels of consciousness			
	b. Eye trauma or illness			
	c. Dermatologic problems without systemic			
	d. Acute respiratory illnesses including acute respiratory failure			
	e. Acute cardiac emergencies including cardiac failure, myocardial infarction, and cardiac arrhythmias			
	f. Acute abdominal disorders/injury			
	g. Gastrointestinal illness			
	h. Poisoning			
	i. Caustic ingestions			
	j. Electrical injury			
	k. Chemical or nuclear exposure/injury			
	l. Near drowning			
	m. OB problems IAW local policy			
	n. GYN problems (select one) including/excluding gravid patients			
	o. Management of rape or sexual assault victim			
	p. Acute psychiatric illness, suicidal patients			
	q. Alcohol and drug overdose, and withdrawal syndromes			
	r. Abscesses, thrombosed hemorrhoids, infected ingrown nails			
	s. Lacerations to include those involving more than one layer of closure			
	t. Animal and human bites			
	u. Musculoskeletal injury/trauma			
	v. Management of suspected cervical spine injury			
	w. Severe head and neck trauma			
	x. Multiple trauma victims			
	y. Thermal injuries and possible related inhalation injury			
	z. Critically burned patient			
	aa. Gunshot wounds or knife injuries excluding chest or neck			
	ab. Uncomplicated pneumothorax (with or without tension)			
	ac. Acute compartment compression syndrome			
	ad. In the absence of immediate consultant care, surgically manage leaking or ruptured thoracic aneurysm in life-threatening situations, inclusive of emergency thoracostomy and cross-clamping of the aorta, open cardiac massage, but not inclusive of bypass techniques or definitive repair			
	ae. In the absence of consultant care, surgically manage through-and-through wounds to the chest not inclusive of bypass techniques or definitive repair			
	af. In the absence of consultant care, appropriately apply ER techniques for evaluation of acute subdural hematomas			

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	ag. Management and supervision of mass casualty and triage			
	ah. Supervision of pre-hospital and other EMT-provided care			
	ai. Management of routine ER administrative matters			
	PROCEDURE/SKILL			
	a. All appropriate diagnostic testing			
	b. X-ray and EKG interpretation			
	c. Peripheral intravenous access			
	d. Central venous catheter placement			
	e. Arterial puncture			
	f. Arterial catheter placement			
	g. Cardioversion			
	h. Lumbar puncture			
	i. Pericardiocentesis			
	j. Paracentesis			
	k. Thoracentesis			
	l. Arthrocentesis			
	m. Gastric lavage			
	n. Peritoneal lavage			
	o. Use of MAST device in managing severe hypotension			
	p. Airway maintenance including emergency crico-thyrotomy, nasotracheal and orotracheal intubation			
	q. Thoracostomy with/without intrathoracic suction			
	r. Ventilator management IAW arterial and venous blood gas data			
	s. Reduction of fractures/dislocations causing neurovascular compromise			
	t. Transvenous and transthoracic temporary cardiac pacemaker placement			
	u. Ultrasound to include:			
	(1) Focused abdominal sonography in trauma (FAST)			
	(2) Limited transvaginal and trans-abdominal ultrasound in pregnancy			
	(3) Limited biliary ultrasonography			
	(4) Limited aortic ultrasonography			
	(5) Limited echocardiography			
	(6) Limited procedural ultrasound (e.g., central venous access)			
	v. Sedation and analgesia for diagnostic/interventional procedures			
	w. Rapid sequence induction (RSI) with intubation			
SECTION II - COMMENTS <i>(Explain any rating that is "Unacceptable".)</i>				
NAME AND TITLE OF EVALUATOR		SIGNATURE		DATE (YYYYMMDD)