APPENDIX E

CLINICAL PRIVILEGE SHEETS FOR PHYSICIANS

1. The clinical privilege sheets contained in this appendix are arranged by clinical specialty. These sheets are used in the application and granting of professional staff appointments to delineate specific scopes of care, i.e., clinical privileges. For each specialty area, the privileges are divided into two categories, core privileges and supplemental privileges.

   a. Core privileges

      (1) Constitute a single entity. This is not a list from which applicants may choose the privileges they wish to request. Indicate with a double asterisk (**) any facility-limited core privileges on the privilege sheet.

      (2) Describe the baseline scope of care for fully qualified DON practitioners in each of the identified specialty areas.

      (3) Are standardized and must not be modified by MTFs/DTFs. Forward suggested modifications to core privileges to the Deputy Chief, Medical Operations Support via the appropriate specialty leader.

   b. Supplemental privileges

      (1) Are delineated on an item-by-item basis. Provider must write “yes” or “no” beside the supplemental privilege, on the privilege sheet. The area labeled “other” is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

      (2) May be customized by MTFs/DTFs by adding, deleting, or modifying items to make them specific to their facility. This action does not require BUMED approval.

2. Practitioners must use only those privilege sheets appropriate for their clinical specialty.

3. Health care practitioners are not required to be privileged to provide emergency care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation to the degree permitted by their licensure, training, applicable law and Navy regulations.

4. While not identified specifically in each core privilege list, all physicians with current staff appointments are authorized to perform clinical histories and physical examinations.
5. **Criteria for physician core privileges**

   a. Graduation from a medical school in the United States, Canada, or Puerto Rico approved by the Liaison Committee on Medical Education of the AMA or graduation from a college of osteopathy approved by the American Osteopathic Association (AOA). Graduates of medical schools other than those listed above must have passed either the FMGEMS or the ECFMG or have completed Fifth Pathway.

   b. Completion of a GME-1 program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the AOA.

   c. Completion of a residency approved by an American specialty board or the AOA, board certification, or board eligible. (For specialty core privileges.)

   d. Possession of an active, valid, unrestricted license, licensure exemption, or specifically authorized to practice independently without a license per this instruction.

   e. Current clinical competence.

   f. No health status contraindications to granting clinical privileges as delineated.

6. **Criteria for physician supplemental privileges**

   a. Criteria for core privileges.

   b. Criteria for supplemental privileges of primary care sports medicine.

      (1) Completion of an accredited primary care residency and privileged in the specialty of family practice, pediatrics, internal medicine or emergency medicine.

      (2) Completion of a primary care sports medicine fellowship accredited by the Residency Review Committee (RRC) of the ACGME or AOA, and/or within the eligibility limit (3 years) to take the sports medicine examination for certification, as set forth by the American Board of Family Practice or the AOA.

      (3) Primary care sports medicine privileges are not to be used as a core specialty privilege list. They are to be used only as supplemental privileges in conjunction with the core privileges granted in family practice, pediatrics, internal medicine or emergency medicine. Primary care sports medicine privileges must be granted on an item-by-item basis. The provider must write “yes” or “no” by each supplemental privilege.
c. Compliance with departmental-specific (specialty) criteria endorsed by the ECOMS/ECODS and approved by the privileging authority.

7. **Criteria for Osteopathic Manipulative Medicine (OMM)**

   a. **Definitions:**

      (1) **Osteopathic Medicine (OM).** A complete system of medical care with a philosophy that combines the needs of the patient with current practice of medicine, surgery, and obstetrics, and emphasizes the interrelationships between structure and function, and an appreciation of the body's ability to heal itself.

      (2) **Osteopathic Physician - Doctor of Osteopathy (DO).** A person with full, unlimited medical practice rights who has achieved the nationally recognized academic and professional standards within their country to practice diagnosis and treatment based upon the principles of osteopathic philosophy. Individual countries establish the national academic and professional standards for osteopathic physicians practicing within their countries.

      (3) **Osteopathic Manipulative Medicine (OMM).** The application of osteopathic philosophy, structural diagnosis, and use of osteopathic manipulative treatment in the diagnosis and management of the patient.

      (4) **Osteopathic Manipulative Treatment/Therapy (OMT).** The therapeutic application of manually guided forces by an Osteopathic Physician to improve physiologic function and/or support homeostasis that have been altered by somatic dysfunction. OMT employs a variety of techniques.

   b. Osteopathic physicians are qualified to independently prescribe and use OMM after successfully graduating medical school, internship, and obtaining licensure in a State, territory, or district.

   c. Indications for the use of OMM are those, which informed DO physicians believe would benefit the patient. OHM is indicated in the following, but is not limited to: somatic dysfunction, neck pain, low back pain, chronic pain syndromes, ligamentous strain, postural imbalance, muscular spasm, osseous reduction, and other conditions where the patient would be expected to benefit from short or long term use of OMM.

   d. Consultation requirements for the use of OMM should include evidence of a previously considered differential diagnosis and appropriate supportive workup.
e. OMM will be included in the peer review process to assess appropriate clinical judgment, clinical decision-making, and proficiency in the use OMM procedures.

f. While not identified specifically in each core privilege list, DO physicians by virtue of their DO degree, and unique training, are authorized to perform OMM, and need not request it as a core or supplemental privilege.

g. Allopathic physicians must practice under a Plan of Supervision (POS), supervised by a DO, to request OMM as a supplemental privilege.

8. Additional Criteria for Family Practice Core Privileges

a. Family Practice is a dynamic and comprehensive specialty encompassing continuous, comprehensive, quality care emphasizing patient advocacy. Adult medical care, child care (infant to young adult), maternity care, surgical care, critical care, and psychiatric care are integral components of the specialty. Procedural skills are also a component of family practice allowing for the provision of comprehensive care.

b. Navy Family Physicians and/or employed Family Physician members of the medical staff may request privileges to care for adults and infants/children/adolescents in both the ambulatory and hospital setting. This request includes outpatient pregnancy care. Inpatient pregnancy and post partum care is a separate core request.

c. Physicians requesting core adult and infant/child/adolescent privileges must meet the criteria per this instruction. Competence to practice within the scope of family practice may be established by a combination of the following:

   (1) A statement from the Program Director of a recently completed formal training program.

   (2) Recent PAR indication of competence.

   (3) Statement from the Department Head of a facility where a member has recently worked.

   (4) Favorable interview with the Department Head, Family Practice or other family practice staff member who hold specific supplemental privileges, i.e., operative obstetrical privileges.

   (5) Granted privilege upon completion of recent formal military training program (residency or fellowship) without intervening denial caused by facility limitation, i.e., unable to practice inpatient adult, child, or maternity care.
(6) Successfully performed the privilege under supervision and the supervisor attest to competence.

(7) Successfully used the privilege without significant adverse trends or events.

9. Core privilege sheets are included in this appendix for the following specialties:

Aerospace Medicine
Allergy and Immunology
Anesthesiology
Aviation Medical Examiner
Cardiology
Cardiothoracic Surgery
Critical Care Medicine
Dermatology
Emergency Medicine
Endocrinology
Family Practice
Flight Surgery
Gastroenterology
General Surgery
Hematology
Infectious Disease
Internal Medicine
Neonatology
Nephrology
Neurology
Neurosurgery
Nuclear Medicine
Obstetrics and Gynecology
Occupational Medicine
Oncology
Operational Medicine and Primary Care Medicine
Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology
Pediatrics
Pediatric Surgery
Peripheral Vascular Surgery
Physical Medicine and Rehabilitation
Plastic Surgery
Preventive Medicine
Primary Care Sports Medicine (Offered as supplemental privilege only, see paragraph 6b(3) above.)
Psychiatry
Pulmonary Medicine
Diagnostic Radiology
Therapeutic Radiology
Rheumatology
Undersea Medicine
Urology
Professionals in Aerospace Medicine provide services that focus on preventing injury to aviation personnel. They manage the medical departments which clinically support large operational units such as carrier battle groups and Marine Aircraft Wings.

**Operational Medicine and Primary Care Medicine Core Privileges Flight Surgeon Core Privileges**

**Identification, management and aeromedical disposition of:**

* Drug and alcohol abuse
* Situational stressors, such as marital discord and financial problems
* Treatment of acute and chronic illnesses that may adversely affect flight safety
* Psychiatric conditions, including psychoses, neuroses, affective disorders and character disorders
* Physical conditions that may impair flight safety
* Occupational and environmental diseases
* Diseases of lifestyle

**Diagnostic, therapeutic, and management procedures:**

* Management of departments performing comprehensive aviation physical examinations
* Management and training of personnel for mass casualty situations
* Development and conduct of medical training programs
* Management of radiation health programs and radiation-contaminated casualties
* Assessment of disease and injury risk of individuals and groups
* Implementation of preventive medicine interventions
* Application of epidemiologic and biostatistical methods to investigate epidemics and other health-related occurrences
* Planning, implementation and management of aeromedical programs within squadrons, carrier air groups, ships and air wings
* Acquisition, maintenance, and distribution of supplies, equipment and medications indicated on authorized medical allowance lists (AMAL)
* Advanced aircraft investigation services and consultation
* Medical contingency planning for deployment of medical personnel and supplies
DEPARTMENT OF THE NAVY
AEROSPACE MEDICINE - CORE PRIVILEGES
(Continued)

* Management of programs for prescribing and administering mass treatments, immunizations and medications to control or prevent epidemics
* Management and administration of health risk assessment programs or health screening programs
* Surveillance programs for disease and injuries

AEROSPACE MEDICINE - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
ALLERGY AND IMMUNOLOGY - CORE PRIVILEGES

Comprehensive examination, consultation, diagnosis and treatment of disorders of the immune system, to include:

* Performance and interpretation of diagnostic testing for immediate hypersensitivity disease (skin testing, challenges)
* Performance and interpretation of diagnostic testing for reactive airway disease and asthma (e.g., spirometry, flow-volume loops exercise challenges for bronchospasm)
* Performance and interpretation of delayed hypersensitivity skin testing for immune deficiency diseases
* Desensitization for penicillin, insulin and related hypersensitivity diseases
* Infusion of replacement products (e.g., intravenous gamma globulin and its products) for immune deficiency diseases

ALLERGY AND IMMUNOLOGY - SUPPLEMENTAL PRIVILEGES

Write “Yes” or “No” by each supplemental privilege

_____ Performance and interpretation of diagnostic fiberoptic rhinolaryngoscopy
_____ Performance and interpretation of methacholine challenge for determination of airway hyperreactivity

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
ANESTHESIOLOGY - CORE PRIVILEGES

Only physicians fully trained in anesthesia may use this anesthesia privilege sheet. Other practitioners assigned to provide anesthesia services must add any required privileges to the supplemental privilege section on their specialty privilege sheets.

Comprehensive medical management of patients in all age groups to be rendered unconscious or insensitive to pain and emotional stress during surgical, obstetrical, dental and certain medical procedures. This includes preoperative, intraoperative, and postoperative examination, consultation, management, monitoring, evaluation, and treatment:

* Management of fluid, electrolyte, and metabolic parameters
* Resuscitation
* Management of malignant hyperthermia
* Manipulation of cardiovascular parameters
* Diagnostic and therapeutic management of acute and chronic pain
* Manipulation of body temperature
* Intravenous conscious sedation
* Sedation and analgesia
* Management of hypovolemia from any cause
* Management of unconscious patients
* Management of respiratory parameters, including mechanical ventilation
* Basic patient management in intensive care units
* Provision of consultative services to other medical specialists and to non-physician anesthesia providers as required

Procedures:
* Local and regional anesthesia with or without sedation, including topical and infiltration, minor nerve blocks, intravenous blocks, spinal, epidural, caudal and major nerve blocks. This includes obstetric analgesia and anesthesia, and spinal and epidural narcotic administration for postoperative pain relief

* General anesthesia, including insertion and interpretation of invasive hemodynamic monitoring, respiratory therapy, including long term ventilatory support and airway management, including fiberoptic bronchoscopy and cricothyroidotomy. This includes insertion of central lines for vascular access.
ANESTHESIOLOGY – SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

_____ Permanent nerve blocks
_____ Critical care medicine (attach specific privileges list)
_____ Multidisciplinary direction of pain management

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
AVIATION MEDICAL EXAMINER - CORE PRIVILEGES

Preliminary diagnosis and treatment or stabilization of:
Clinical conditions related to the physiological stressors associated with flight, including:

* Trapped and evolved gas dysbarism of all types
* Vertigo
* Tinnitus
* Spatial disorientation
* Hypoxia
* Decompression sickness
* Pneumothorax
* Pulmonary embolism
* Acceleration atelectasis
* Air sickness
* Fatigue/Performance Maintenance

Diagnostic/therapeutic procedures or specialized aeromedical services:
Comprehensive aviation physical examinations including:

* Interpretation of required chest x-rays, 12-lead electrocardiograms and audiometric exams
* Performance of comprehensive eye exams to determine refractive error, intraocular pressure, depth perception, ocular balance and color vision
* Evaluation of specialized x-rays such as sinus series, skull films and comprehensive spine series.
* Manifest and cycloplegic refractions for spectacle fitting
* Outpatient psychiatric interviews to screen flight personnel for aeronautical adaptability, adjustment/behavioral disorders and/or neuroses or psychoses.

Treatment Facility: ______________________________ Date Requested: __________
Practitioner Name: ______________________________ Date Approved: __________
DEPARTMENT OF THE NAVY
CARDIOLOGY - CORE PRIVILEGES

Comprehensive examination, consultation, diagnosis, and treatment of cardiac disease

* Holter monitor/event interpretation
* M-mode echocardiographic interpretation
* 2-D echocardiographic interpretation
* Doppler ultrasound interpretation
* Insertion of a pericardial catheter drain
* Insertion of a right atrial wire for rhythm determination
* Right heart catheterization
* Cardioversion, elective
* Exercise cardiovascular stress testing
* Temporary pacemaker insertion conscious
* Conscious sedation

CARDIOLOGY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

_____ Left heart catheterization
_____ Coronary angiography
_____ Pulmonary angiography
_____ Electrophysiologic testing
_____ Percutaneous transluminal coronary angioplasty
_____ Valvuloplasty
_____ Permanent pacemaker insertion
_____ Balloon pump insertion
_____ Transesophageal echocardiography
_____ Directional coronary atherectomy
_____ Rotating coronary atherectomy
_____ Intracoronary stent placement
_____ Intracoronary echocardiography
_____ Exercise radioisotope cardiac imaging tests
_____ Pharmacological radioisotope cardiac imaging tests
_____ Stress echocardiography
_____ Intracoronary brachytherapy
_____ Implantable cardioverter defibrillator insertion
_____ Intracoronary flow wire

Treatment Facility: ______________________________ Date Requested: _________

Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
CARDIOTHORACIC SURGERY - CORE PRIVILEGES

Surgical management of the following:

Chest Wall and Diaphragm (open and/or thoracoscopic techniques):

* Resection of tumor (including rib mass)
* Thoracoplasty
* Plastic reconstruction (including pectus)
* Reconstruction chest wall
* Repair chest wall hernia
* Repair of sternal fracture
* Resection of sternum
* Thoracic outlet syndrome relief
* Diaphragmatic hernia repair-congenital, acquired or traumatic
* Diaphragm plication
* Diaphragm resection and/or reconstruction

Lung, Pleura and Airway (open and/or thoracoscopic techniques):

* Pneumonectomy
* Lobectomy
* Segmental pulmonary resection
* Wedge pulmonary resection
* Resection of bleb or bullous disease
* Exploratory thoracotomy and biopsy
* Repair of rupture or laceration
* Decortication/pleurectomy/pleural abrasion
* Mediastinal tracheostomy
* Cavernostomy
* Closure of bronchopleural fistula
* Resection of stricture or tumor
* Drainage of lung abscess
* Bronchoplastic procedures
* Tracheostomy (open or percutaneous)
* Resection of pleural tumor
* Resection of pulmonary cyst
* Exploration for bleeding (postoperative or other)
* Drainage of empyema (rib resection/Eloesser flap)
* Exploration for blunt or penetrating trauma
DEPARTMENT OF THE NAVY
CARDIOTHORACIC SURGERY - CORE PRIVILEGES
(Continued)

Mediastinum (open and/or thoracoscopic techniques):

* Excision of tumor or cyst
* Thymectomy
* Closure of thoracic duct
* Drainage of mediastinal abscess
* Exploration for blunt or penetrating trauma
* Mediastinoscopy
* Exploration for bleeding (postoperative or other)
* Transthoracic vagotomy
* Pericardial window
* Anterior spinal fusion
* Transvenous or epicardial pacemaker insertion
* Sympathectomy
* Mediastinotomy

Esophagus (open, thoracoscopic and/or laparoscopic techniques):

* Resection or bypass for tumor or stricture
* Correction of gastroesophageal reflux
* Correction of stricture (open resection or transluminal dilators)
* Excision of diverticulum
* Revision of bypass
* Correction of esophageal atresia or tracheoesophageal fistula
* Closure of fistula
* Ligation of varices
* Repair or drainage of perforation or rupture
* Use of stomach, small or large bowel for esophageal reconstruction
* Myotomy

Endoscopy:

* Bronchoscopy – rigid or flexible
* Flexible esophagogastroduodenoscopy
* Rigid esophagoscopy
* Drainage of mediastinal abscess
DEPARTMENT OF THE NAVY
CARDIOTHORACIC SUPPLEMENTAL PRIVILEGES
(Continued)

Cardiac and Associated Vascular:

_____ Establishment and maintenance of cardiopulmonary bypass
_____ Patent ductus arteriosus closure
_____ Ventricular septal defect closure
_____ Correction of coarctation
_____ Shunting procedures
_____ Atrial septal defect closure
_____ Coronary artery fistula closure
_____ Vascular ring interruption
_____ Value repair/replacement
_____ Coronary artery bypass/endarterectomy
_____ Ventricular remodeling procedure
_____ Cardiac tumor resection
_____ Insertion of cardiac assist advice
_____ Pericardiectomy
_____ Repair of cardiac or great vessel laceration of perforation
_____ Open or stent graft replacement of aortic aneurysm
_____ Removal of foreign body
_____ Arrhythmia ablation procedures

Other Vascular:

_____ Embolectomy
_____ Endarterectomy
_____ Repair or excision of aneurysm
_____ Vascular graft or prosthesis construction
_____ Insertion intra-aortic balloon pump (open or percutaneous)
_____ Caval filter or interruption (open or percutaneous)
_____ Complex congenital cardiac disease reconstruction/repair
_____ Cardiac transplant
_____ Lung transplant
_____ Intraoperative use of lasers

Treatment Facility: ______________________________ Date Requested: __________
Practitioner Name: ______________________________ Date Approved: __________
DEPARTMENT OF THE NAVY
CRITICAL CARE MEDICINE - CORE PRIVILEGES

Comprehensive therapy of patients requiring critical care including:

* Bag mask ventilation, supplemental oxygenation and airway control
* Intubation and mechanical ventilation
* Use of all modes of mechanical ventilation, including continuous positive airway pressure (CPAP), BiPAP, and non-invasive ventilation
* Tracheostomy care
* Chest physiotherapy and therapeutic maneuvers
* Electrocardiogram interpretation
* Enteral and parenteral nutritional support
* Use and setup of amplifiers, recorders, transducers, metabolic, respiratory and hemodynamic monitors
* Management of intra-aortic assist devices
* Invasive and noninvasive cardiac output measurement
* Perioperative management
* Thrombolytic therapy
* Interpretation and management of intracranial pressure monitoring
* Interpretation and management of acid-base disturbances
* Use of blood component therapy
* Burn care
* Minimal, Moderate, deep sedation, analgesia and the use of Neuromuscular blocking agents within the critical care unit setting

Diagnostic and therapeutic procedures:

* Bladder catheterization
* Gastric lavage
* Needle and tube thoracostomy
* Arterial puncture
* Insertion of arterial line
* Insertion of central venous lines
* Insertion of pulmonary artery catheters
* Insertion of hemodialysis and peritoneal dialysis catheters
* Cardioversion
* Paracentesis
* Lumbar puncture
* Thoracentesis
* Laryngoscopy
* Sigmoidoscopy
* Emergency pericardiocentesis
* Emergency cricothyroidotomy
* Cardiac pacemaker insertion and application
CRITICAL CARE MEDICINE - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

___ Renal replacement therapies, including CAVH, CAVHD
___ Intra-aortic balloon assist device insertion and setup
___ Exchange transfusion
___ Neonatal resuscitation
___ Application of hypothermic therapy
___ Autotransfusion therapies
___ Pneumatic antishock garment application
___ Fiberoptic bronchoscopy
___ Rigid bronchoscopy
___ Thoracoscopy
___ Bladder aspiration
___ Upper endoscopy
___ Bone marrow aspiration and biopsy
___ Echocardiography
___ Percutaneous tracheostomy
___ Surgical tracheostomy
___ Percutaneous endoscopic gastrostomy tube placement
___ Peritoneal lavage
___ Vascular ultrasound for intravenous and intra-arterial catheter placement

Treatment Facility: ______________________________ Date Requested: __________
Practitioner Name: ______________________________ Date Approved: __________
DEPARTMENT OF THE NAVY
DERMATOLOGY - CORE PRIVILEGES

Comprehensive examination, consultation, diagnosis and treatment of dermatologic disorders including:

* Dermatitis
* Acne
* Verrucae
* Superficial fungal infections
* Cutaneous viral infections
* Cutaneous infestations (e.g., lice, scabies)
* Pyodermas
* Drug eruptions
* Contact dermatitis
* Common dermatoses (e.g., psoriasis, lichen planus)
* Routine venereal diseases
* Uncomplicated skin cancer
* Routine benign skin tumors
* Advanced or complicated venereal disease
* Unusual cutaneous infection (e.g., leprosy, deep fungal)
* Cutaneous manifestations of internal disease

Diagnostic tests:

* Darkfield microscopy
* Tzanck smear
* Fungal culture
* Scabies prep
* Potassium hydroxide testing
* Patch testing
* Wood's light examination
* Gram stain
* Phototesting

Procedures:

* Punch biopsy
* Uncomplicated excisions
* Curettage
* Shave biopsy and excision
* Basic electrosurgery
* Basic cryotherapy for benign conditions
DERMATOLOGY - CORE PRIVILEGES
(Continued)

* Ultraviolet B therapy
* Ultraviolet A therapy
* Psoralen ultraviolet therapy
* Advanced cryotherapy

DERMATOLOGY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

Diagnosis and therapy of:

_____ Immunodermatology (fellowship required)
_____ Advanced or complicated skin cancer
_____ Dermatopathology (fellowship required)

Procedures:

_____ Mohs micrographic surgery (fellowship required)
_____ Flaps
_____ Grafts
_____ Hair transplants
_____ Dermabrasions
_____ Chemical peeling
_____ Scalp reduction
_____ Liposuction
_____ Laser surgery
_____ Sclerotherapy

Other:

Treatment Facility: ______________________________  Date Requested: __________
Practitioner Name: ______________________________  Date Approved: __________
DEPARTMENT OF THE NAVY
EMERGENCY MEDICINE - CORE PRIVILEGES

Only physicians fully trained in emergency medicine can use this emergency medicine privileges sheet. Other physicians assigned to provide emergency services must add any additional required privileges to the supplemental privilege section of their specialty privilege sheet.

**Diagnosis and treatment of:**
* Emergency cardiopulmonary and traumatic resuscitation
* Abdominal and gastrointestinal disorders
* Cardiovascular disorders
* Cutaneous disorders
* Disorders related to the immune system
* Disorders caused by biological agents
* Disorders due to chemical and environmental agents
* Hematological disorders
* Hormonal, metabolic, and nutritional disorders
* Disorders of the head, ear, eye, nose, throat, and neck
* Environmental disorders
* Pediatric disorders
* Musculoskeletal disorders
* Nervous system disorders
* Obstetric, gynecological, and pregnancy related disorders
* Psycho-behavioral disorders
* Systemic infections
* Thoracic-respiratory disorders
* Toxicological disorders
* Traumatic disorders
* Urogenital disorders
* Renal disorders
* Administrative aspects of emergency medicine
* Prehospital or emergency medicine service care

**Skills and procedures:**

**Airway Techniques**
* Airway adjuncts
* Heimlich maneuver
* Intubation
  1. Nasotracheal
  2. Orotracheal
  3. Rapid sequence
* Alternative airway insertion (including but not limited to Obturator airway, Combitubes, LMA devices)
Skills and procedures: (Continued)

**Airway Techniques**

Esophageal
- Mechanical ventilation
- Percutaneous transtracheal ventilation
- Surgical airways (Cricothyrotomy, etc.)

**Anesthesia**
- Local
- Regional nerve block
- Sedation-analgesia for procedures (to include all levels of sedation/analgesia)

**Blood and Component Therapy Administration**

**Diagnostic Procedures**
- Anoscopy
- Arthrocentesis
- Bedside ultrasonography
- Cystourethrogram
- EKG interpretation
- Lumbar puncture
- Nasogastric tube
- Paracentesis
- Pericardiocentesis
- Peritoneal lavage
- Radiograph interpretation
- Slit lamp examination
- Thoracentesis
- Tonometry

**Genital/Urinary**
- Bladder catheterization
  1. Foley catheter
  2. Suprapubic
- Testicular detorsion
Head and Neck
* Control of epistaxis
  1. Anterior packing
  2. Cautery
  3. Posterior packing/balloon placement
* Laryngoscopy
* Needle aspiration of peritonsillar abscess
* Removal of ocular rust ring
* Tooth replacement

Hemodynamic Techniques
* Arterial catheter insertion
* Central venous access
  1. Femoral
  2. Jugular
  3. Subclavian
  4. Umbilical
  5. Venous cutdown
* Intraosseous infusion
* Peripheral venous cutdown
* Venipuncture
* Arterial Blood Gas
* Microscopy
* Thrombolytic Therapy

Obstetrics
* Delivery of newborn
  1. Abnormal delivery
  2. Normal delivery

Other Techniques
* Burr holes
* Excision of thrombosed hemorrhoids
* Foreign body removal
* Gastric lavage
* Gastrostomy tube replacement
* Incision/drainage
* Pain management (See Anesthesia)
* Paracentesis
Other Techniques (Continued)
* Peritoneal lavage
* Physical restraint
* Pulse oximetry
* Sexual assault examination
* Trephination, nails
* Wound closure techniques
* Wound management

Resuscitation
* Cardiopulmonary resuscitation (CPR) (adult and pediatric)
* Neonatal resuscitation
* Traumatic resuscitation

Skeletal Procedures
* Fracture/Dislocation immobilization techniques
* Fracture/Dislocation reduction techniques
* Spine immobilization techniques

Thoracic
* Cardiac pacing
  1. Cutaneous
  2. Transvenous
* Defibrillation/Cardioversion
* Pericardiocentesis
* Thoracostomy
* Thoracotomy

Universal Precautions

EMERGENCY MEDICINE – SUPPLEMENTAL PRIVILEGES

Other:

Treatment Facility: ______________________________ Date Requested: _________

Practitioner Name: ______________________________ Date Approved: _________
ENDOCRINOLOGY - CORE PRIVILEGES

* Comprehensive examination, consultation, diagnosis and treatment of diseases of the endocrine system
* Management of hormone delivery systems
* Management of diabetes with home blood glucose monitoring
* Interpretation of static and dynamic endocrine function testing
* Analysis of lipoprotein phenotypes and interpretation of lipoprotein electrophoresis

ENDOCRINOLOGY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

_____ Fine needle aspiration biopsy of the thyroid
_____ Performance of dynamic endocrine testing
_____ Radioimmunoassay of specific hormones
_____ In vitro radioreceptor and tissue culture assays
_____ Bone biopsy
_____ Radioactive iodine therapy of Graves' disease and thyroid cancer
_____ Management of severely obese patients on hypocaloric diets
_____ Analysis and interpretation of bone mineral density

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
Section A: Core Adult and Infant/Child/Adolescent Practice

1. These privileges allow the family physician to use their cognitive and procedural skills to see patients in the outpatient setting for basic diagnosis and treatment of common and more serious medical problems. These cognitive and procedural skills are normally acquired during successful completion of a Family Practice Residency Program and board certification in family practice by the American Board of Family Physicians (ABFP), or the American Osteopathic Board of Family Practice (AOBFP); or have documented experience, demonstrated abilities and current competence in family medicine. These privileges include but are not limited to:

* Diagnosis and management of general medical conditions of adults for acute and chronic medical conditions involving any and all organ systems
* Diagnosis and management of general medical conditions of infants/children/adolescents for acute and chronic medical conditions involving any and all organ systems
* Manage preoperative and postoperative care
* Diagnosis and management including counseling for emotional and behavioral problems, both adult and child
* Diagnosis and management of poisoning, domestic violence, child abuse and neglect, poisoning and accidents, and emergency treatment for acutely ill patients
* Diagnosis and management of occupational and environmental problems
* Oversee health supervision visits for all age groups with appropriate anticipatory and preventive guidance and screening measure

2. These privileges allow the family physician to admit and care for adult patients in Navy hospitals, including the CCU and ICU, and to assist at surgery.

3. These privileges allow the family physician to admit and care for children in Navy hospitals.

4. These privileges allow the family physician to care for infants at delivery and in the newborn nursery including management of neonatal sepsis, hyperbilirubinemia, uncomplicated respiratory distress syndrome, endotracheal intubation, and vascular access.

5. These privileges allow the family physician to request consultation and make appropriate referrals.
6. These privileges allow the family physician to perform procedures normally acquired during the successful completion of a family practice residency. These procedures include but are not limited to:

Adults
* Skin testing interpretation
* Electrocardiogram performance and interpretation
* Potassium hydroxide prep
* Home glucose monitoring
* Abdominal paracentesis
* Gastric tube insertion
* Flexible or rigid proctosigmoidoscopic examination with or without biopsy
* Pelvic examination with associated laboratory evaluations
* Lumbar puncture
* Arterial/venous puncture techniques
* Outpatient pulmonary function studies
* Mechanical ventilator support
* Thoracentesis
* Tracheal suctioning
* Chest X-ray interpretation
* Urethral catherization
* Urine analysis including microscopic
* Bursa and joint aspiration and injection
* Intramuscular, subcutaneous, and intracutaneous injections
* Anesthesia, local infiltration
* Arterial cannula placement
* Incision and drainage of abscesses
* Repair of lacerations
* Biopsy: vulva, vagina, cervix
* Diaphragm fitting
* Endometrial biopsy/aspiration
* IUD insertion/removal
* Fracture care: non-operative/non-displaced
* Dislocations: simple/closed reduction
* Nail matrix destruction/nail plate removal
* Skin biopsy: shave, punch, incisional, excisional
* Breast: needle aspiration of cyst
Infants and Children

* Nasogastric intubation
* EKG interpretation
* IV therapy: infant & child
* Venipuncture, including scalp vein
* Venous cutdown
* Circumcision
* Suprapubic bladder tap
* Lumbar puncture
* Endotracheal intubation
* Umbilical artery and vein catheterization
* Phototherapy of hyperbilirubinemia
* Chest tube placement
* Suture simple lacerations

Section B: Core Pregnancy, Childbirth, and Puerperium

Navy Family Physicians and employed physician members of the medical staff may apply for core Pregnancy, Childbirth, and Puerperium care privileges. Privileges in pregnancy, childbirth and the puerperium include the general medical diagnosis and care of women during the prenatal, labor and delivery, and post-partum periods. These core privileges are required to be a member of the teaching staff of any naval family medicine residency program. In addition these privileges are required at hospital in which family physicians participate in maternal-infant care.

1. These privileges include, but are not limited to the following procedural skills:

* Fetal monitoring (external and internal) and interpretation
* Intrauterine pressure catheter insertion
* Amniotomy
* Amniinfusion
* Labor analgesia: intravenous narcotics
* Pudendal anesthetic block
* Delivery uncomplicated; normal cephalic; term
* Delivery complicated; compound presentation (not breech)
* Delivery: vacuum assisted (outlet/low outlet)
* Episiotomy and repair: 1st and 2nd degree
* Episiotomy and repair: 3rd and 4th degree
* Repair of obstetrical lacerations including cervical laceration repair
* Induction and/or augmentation of labor, including cervical ripening
* Placenta: manual removal
DEPARTMENT OF THE NAVY
FAMILY PRACTICE - CORE PRIVILEGES
(Continued)

* Ultrasound: limited for fetal life, fetal presentation, fetal number, assessment of amniotic fluid (AFI), and assessment of placental location
* First assist at cesarean section

I hereby request clinical privileges in the following area (please initial choice):

___ Core Adult and Infant-Child Privileges
___ Core Adult, Infant-Child, Pregnancy, Childbirth and the Puerperium

FAMILY MEDICINE – SUPPLEMENTAL PRIVILEGES
 Write “Yes” or “No” by each supplemental privilege

Supplemental requests may require the provision of evidence of training, experience, and current competence be provided. The Family Practice Department Head and in some cases other Department Heads may collaboratively evaluate some supplemental requests for those requests not routinely requested by Navy Family Physicians.

___ Stress testing: exercise treadmill
___ Stress testing: chemical/nuclear
___ Cardioversion, elective
___ Colposcopy with cervical biopsy
___ Cervical cryotherapy
___ **LEEP** (Loop Electrical Excision Procedure)
___ **Standard First Trimester Sonography:** Evaluation of uterus and adnexa for the presence of a gestational sac; the presence or absence of an embryo; crown-rump length recorded; presence of absence of cardiac activity; fetal number; evaluation of uterus, adnexal structures, and cul-de-sac.
___ **Standard Second and Third Trimester Sonography:** fetal life, number, presentation, and activity; estimated amniotic fluid volume; placental location, appearance, relationship to internal os, and imaging of umbilical cord; assessment of gestational age; estimation of fetal weight; appropriateness of fetal growth if serial studies obtained; evaluation of the uterus, cervix and adnexal structures; fetal anatomy survey to include but not limited to: cerebral ventricles, posterior fossa, four-chamber view of the heart, spine, stomach, kidneys, urinary bladder, fetal umbilical cord insertion site, and intactness of the anterior abdominal wall.
**DEPARTMENT OF THE NAVY**  
**FAMILY PRACTICE – SUPPLEMENTAL PRIVILEGES**  
Write “Yes” or “No” by each supplemental privilege  
(Continued)

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>Delivery: outlet forceps</td>
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<td>Delivery: breech presentation</td>
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<td>Cesarean section</td>
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<td>Labor analgesia: <strong>Intrathecal analgesia only</strong></td>
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<td>Diagnostic dilation and curettage</td>
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<td>Uterine curettage: incomplete abortion</td>
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<td>Central venous line placement and monitoring</td>
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<td>Extensor tendon repair</td>
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<td>Vasectomy</td>
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<td>Colonoscopy with or without biopsy</td>
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<td>Esophagogastroduodenoscopy (EGD) with or without biopsy</td>
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<td>Bone marrow aspiration and biopsy</td>
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<td>Thrombolytic therapy for stroke or acute myocardial infarction</td>
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<td>Conscious sedation</td>
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<td>Direct laryngoscopy</td>
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<td>Rhinolaryngoscopy: fiberoptic</td>
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<td>Tracheostomy: elective or emergency</td>
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<td>Tubal ligation: laparoscopy and/or open</td>
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<td>Dermal skin testing</td>
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<td>Subcutaneous contraceptive device: insertion/removal</td>
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<td>Hysterosalpingography</td>
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<tr>
<td>Osteopathic Manipulation (non-osteopathic trained physicians)</td>
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**Other:**

**Treatment Facility:** ______________________________  **Date Requested:** _______

**Practitioner Name:** ______________________________   **Date Approved:** _______
Operational and primary care medicine core privileges

Preliminary diagnosis and treatment or stabilization of:
Clinical conditions related to the physiological stressors associated with flight, including:

* Trapped and evolved gas dysbarism of all types
* Vertigo
* Tinnitus
* Spatial disorientation
* Hypoxia
* Decompression sickness
* Pneumothorax
* Pulmonary embolism
* Acceleration atelectasis
* Air sickness
* Fatigue/Performance Maintenance

Diagnostic/therapeutic procedures or specialized aeromedical services:
Comprehensive aviation physical examinations including:

* Interpretation of required chest x-rays, 12-lead electrocardiograms and audiometric exams
* Performance of comprehensive eye exams to determine refractive error, intraocular pressure, depth perception, ocular balance and color vision
* Evaluation of specialized x-rays such as sinus series, skull films, and comprehensive spine series.
* Manifest and cycloplegic refractions for spectacle fitting
* Outpatient psychiatric interviews to screen flight personnel for aeronautical adaptability, adjustment/behavioral disorders and/or neuroses or psychoses.
* Preventive aeromedical programs within aviation squadrons, carrier air groups and aviation wings
* Basic aircraft crash investigation services.

Other:

Treatment Facility: ______________________________ Date Requested: __________
Practitioner Name: ______________________________ Date Approved: __________
DEPARTMENT OF THE NAVY
GASTROENTEROLOGY - CORE PRIVILEGES

Comprehensive consultation, examination, diagnosis, and treatment of gastrointestinal, hepatic, pancreatobiliary, and nutritional diseases.

Procedures:
* Esophagogastroduodenoscopy, including biopsy
* Esophageal dilation (bougienage, guide-wire, through the scope (TTS) balloon and pneumatic for achalasia)
* Proctoscopy
* Flexible sigmoidoscopy, including biopsy
* Colonoscopy, including biopsy and polypectomy
* Percutaneous liver biopsy
* Percutaneous endoscopic gastrostomy and jejunostomy
* Gastrointestinal motility studies, including esophageal manometry
* Nonvariceal hemostasis (thermal and injection) upper and lower GI tract
* Variceal hemostasis including sclerotherapy and banding
* Enteral and parenteral alimentation
* Intravenous conscious sedation
* Dilation procedures in stomach, small intestine and colon
* Enteroscopy (push-type)

GASTROENTEROLOGY - SUPPLEMENTAL PRIVILEGES

Write “Yes” or “No” by each supplemental privilege

_____ Laser therapy of gastrointestinal lesions
_____ Endoscopic retrograde cholangiopancreatography (ERCP) including radiological interpretation
_____ Diagnostic ERCP:
   _____ placement of nasobiliary drain
   _____ with dilation
   _____ with sphincter of Oddi manometrics
_____ Therapeutic ERCP:
   _____ with temporary stent placement
   _____ with self expanding metal stent
   _____ with sphincterotomy
_____ Rectal manometrics
_____ Hemorrhoidal therapy (banding, thermal, other)
_____ Endoscopic ultrasonography
_____ Pill endoscopy
DEPARTMENT OF THE NAVY
GASTROENTEROLOGY - SUPPLEMENTAL PRIVILEGES
(Continued)

_____ Performance and interpretation of hydrogen breath tests
_____ Placement of esophageal small bowel and colonic self-expanding mental stents.

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
Comprehensive general surgery examinations, consultation, diagnosis, and treatment planning

Assessment with operative or nonoperative treatment of:
* Trauma
* Wounds and conditions of soft tissue including aspiration, biopsy, and repair
* Cysts and abscesses to include aspiration, incision, and drainage
* Conditions involving the thyroid, parathyroid, and adrenal gland
* Condition of the ovary and testes
* Abdominal wall hernias
* Tumors, congenital, and inflammatory diseases of the gastrointestinal tract
* Tumors, congenital, and inflammatory diseases of the liver and biliary tract
* Breast conditions to include aspiration, biopsy, and evaluation
* Peptic and duodenal ulcer disease
* Varicose veins
* Moderate sedation (conscious sedation)

Procedures:
* Insertion of monitoring catheters and intravenous lines
* Skin grafting
* Nerve and artery biopsy
* Lymph node biopsy or excision
* Tracheostomy
* Thoracentesis
* Radical, modified radical, total, and segmental mastectomies
* Paracentesis, peritoneal lavage, endoscopy with or without biopsy
* Gastrotomy and gastrostomy
* Hemorrhoidectomy, fissurectomy, fistulectomy, and sphincterotomy
* Exploratory laparotomy
* Ostomy formation and management
* Drainage of intraperitoneal abscess
* Internal hernia including diaphragmatic
* Splenectomy and splenorrhaphy
* Tube thoracostomy
* Pericardiocentesis
* Repair of wound disruptions
* Major and minor amputations
* Radical groin and auxiliary dissection with or without removal of limb
* Appendectomy
Procedures:
* Basic laparoendoscopic operative procedures to include:
  Cholecystectomy
  Herniorrhaphy (ventral or inguinal)
  Appendectomy
GENERAL SURGERY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

_____ Insertion of pacemaker wires
_____ Burn care
_____ Assessment and treatment of tumors, congenital and inflammatory conditions
  of the mouth, face, and throat
_____ Repair and reconstruction of vascular abnormalities, injuries, or diseases
  (includes placement of vascular grafts and arterioplasties)
_____ Endoscopic dilation or sphincterotomy
_____ Colonoscopy and upper gastrointestinal endoscopy, with or without biopsy
_____ Cranial burr holes
_____ Excision of salivary glands
_____ Esophageal resection
_____ Radical neck dissection
_____ Partial hepatectomy, segmentectomy, and lobectomy
_____ Pancreatectomy and other pancreatic surgery
_____ Vena cava interruption, sympathectomy
_____ Pleural abrasion and pleurectomy
_____ Pulmonary wedge resection and pulmonary lobectomy
_____ Pneumonectomy
_____ Portacaval or other shunt
_____ Laparoendoscopy with or without biopsy
_____ Advanced laparoendoscopic operative procedures to include:
  _____ Intestinal resection with or without anastomosis
  _____ Nissen fundoplication
  _____ Vagotomy, seromyotomy, pyloromyotomy, or pyloroplasty
  _____ Common bile duct exploration
  _____ Splenectomy
_____ Sentinel node biopsy for breast cancer
_____ Sentinel node biopsy for melanoma

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
HEMATOLOGY - CORE PRIVILEGES

Diagnosis, evaluation, and treatment of hematologic disorders including:

* Etiology, epidemiology, natural history, diagnosis and management of neoplastic diseases of the blood, blood-forming organs and lymphatic tissues
* Morphology, physiology and biochemistry of blood, marrow, lymphatic tissue and spleen
* Related basic fields including immunology, pharmacology, cell biology and molecular genetics
* Basic pathophysiologic mechanisms and therapy of diseases of the blood including anemias, diseases of white cells and disorders of hemostasis and thrombosis
* Effects of other systemic disorders on the blood, blood-forming organs and lymphatic tissues, and management of the immunocompromised patient
* Genetic aspects of hematology
* Relevant drugs, clinical indications and limitations including effects, toxicity and interactions
* Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy
* Transfusion medicine including the evaluation of antibodies, blood compatibility and the use of blood-component therapy and apheresis
* Pain management
* Management of immunocompromised patients

Procedural Skills:
* Bone marrow aspiration and biopsy
* Preparation and interpretation of peripheral blood smears and bone marrow aspirates
* Administration of chemotherapy intravenously, intrathecally and intrapleurally
* Phlebotomy
* Management and care of indwelling access catheters
* Bleeding time
* Paracentesis
* Thoracentesis

_____ Needle aspiration of superficial nodes and masses

Other:

Treatment Facility: ____________________________ Date Requested: _________

Practitioner Name: ____________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
INFECTIOUS DISEASE - CORE PRIVILEGES

* Comprehensive examination, consultation, diagnosis, and treatment of all infectious disease
* Gross and microscopic examination of specimens
* Gram stain and acid-fast staining of body fluids
* Malaria smear preparation
* Lumbar puncture
* Counseling and comprehensive care of HIV-infected patient
* Penicillin desensitization
* Care and removal of central lines
* Use of antibiotics by all routes

INFECTIOUS DISEASE - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

_____ Bone Marrow Biopsy
_____ Thoracentesis

Other:

Treatment Facility: ____________________________ Date Requested: _________
Practitioner Name: ____________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
INTERNAL MEDICINE - CORE PRIVILEGES

* Diagnosis and management of medical conditions involving allergy and immunology, cardiology, endocrinology, gastroenterology, hematology, oncology, infectious diseases, nephrology, pulmonary medicine, and rheumatology.

Procedural skills:
* Skin testing (allergy and cell-mediated) interpretation
* Central venous pressure and Swan-Ganz interpretation
* Electrocardiogram performance and interpretation
* Potassium hydroxide prep
* Home glucose monitoring
* Abdominal paracentesis
* Gastric tube insertion
* Proctosigmoidoscopic examination
* Pelvic examination with associated laboratory evaluations (PAP smear, trichomonas, monilia, sexually-transmitted diseases)
* Blood smear technique and interpretation
* Bone marrow aspiration
* Gram stain
* Lumbar puncture
* Arterial and venous puncture techniques
* Outpatient pulmonary function studies
* Mechanical ventilator support
* Thoracentesis
* Tracheal suctioning
* Chest x-ray interpretation
* Urethral catheterization
* Urinalysis, gross and microscopic
* Bursa and joint aspiration and injection, basic analysis of joint fluid
* Intramuscular, subcutaneous, and intracutaneous injections
* Arterial cannula placement
* Exercise cardiovascular stress test, performance and interpretation
* Repair of superficial lacerations
DEPARTMENT OF THE NAVY
INTERNAL MEDICINE - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

____ Anesthesia; local infiltration
____ Percutaneous biopsy of the liver and pleura
____ Cardioversion, elective
____ Holter monitoring
____ Incision and drainage of abscesses
____ Intestinal intubation
____ Temporary pacemaker insertion
____ Pericardial tap
____ Swan Ganz catheter placement
____ Tensilon test
____ Tzanck smear
____ Skin Biopsy
  _____ Punch
  _____ Shave and Excision

Other:

Treatment Facility: _____________________________ Date Requested: _________
Practitioner Name: _____________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
NEONATOLOGY - CORE PRIVILEGES

* Recognition of fetal distress, including abnormal fetal heart rate patterns, and abnormal scalp and cord pHs
* Neonatal advanced life support
* Recognition and initial management of dysrhythmias
* Conventional ventilatory management of newborns, including but not limited to, surfactant deficiency, pneumonia, shock lung, meconium aspiration, pulmonary hypertension, pulmonary hemorrhage, pulmonary hypoplasia, diaphragmatic hernia, lung cysts and masses
* Diagnosis, preoperative and postoperative management of intestinal obstruction, volvulus, abdominal wall defects, esophageal and tracheal anomalies, and diaphragmatic hernias
* Transport of critically ill infants
* Supervision or assistance in the instruction of other health care professionals providing care for children (e.g., neonatal resuscitation and pediatric advanced life support)

Differential diagnosis, workup, and management of:
* Small and large for gestational age infants
* Cyanosis and respiratory distress
* Congenital heart disease including cyanotic heart disease
* Congestive heart failure
* Hypertension
* Shock, including but not limited to, hypovolemic, septic and cardiogenic shock
* Upper airway anomalies
* Parenchymal lung disease, cysts and masses
* Apnea
* Tachypnea
* Anemia
* Polycythemia
* Thrombocytopenia
* Hyperbilirubinemia
* Disseminated intravascular coagulopathy and bleeding disorders
* Hypoglycemia
* Ambiguous genitalia
* Inborn errors of metabolism
* Seizures
* Congenital anomalies, including chromosomal abnormalities and dysmorphic syndromes
DEPARTMENT OF THE NAVY
NEONATOLOGY - CORE PRIVILEGES
(Continued)

Diagnosis and management of:
* Omphalitis
* Osteomyelitis and septic arthritis
* Necrotizing enterocolitis
* Intracranial hemorrhage and ischemia
* Patent ductus arteriosus
* Premature infant
* Chronic lung disease
* Conventional ventilator complications, including but not limited to, air leaks
* Bacterial, viral, and fungal sepsis, septic shock and meningitis
* Fluid and electrolytes
* Short and long-term enteral and parenteral nutrition
* Infant of a diabetic mother
* Syndrome of inappropriate antidiuretic hormone, diabetes insipidus, and congenital adrenal hyperplasia
* Acute renal failure, acute tubular necrosis, polyuria, urinary tract infections
* Perinatal asphyxia
* Substance abuse withdrawal and injury
* Hydrocephalus before and after shunt placement, if needed

Diagnostic and therapeutic procedures:
* Lumbar puncture
* Umbilical artery catheter placement
* Umbilical vein catheter placement
* Partial exchange transfusion
* Double volume exchange transfusion
* Thoracentesis
* Thoracotomy tube placement
* Suprapubic bladder tap
* Percutaneous indwelling arterial line
* Emergent pericardiocentesis
* Emergent pericentesis
DEPARTMENT OF THE NAVY
NEONATOLOGY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege
(Continued)

_____ High frequency jet and oscillatory ventilation
_____ Artificial surfactant administration
_____ Extracorporeal membrane oxygenation

Diagnostic and therapeutic procedures:
_____ Peripheral venous cutdown
_____ Peripheral arterial cutdown
_____ Indwelling total parenteral nutrition cuffed line, including Broviac and Hickman catheters
_____ Central venous pressure lines, including subclavian, internal and external jugular, and femoral using Seldinger wire technique or cutdown

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
NEPHROLOGY - CORE PRIVILEGES

* Comprehensive examination, consultation, diagnosis, and treatment of kidney diseases and hypertension
* Acute hemodialysis
* Chronic hemodialysis
* Acute peritoneal dialysis
* Chronic peritoneal dialysis
* Continuous renal replacement therapy
* Percutaneous renal biopsy
* Prescription of immunomodulating therapies for treatment of renal parenchymal disorders
* Treatment of kidney and pancreas transplantations, including provision of maintenance therapies and diagnosis and treatment of rejection
* Percutaneous placement of central venous dual-lumen hemodialysis catheters

NEPHROLOGY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

_____ Therapeutic plasmapheresis
_____ Acute peritoneal dialysis
_____ Charcoal hemoperfusion

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
NEUROLOGY - CORE PRIVILEGES

* Comprehensive examination, consultation, diagnosis and treatment of diseases of the central nervous system, including the brainstem and spinal cord
* Diseases of peripheral nerves, including traumatic injuries not requiring surgical repair
* Diseases of the brachial and lumbar plexus, including traumatic not requiring surgical repair
* Diseases of the neuromuscular junction, including toxic and metabolic conditions
* Diseases of muscle, including dystrophies, inflammatory and metabolic myopathies not requiring ventilatory support
* Diseases involving the cranial nerves of the brainstem not requiring ventilatory or circulatory support or parenteral alimentation
* Psychiatric disease, including character disorders, neurosis, and psychosis not considered life-threatening
* Epilepsy, including cases difficult to control
* Cerebral or brainstem infarction, embolus or hemorrhage, with altered level of consciousness
* Diseases of the central or peripheral nervous systems, myoneural junction or vascular assistance, with or without parenteral fluid, electrolyte and caloric maintenance
* Accelerated hypertension with encephalopathy
* Infectious disease in patients with neurological impairment, including pulmonary, renal and bloodstream infections, endocarditis, purulent and nonbacterial meningitis, encephalitis, and focal suppurative encephalitis (abscess) without focal cerebral mass effect
* Renal, pulmonary, and cardiac insufficiency and decompensation in patients with neurological disease
* Systemic and focal vasculitides with involvement of the central nervous system or the somatic musculature
* Coma from all causes, including toxic, metabolic, infectious, inflammatory, degenerative diseases and those that due to endocrinopathy, with or without increased intracranial pressure (due to focal mass effect or of a more generalized nature)
* All diseases of the central or peripheral nervous systems, myoneural junction or somatic musculature leading to the need for ventilatory or vascular life support systems, including those requiring parenteral alimentation
* Psychiatric illnesses considered life-threatening, including, but not limited to, depressive neurosis with suicidal ideation and paranoid schizophrenia with homicidal tendencies
* Status epilepticus
Procedures:
* Intrathecal administration of medication
* Lumbar puncture
* Electroencephalography (EEG), both recording and interpretation
* Electromyography and nerve conduction velocity studies
* Evoked potentials: auditory, visual, and somatosensory
* Video EEG monitoring
* Chemodenervation

**NEUROLOGY - SUPPLEMENTAL PRIVILEGES**
Write “Yes” or “No” by each supplemental privilege

- Polysomnography interpretation
- Pediatric EEG
- Invasive monitoring procedures to include intracranial pressure monitoring, central venous lines, intra-arterial lines and Swan-Ganz catheters
- Transcranial Doppler testing and interpretation
- Intraoperative monitoring

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
Comprehensive neurosurgery examination, consultation, diagnosis and treatment of nervous system conditions including:

* Coma
* Intracranial hemorrhage
* Status epilepticus
* Intractable pain
* Spine and spinal cord injury or tumor
* Brain injury
* Peripheral nerve injury or tumor
* Intracranial tumor
* Cerebrovascular occlusion
* Extra cranial carotid or vertebral artery disease
* Congenital anomalies of the brain and spinal cord
* Meningitis
* Brain abscess
* Intervertebral disc disease

**Diagnostic or therapeutic procedures:**

* Nerve biopsy
* Muscle biopsy
* Cranial burr holes
* Elevation of depressed skull fracture
* Cranioplasty
* Laminectomy
* Peripheral nerve surgery
* Insertion of intracranial pressure monitor or ventriculostomy
* Ventricular taps
* Application of skeletal traction
* Subdural taps
* Needle biopsy of brain
* Craniotomy for tumor, aneurysm, arteriovenous malformation, trauma, abscess
* Cranial reconstruction
* Surgery for cranial nerve compression syndrome
* Stereotactic surgery for brain tumor
* Spinal instrumentation and fusion, (cervical, lumbar and thoracic) for degenerative spine disorders and trauma
* Disk excision, anterior and posterior, cervical, lumbar, and thoracic
DEPARTMENT OF THE NAVY
NEUROSURGERY - CORE PRIVILEGES
(Continued)

* Shunts for hydrocephalus
* Transsphenoidal surgery for pituitary or base of skull lesions
* Repair of meningomyelocele
* Application of halo
* Surgery for spinal cord injury or tumor

NEUROSURGERY – SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

Stereotactic surgery for:

_____ Epilepsy
_____ Pain
_____ Movement disorders
_____ Psychiatric disorders

Percutaneous therapy for:

_____ Chemonucleolysis
_____ Intradiscal electrothermal treatment
_____ Discography
_____ Vertebroplasty

Endoscopic surgery for:

_____ Carpal tunnel release
_____ Discectomy

Miscellaneous:

_____ Extra-intracranial anastomosis
_____ Intracranial vascular reconstruction
_____ Intraoperative use of laser
_____ Carotid endarterectomy
_____ Ablative surgery for epilepsy

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
NUCLEAR MEDICINE – CORE PRIVILEGES

* Supervise the preparation of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients
* Supervise the administration of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients
* Supervise the use of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients
* Interpret the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals
* Supervise the use of unsealed radionuclides for therapeutic purposes
* Supervise performance of radioimmunoassay examinations
* Supervise the management of radioactively contaminated patients and facilities

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
Only physicians fully trained in obstetrics and gynecology can use this obstetrics and gynecology privileges sheet. Other practitioners assigned to provide obstetric and gynecology services must add any additional required privileges to the supplemental privilege section of their specialty sheets.

**Obstetrics:**
- Routine prenatal, perinatal, and postpartum care
- Management of high-risk obstetric patients
- Application of internal fetal and uterine monitors
- Augmentation and induction of labor by use of oxytocin
- Obstetric sonography, level I (includes evaluation for intra-uterine pregnancy in the first trimester; evaluation for gestation, amniotic fluid volume, placental location, presentation, basic biometry for gestational age determination, and biophysical profile in later pregnancy)
- Management of normal labor and delivery, including episiotomy
- Amnioinfusion
- Aminotomy
- Operative vaginal delivery (including forceps, vacuum extraction, breech extraction, internal podalic version and extraction)
- Manual removal of placenta
- Amniocentesis
- Repair of obstetric lacerations
- Routine care of the normal neonate
- Resuscitation of the asphyxiated neonate
- Cesarean delivery
- External cephalic version
- Management of postpartum hemorrhage
- Management of major medical and surgical complications of pregnancy, labor and delivery (including hemorrhage, sepsis, severe preeclampsia and eclampsia)
- Use of intravaginal, intraamniotic and intramuscular prostaglandin
- Cystotomy with ureteral stent placement, within the context of complications of obstetric or gynecologic surgery
- Repair of cystotomy as a complication of obstetric or gynecologic surgery
- Repair of colostomy or enterotomy as a complication of obstetric or gynecologic surgery
Gynecology:
* Performance of gynecology screening examinations
* PAP smear
* Diagnosis and treatment of vaginitis, sexually transmitted diseases, abnormal uterine bleeding and pelvic pain
* Colposcopy with vulvar, vaginal and cervical biopsy
* Outpatient therapy of condyloma and intraepithelial neoplasia
* Diagnostic cystoscopy for the evaluation and treatment of gynecologic disorders
* Cervical cerclage
* Hysterosalpingography
* Contraceptive counseling and prescription, including insertion of intrauterine devices
* Minor gynecologic surgical procedures (endometrial biopsy, dilatation and curettage, treatment of Bartholin cyst and abscess)
* Infertility and endocrine evaluation, including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia
* Culdocentesis and paracentesis
* Aspiration of breast masses
* Gynecologic sonography
* Urethroscopy and female urodynamic evaluation
* Hysteroscopy
* Laparoscopy
* Suction curettage, for pregnancy termination and management of incomplete, missed, or inevitable abortion
* Tubal sterilization
* Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
* Abdominal and vaginal hysterectomy
* Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions
* Surgical treatment of stress urinary incontinence
* Vaginal plastic suspension and repair procedures
* Transabdominal suspension of the uterus and vagina
* Subradical vulvar surgery
* Presacral neurectomy
DEPARTMENT OF THE NAVY

OBSTETRICS AND GYNECOLOGY - SUPPLEMENTAL PRIVILEGES

Write “Yes” or “No” by each supplemental privilege

Gynecology:
* Tuboplasty and other infertility surgery (not microsurgical)
* Cervical conization
* Pelviscopic surgery

Obstetrics:
_____ Subarachnoid block anesthesia, for delivery
_____ Epidural anesthesia, for labor and delivery
_____ Level II and level III obstetric sonography
_____ Intrauterine fetal transfusion
_____ Other intrauterine fetal surgery
_____ Cordocentesis

Gynecology:
_____ Vulvar, vaginal and cervical laser surgery
_____ Radical surgery for gynecologic malignancy
_____ Chemotherapy
_____ Microsurgical tubal reanastomosis and other microsurgical infertility procedures
_____ Laparoscopic laser surgery
_____ Intraabdominal laser surgery
_____ Dilation and evacuation for late second trimester pregnancy termination
_____ Metroplasty
_____ Reconstructive surgery for ambiguous genitalia

Ultrasonography and computer tomography:
_____ Guided needle aspirations, drainage and biopsy

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
Comprehensive occupational medicine evaluation and management of workers and worksites; evaluation, consultation, diagnosis, treatment, and prevention planning for individuals and population groups with or at risk for occupational and environmental disease conditions due to exposures to chemical, physical, biological, or ergonomic stressors. The evaluation may include epidemiological investigation, industrial hygiene exposure information, physical exam, biological monitoring and other assessment methods used for preventive medicine analysis. Specific occupational and environmental disease conditions include:

* Occupational pulmonary disease (including the pneumoconioses)
* Occupational skin disease
* Occupational musculoskeletal disease (including cumulative trauma disorders)
* Occupational communicable disease
* Occupational hypersensitivity disorders
* Occupational renal disorders
* Occupational reproductive disorders
* Occupational neurologic, behavioral or psychiatric disorders
* Occupational hematological disorders
* Occupational gastrointestinal or hepatic disorders
* Physical agent disorders (includes heat, cold, ambient pressure extremes, ionizing and nonionizing radiation, noise, and vibration)
* Occupational disease and injury outbreaks
* Toxicological conditions and hazards
* Substance abuse or dependence
* Environmental illness and hazards (including air and water pollution and indoor air quality)

**Diagnostic or therapeutic procedures:**

**Clinical care:**
* Evaluation and treatment of minor illnesses and injuries
* Provide clinical health promotion services
* Medical surveillance or certification exams
* Impairment and disability exams or evaluations
* Acute exposure evaluations
Tests:
* Interpretation of spirometry testing
* Interpretation of toxicologic tests
* Interpretation of biological monitoring
* Initial interpretation of radiographs
* Interpretation of audiograms
* Interpretation of industrial and environmental hygiene sampling results

Epidemiology:
* Epidemiologic study design
* Risk assessment
* Perform basic epidemiological investigation
* Apply standard biostatistical tests and epidemiologic methods
* Analysis of health care, injury, and occupational health and disease data

Occupational medicine program management:
* Determine medical surveillance elements
* Evaluation of workplace monitoring program and medical surveillance program
* Medical management of Federal Employee Compensation Act Program (including managed care)
* Health hazard evaluations
* Environmental medicine
* Communicable disease prevention
* Health promotion
DEPARTMENT OF THE NAVY
OCCUPATIONAL MEDICINE - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege
(Continued)

_____ Chelation treatment
_____ Hyperbaric chamber treatment
_____ B-reader interpretation of pneumoconiosis radiographs
_____ Travel medicine consultation
_____ Prescribe and administer mass treatment, immunization, and medications to control epidemics or occupational disease outbreak
_____ Medical review officer

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
ONCOLOGY - CORE PRIVILEGES

Diagnosis, evaluation and treatment of oncologic disorders including:

* The etiology of cancer including predisposing causal factors leading to neoplasia
* The epidemiology and natural history of cancer
* Fundamental concepts of cellular and molecular biology, cytogenetics, basic and clinical pharmacology (including pharmacokinetics and toxicity) and tumor immunology
* Management of research and nonresearch treatment protocols
* Anti-neoplastic therapy, including chemotherapeutic drugs, biologic response modifiers available for treatment or prevention of neoplastic diseases and well as indications, limitations and complications of their use in specific clinical situations
* The indications and limitations of surgery and radiation therapy in the treatment of cancer
* Concepts of supportive care, including hematologic, infectious, disease and nutritional
* Rehabilitation and psychosocial aspects of clinical management of the cancer patient
* Correlation of clinical information with the finding of cytology, histology and imaging techniques
* Pain management among other palliative care modalities

Procedural skills:
* Pelvic examination
* Marrow aspiration and biopsy and interpretation of aspirate
* Serial measurement of palpable tumor masses
* Management and care of indwelling access catheters
* Administration of chemotherapeutic agents intravenously, intrathecally, intrapleurally and intraperitoneally
* Paracentesis
* Thoracentesis
* Management of immunocompromised patients

_____ Needle aspirates of superficial nodes and masses

Other:

Treatment Facility: ______________________________ Date Requested: _________

Practitioner Name: ______________________________ Date Approved: _________
Preliminary diagnosis, initial treatment, or stabilization of:
* Myocardial infarction
* Cardiac dysrhythmia
* Fluid and electrolyte disorders (all age groups)
* Heat-related illness
* Burns
* Shock
* Fractures
* Penetrating wounds
* Depressed level of consciousness and coma
* Abdominal surgical emergencies (all age groups)
* Appendicitis
* Gastrointestinal disorders
* Psychosis and potential suicide
* Poisoning
* Pyelonephritis
* Testicular torsion
* Hernia
* Urinary calculi
* Pulmonary insufficiency
* Decompression sickness
* Penetrating eye injuries
* Iritis
* Glaucoma
* Psoriasis and skin malignancy
* Pregnancy
* Pelvic pain
* Pelvic inflammatory disease
* Dysfunctional uterine bleeding
* Threatened, incomplete, and completed abortion
* Drug overdose
* Ruptured tubal ectopic pregnancy
Diagnostic or therapeutic procedures:
* Lumbar puncture
* Arterial blood gas sampling
* Initial interpretation of electrocardiogram before consultant confirmation
* Initial interpretation of chest, abdominal, skull, facial bone, and extremity x-rays before consultant confirmation
* Incision and drainage of superficial abscesses
* Preparation and interpretation of potassium hydroxide and saline mounts for pathogens
* Incision and drainage of thrombosed external hemorrhoids
* Bladder catheterization
* Removal of corneal foreign body
* Initial interpretation of audiogram before consultant confirmation
* Preparation and interpretation of Gram stains for pathogens
* Performance of PAP smears
* Performance of pelvic examination
* Splinting or stabilizing spine and extremity fractures
* Performance of fluorescein stain for conjunctival lesions
* Suture closure of 1° layer wounds
* Eye irrigation
* Local infiltration anesthesia
* Intravenous infusion

Comprehensive examination, diagnosis, and management of:
* Uncomplicated gynecologic problems, including vaginitis and sexually transmitted disease, contraception advice, prescription of oral contraceptives, and screening pelvic examination.
* Uncomplicated internal medicine problems, including cardiac disease, arthritis, gastrointestinal disease, hepatic disease, infectious disease, hypertension, anemia, pulmonary disease, renal disease, diabetes, neurologic disease and thyroid disease.
* Uncomplicated dermatologic problems, not to include psoriasis or malignancy, but including acne, Verrucae, herpes simplex, seborrhea, dyshidrosis, scabies, pediculosis, cold injury, immersion dermatitis, plantar warts, corns, calluses, and excisional punch biopsy.
* Uncomplicated orthopedic problems including muscle strain, sprains, low back pain, bursitis, tendonitis, and minor musculoskeletal trauma
Comprehensive examination, diagnosis, and management of:

* Uncomplicated otolaryngologic problems, including otitis media and externa, cerumen occlusion of canal, pharyngitis, laryngitis, removal of nasal or auditory canal foreign body, nosebleed, and rhinitis
* Uncomplicated urologic problems, including cystitis, prostatitis, epididymitis, and sexually-transmitted disease
* Uncomplicated behavioral problems, including crisis intervention, short-term individual counseling for difficulty with interpersonal relationships or adapting to authority, and problems related to substance use and abuse
* Uncomplicated environmental or occupationally-related problems, including asbestos, heat, and noise exposure screening and monitoring
* Uncomplicated ophthalmologic problems, including conjunctivitis, visual acuity testing, corneal abrasion, and conjunctival foreign body
* Routine, uncomplicated prenatal care, up to 20 weeks gestation
* Uncomplicated pediatric problems, including well child care, pediatric preventive care counseling, otitis, bronchitis, pneumonia, asthma, gastroenteritis and viral exanthemas

OPERATIONAL MEDICINE AND PRIMARY CARE MEDICINE SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
Comprehensive ophthalmic history, evaluation, diagnosis and treatment of eye disorders (in all age groups), including:

* Strabismus and amblyopia
* Cataract
* Orbital, adnexal and oculoplastic disorders
* Retinal disease
* Neuro-ophthalmic disorders
* Corneal and external diseases
* Glaucoma

Diagnostic procedures:
- All non-invasive diagnostic procedures including interpretation of non-invasive diagnostic tests such as; static and perimetric visual field tests, A and B mode ultrasound examinations, electrophysiologic tests, and ocular coherence tomography.
- Interpretation of fluorescein angiogram

Optical rehabilitation
- Spectacle prescribing
- Contact lenses fitting and prescribing

Pediatrics, Strabismus and amblyopia:
- Treatment of amblyopia (patching, penalization, spectacles)
- Surgical correction of strabismus
- Prescribing Fresnel prisms and spectacle prisms
- Retinopathy of prematurity (ROP) evaluation

Cataract, Glaucoma and other anterior segment:
- All methods of cataract removal through an anterior approach (intra and extracapsular cataract extraction, phacoemulsification)
- Intraocular lens insertion, primary and secondary
- Removal/Exchange of intraocular lenses
- Anterior vitrectomy, limbal approach
- Excision of corneal and/or conjunctival lesion
- Peripheral iridectomy
- Ciliary body destructive procedures (cryo, laser)
- Neodymium, yttrium/aluminum/garnet (YAG) laser capsulotomy
- Laser iridotomy, iridoplasty
- Laser trabeculoplasty
OPHTHALMOLOGY - CORE PRIVILEGES
(Continued)

Oculoplastics:
- Enucleation and evisceration
- Repair of orbital floor (blowout) fracture
- Dacryocystorhinostomy
- Repair eyelid injury
- Eyelid reconstruction
- Repair of canalicular injury
- Cautery of lacrimal punctum
- Insertion of collagen or silicone punctal plugs
- Surgical repair of entropion and ectropion
- Correction of trichiasis (epilation, electrolysis)
- Blepharoptosis repair
- Upper and lower eyelid blepharoplasty
- Tarsorrhaphy
- Excision and repair of eyelid lesions
- Probing, irrigation, and intubation of lacrimal drainage system
- Direct and mid-forehead repair of brow ptosis
- Botulinum toxin injection, facial muscle

Retina and other posterior segment:
- Retinopexy by cryotherapy or laser
- Vitreous tap and intravitreal injection
- Panretinal laser photocoagulation
- Focal retinal laser photocoagulation

Miscellaneous
- Repair of penetrating eye injury
- Removal of intraocular foreign body
OPHTHALMOLOGY – SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

_____ Intravenous conscious sedation
_____ Orbital exenteration
_____ Lateral orbitotomy
_____ Optic nerve decompressions
_____ Conjunctival dacryocystorhinostomy
_____ Coronal brow lift
_____ Endoscopic brow lift
_____ Laser skin resurfacing
_____ Chemical skin peel
_____ Penetrating keratoplasty
_____ Epikeratophakia
_____ Incisional corneal refractive procedures (radial keratotomy, astigmatic keratotomy)
_____ Surface excimer laser corneal refractive procedures [photorefractive keratectomy (PRK) and laser epithelial keratomileusis (LASEK)]
_____ Intrastromal excimer laser corneal refractive procedure Laser-in-situ keratomileusis (LASIK)
_____ Conductive keratoplasty (CK)
_____ Reconstructive conjunctivoplasty, cul-de-sac
_____ Scleral buckle placement
_____ Intraocular gas injection of the posterior segment and pneumatic retinopexy
_____ Pars plana vitrectomy techniques, including membrane peeling, endophotocoagulation, and use of vitreous substitutes
_____ Pars plana lensectomy
_____ Treatment of retinopathy of prematurity (ROP) with laser or cryotherapy
_____ Pediatric (<6 years of age) cataract extraction and management
_____ Botulinum toxin injection, extraocular muscle
_____ Goniotomy and trabeculotomy
_____ Glaucoma shunt placement
_____ Adjunct chemotherapy for glaucoma filtering surgery

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
ORTHOPEDIC SURGERY - CORE PRIVILEGES

Comprehensive orthopedic examination, consultation, diagnosis, and treatment of disorders of the musculoskeletal system to include:

* Infection (surgical and medical treatment)
* Contusion, sprains and strains
* Sports medicine and related injuries
* Malunions
* Nonunions
* Back and neck pain, chronic and acute
* Fractures and dislocations, open or closed
* Pediatric orthopedics (other than selected privileges)

Treatments and procedures:
* External fixation of fractures
* Hand surgery (other than supplemental privileges)
* Application of skeletal traction
* Arthrodesis
* Arthroscopic surgery
* Arthrotomy
* Biopsy of the musculoskeletal system
* Bone graft
* Internal fixation of fractures
* Repair of lacerations
* Ligament reconstruction
* Nerve surgery excluding microsurgical repair
* Amputation, traumatic and elective
* Osteotomy
* Skin grafts
* Spinal surgery (other than supplemental privileges)
* Tendon surgery
* Total joint surgery (other than supplemental privileges)
* Tumor surgery
* Wound debridement
Write “Yes” or “No” by each supplemental privilege
(Continued)

_____ Cervical discectomy and fusion
_____ Open reduction and internal fixation of cervical fractures
_____ Anterior lumbar spinal surgery
_____ Anterior dorsal spinal surgery
_____ Intradiscal chemonucleolysis
_____ Percutaneous disk excision
_____ Revision total hip surgery
_____ Revision total knee surgery
_____ Major tumor resection, total joint surgery
_____ Digit and limb replantation
_____ Complex tendon transfers
_____ Complex tendon reconstruction
_____ Complex rheumatoid surgery
_____ Free microvascular flap
_____ Pelvic osteotomy
_____ Complex club foot surgery
_____ Scoliosis and kyphosis instrumentation
_____ Complex reconstructive surgery for developmental, congenital deformity
_____ Microsurgical nerve repair
_____ Complex reconstructive surgery for trauma

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________

E-64 (2 of 2)
DEPARTMENT OF THE NAVY
OTOLARYNGOLOGY - CORE PRIVILEGES

* Evaluation and treatment of hearing, taste, smell, communication, and labyrinthine dysfunction
* Functional surgery of the upper aerodigestive tract, e.g., tonsillectomy, tympanotomy and tube insertion, septrhaphy, etc.
* Tympanoplasty, Mastoidectomy, and Stapes surgery
* Head and Neck tumor surgery
* Reconstruction of head and neck defects with major myocutaneous flaps and harvesting of bone from distant sites
* Maxillofacial trauma surgery including intermaxillary fixation, wire and rigid fixation, and bone grafting
* Extra-cranial repair of peripheral nerves including cable grafting
* Surgery of the paranasal sinuses (external, intranasal and endoscopic)
* Surgery for the treatment of sleep apnea
* Cosmetic surgery of face, nose, ears, neck including rhinoplasty, chemical peel, rhytidectomy, browlift, blepharoplasty, liposuction, and implantation of autogenous, homologous, and allograft material
* Endoscopy of the larynx, tracheobronchial tree, and esophagus to include biopsy, excision, and foreign body removal
* Adult/Pediatric airway control including tracheotomy and tracheostomy
* Salivary gland surgery of the head and neck to include parotid, submandibular, and sublingual gland surgery for benign and malignant disease
* Endocrine surgery of the head and neck to include thyroid and parathyroid surgery for benign and malignant disease
* Allergy evaluation, skin testing, and treatment to include injections
* Intravenous conscious sedation and analgesia
* Laser treatment of the skin, oropharynx, larynx, tracheo-bronchial tree and esophagus

Other:
Write “Yes” or “No” by each supplemental privilege

____ Neurotology
____ Corrective surgery for cleft lip and palate
____ Skull base surgery
____ Craniofacial surgery
____ Microvascular free flaps and transplantation
____ Chemodenervation of the larynx, neck and face using botulinum toxin

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
Anatomic Pathology:

* Autopsy pathology
  * Routine hospital cases
  * Routine medicolegal cases after approval from Armed Forces Medical Examiner
* Surgical pathology
  * Frozen section diagnosis
  * Gross and microscopic examination of surgical pathology specimens
* Interpretation of histochemical and immunohistochemical stains
* Cytopathology
* Cervicovaginal cytopathology specimens (pap smears)
* Non-gynecologic cytopathology specimens including body fluids, aspiration specimens (not to include performance of fine needle aspiration), brushings and washings.

Clinical Pathology:

Interpretation of routine clinical laboratory tests such as:
* Hematology (including interpretation of bone marrow aspiration and biopsy specimens)
* Clinical chemistry
* Medical microbiology
* Serology
* Immunology
* Urinalysis

Medical direction of:

* All medical laboratory services (except those specifically delineated under supplemental privileges)
* Blood bank services (except those specifically delineated under supplemental privileges)
* Transfusion services (except those specifically delineated under supplemental privileges)
Anatomic Pathology:

____ Electron microscopy interpretation
____ Muscle biopsy interpretation and diagnosis
____ Nerve biopsy interpretation and diagnosis
____ Complicated medicolegal and aircraft accident investigations
____ Immunopathology interpretation
    ____ Renal biopsy
    ____ Skin biopsy
____ Performance of fine needle aspiration

Clinical Pathology:

____ Human leukocyte antigen interpretation
____ Performance of bone marrow aspiration and biopsy
____ Medical direction of therapeutic apheresis
____ Cytogenetic interpretation
____ Medical direction of molecular pathology laboratory services such as fluorescent in-situ hybridization (FISH) studies and polymerase chain reaction (PCR)-based studies

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
Comprehensive examination, consultation, diagnosis, management and treatment of conditions in neonates, infants, preschool-age and school-age children and adolescents to include:

* Attendance at routine or high-risk delivery to provide care, evaluation, resuscitation and stabilization of the neonate
* Routine premature and neonatal care, including management of neonatal sepsis, hyperbilirubinemia, uncomplicated respiratory distress syndrome, endotracheal intubation and vascular access
* Health supervision of infants, children and adolescents with appropriate anticipatory guidance, preventive (e.g., immunizations) and screening measures
* Minor surgical diagnostic procedures, including transfusion of blood products, venous cutdowns, spinal taps, incision and drainage of abscesses, suture of simple lacerations and circumcisions
* Acute and chronic conditions
* Preoperative and postoperative care
* Unique or life-threatening pediatric concerns to include child abuse and neglect, poisoning and accidents and upper airway obstruction
* Counseling regarding developmental disabilities, e.g., cerebral palsy, mental retardation, birth defects, emotional disorders and adjustment reactions of children and adolescents
* Instruction of other health care professionals seeing children, e.g., neonatal resuscitation and pediatric advanced life support

**PEDIATRICS - SUPPLEMENTAL PRIVILEGES**

**Write “Yes” or “No” by each supplemental privilege**

_____ Management of tertiary neonatal care to include hyper-alimentation, complex respiratory, and ventilatory care
_____ Management of complex adolescent conditions, including growth and maturational disorders, gynecological and obstetrical conditions, severe behavioral disturbances and substance abuse
_____ Complex physically or developmentally disabled children, including coordinating multiple services and disciplines in an organized treatment plan, developmental testing for interpretation, management of severe childhood behavioral problems and genetic counseling
_____ Complex, life-threatening allergic and immunologic diseases, including severe immune deficiency, skin testing and hyposensitization therapy
DEPARTMENT OF THE NAVY
PEDIATRICS - SUPPLEMENTAL PRIVILEGES
(Continued)

- Complex, life-threatening heart disease, including severe heart disease of the
  neonate, interpretation of echocardiograms, angiography and cardiac
catheterization
- Childhood malignancies and complex hematologic disorders including
  chemotherapeutic agents, bone marrow biopsies and smears, bone marrow
  failure syndrome and life-threatening coagulopathies
- Complex renal disorders, including end stage renal disease, renal biopsy and
  interpretation, peritoneal dialysis and hemodialysis
- Acute and chronic complex neurologic disorders including interpretation of
  EEGs, cranial ultrasound, computer-assisted tomography, magnetic resonance
  imaging scans, interpretation of electromyography, and muscle and nerve
tissue biopsy
- Simple and complex endocrinologic disorders
- Life-threatening infectious diseases
- Severe gastrointestinal and nutritional disorders, including endoscopy, hepatic
  biopsy and interpretation, and intestinal biopsy and interpretation
- Conscious sedation

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
PEDIATRIC SURGERY - CORE PRIVILEGES

* Comprehensive pediatric surgery examination, consultation, diagnosis and treatment planning
* Assessment and treatment of anomalies of the gastrointestinal tract
* Tracheostomies
* Assessment and treatment of trauma
* Assessment and treatment of anomalies of the abdominal wall
* Tube thoracostomy
* Abdominal wall hernias and groin hydroceles

PEDIATRIC SURGERY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

Surgery on the Neonate:
_____ Anomalies of the head and neck
_____ Anomalies of the esophagus, trachea, lungs, great vessels, diaphragm, chest wall, intestinal tract, and abdominal wall
_____ Anomalies of the extremities
_____ Benign and malignant tumors, except central nervous system

Pediatric Oncology Surgery:
_____ Rhabdomyosarcoma, all sites
_____ Wilms tumor
_____ Neuroblastoma
_____ Soft tissue sarcomas
_____ Intra-abdominal tumors
_____ Intra-and extra-thoracic tumors (except intracardiac)
_____ Gonadal tumors

Pediatric Urology:
_____ Cryptorchidism

Reconstructive Surgery:
_____ Kidney uretero-pelvic junction (duplication) only in neonate and with urology resident
_____ Genitalia, urethra, ureters, e.g., vesicoureteral reflux
_____ Bladder, e.g., exstrophy, only in neonate and with urology resident
Closed Pediatric Cardiac Surgery:

- Patent ductus arteriosus
- Coarctation of aorta
- Shunts
- Pacemaker insertion
- Intra-aortic balloon pump insertion
- Pulmonary artery banding
- Vascular rings

Open pediatric cardiac surgery:

- Atrial septal defect
- Ventricular septal defect
- Tetralogy of Fallot
- Aortic valvular stenosis
- Pulmonary valvular stenosis
- Complex defect repair (applicable only to pediatric surgeons with 6-12 months of specialized training in pediatric cardiac surgery)

Pediatric Endoscopy:

- Laryngoscopy
- Bronchoscopy
- Esophagoscopy
  - Rigid
  - Flexible
- Gastroscopy
- Peritoneoscopy
- Thoracoscopy
- Colonscopy

Pediatric Thoracic Surgery:

- Pericardiocentesis and pericardiostomy
- Thoracotomy
- Pulmonary resection
  - Wedge
  - Segmental
  - Lobectomy
DEPARTMENT OF THE NAVY
PEDIATRIC SURGERY - SUPPLEMENTAL PRIVILEGES
(Continued)

______ Pneumonectomy
  Esophagus
  _____ Partial or total resection
  _____ Replacement
  _____ Anti-reflux procedures
  _____ Chest wall resection or reconstruction

Other:

Treatment Facility: ______________________________  Date Requested: __________
Practitioner Name: ______________________________  Date Approved: __________
Comprehensive consultation, differential diagnosis and treatment planning of conditions including:

**Arterial Disease** (excluding coronary arteries, ascending aorta, aortic arch, descending thoracic aorta, pulmonary arteries, and intracranial arteries)
* Diagnosis and medical therapy of aneurismatic, obstructive, traumatic, neoplastic, and infectious arterial diseases
* Interpretation of vascular ultrasound studies, extremity plethysmography studies, segmental arterial pressure studies, transcutaneous oxygen studies
* Intraoperative arteriography
* Angioscopy
* Catheter or open embolectomy/thrombectomy
* Endarterectomy
* Resection with or without graft replacement
* Arterioplasty
* Bypass graft
* Interposition graft
* Transposition
* Extremity amputation

**Venous Disease**
* Diagnosis and medical therapy of aneurismatic, obstructive, traumatic, neoplastic and infectious venous diseases
* Ligation
* Stripping and/or local removal of varicose veins
* Endoscopic or open ligation of incompetent perforator veins
* Catheter or open embolectomy/thrombectomy
* Resection with or without graft replacement
* Venoplasty
* Bypass graft
* Interposition graft
* Transposition

**Miscellaneous**
* Thoracic or lumbar sympathectomy
* Surgical relief of thoracic outlet syndrome
* Lymphedema surgery
Miscellaneous
* Percutaneous vascular catheter placement
* Arteriovenous fistula construction with or without synthetic graft material

Supplemental

_____ Intravenous conscious sedation
_____ Diagnostic and therapeutic use of angiography equipment
_____ Percutaneous transluminal arterioplasty
_____ Atherectomy
_____ Endovascular stent and stent graft placement
_____ Descending thoracic aorta thoracoabdominal aortic surgery

Other:

Treatment Facility: ______________________________  Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
Treatment of uncomplicated:
* Cardiovascular, gastrointestinal, genitourinary and respiratory tract diseases
* Skin problems, such as pressure ulcers and abscesses (including incision, drainage and debridement)

Evaluation and management of rehabilitation patients with impaired functions due to:

* Cerebral, brain stem, or spinal cord lesion including neurogenic bowel and bladder
* Peripheral nervous system disorders and myoneural junction disorders (e.g., radiculopathies, myasthenia gravis)
* Muscle diseases
* Loss of limb or its function
* Nonsurgical musculoskeletal problems (e.g., rheumatic diseases, collagen diseases, foot disorders, sprains)
* Electrodiagnostic studies (e.g., electromyography in association with other procedures such as, nerve conduction studies)
* Generalized deconditioning
* Chronic pulmonary, cardiac, and peripheral vascular disease
* Head trauma
* Evaluation and management of chronic pain problems
* Sports medicine
* Pediatric rehabilitation
* Prescription of physiatric modalities, including hydrotherapy, ultraviolet and infrared light, microwave, shortwave and ultrasound diathermy heat and cold modalities, electrical stimulation, and transcutaneous electrical nerve stimulation
* Lumbar puncture
* Local infiltration of steroids and local anesthetic mixture
* Arthrocentesis
* Biofeedback, relaxation training
* Application of orthotic materials
* Prescription of orthotics, prosthetics, wheelchairs, and adaptive equipment
DEPARTMENT OF THE NAVY
PHYSICAL MEDICINE AND REHABILITATION - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege
(Continued)

_____ Local infiltration and topical application of anesthetics and nerve blocks
_____ Nerve and motor point blocks
_____ Performance of evoked potentials (somatosensory evoked response, brainstem auditory evoked response and visual evoked response)
_____ Spinal and joint manipulation
_____ Epidural steroid injection

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
PLASTIC SURGERY - CORE PRIVILEGES

Comprehensive examination, consultation, diagnosis, planning, and treatment of the following:

* Trauma
* Acquired ear deformity
* Burns
* Facial trauma and fractures
* Microtia
* Soft tissue wounds
* Breast deformities (acquired and postsurgical)
* Cutaneous malignancy (all types)
* Decubitus ulcers and pressure sores
* Facial paralysis (congenital and acquired)
* Hand deformities (congenital and acquired)
* Head and neck neoplasm
* Salivary gland tumors
* Scar formation
* Soft tissue malignancy
* Temporomandibular joint disease
* Tissue laxity
* Congenital breast deformity
* Other congenital deformities
* Facial clefting (congenital and acquired)
* Lymphedema
* Hemangiomas
* Wound healing problems
* Cosmetic deformities

Procedures:
* Abdominoplasty, lipectomy
* Augmentation mammoplasty
* Blepharoplasty
* Bone grafts
* Chemical peel
* Excision of cutaneous, intraoral and intranasal, soft tissue, thyroglossal and branchial tumors, and cleft cysts
* Facial fracture reduction and facial tissue reconstruction
* Hair transplantation
* Dermal and fat grafting
* Hand fracture reduction
DEPARTMENT OF THE NAVY
PLASTIC SURGERY - CORE PRIVILEGES
(Continued)

Procedures:  (Continued)
* Lower extremity reconstruction
* Lymphadenectomy of the neck, axilla, and inguinal region
* Brow lift
* Mandibular and maxillary osteotomy
* Mastectomy prophylactic
* Mastopexy
* Microtia repair
* Myocutaneous flaps
* Nasal submucous resection
* Otoplasty
* Pedical skin flap
* Postmastectomy reconstruction
* Repair cleft lip and palate
* Repair nerves and vessels
* Repair tendons and nerves
* Rhinoplasty
* Rhytidectomy
* Release contractures (congenital or acquired)
* Skin grafting
* Reconstruction using aloplastic materials
* Reduction using aloplastic materials
* Suction assisted lipectomy
* Tendon transfers
* Thigh, arm, and buttock lifts
* Vaginal and urogenital reconstruction
* Moderate Sedation (conscious sedation)

PLASTIC SURGERY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

All privileges require residency within last 2 years or privileges held within the last 2 years with documentation of clinical competency or at least two supervised cases within last 2 years. One procedure per year is required for renewal of privileges except for microvascular tissue transfer, which requires four per year.
DEPARTMENT OF THE NAVY
PLASTIC SURGERY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege
(Continued)

_____ Laser surgery
_____ Microvascular tissue transfer
_____ Craniofacial reconstruction
_____ Hand reconstruction (complex)

Other:

Treatment Facility: ______________________________ Date Requested: __________
Practitioner Name: ______________________________ Date Approved: __________
DEPARTMENT OF THE NAVY
PREVENTIVE MEDICINE - CORE PRIVILEGES

Comprehensive epidemiologic and clinical investigation and consultation for the prevention and control of disease, disability, and premature death, and evaluation, consultation, diagnosis, assessment of disease and injury risk, and treatment and intervention planning for individuals and population groups.

Preventable disease conditions including:

* Communicable diseases
* Tropical diseases
* Injuries
* Epidemics and unusual occurrences of diseases, disability and premature death
* Diseases of travelers
* Chronic diseases
* Chemical dependence
* Nosocomial infections
* Occupational and environmental diseases
* Diseases of lifestyle

Diagnostic or therapeutic procedures:

* Application of epidemiologic and biostatistical methods
* Interpretation of health care, injury and infectious disease data
* Surveillance programs for diseases and injuries
* Investigation of epidemics and other health-related events
* Clinical and laboratory evaluations of individuals and groups
* Travel medicine clinical services and consultation
* Hospital infection control programs
* Prescription and administration of mass treatment, immunizations and medications to control epidemics
* Disease contact tracking programs
* Individual and group education
* Immunization programs
* Disease and injury risk assessment of individuals and groups
* Disease screening and health risk assessment programs
* Interventions to modify or eliminate individual and group risk for disease and injury
* Application of biologic, behavioral, and environmental approaches to health promotion and disease and injury prevention
* Disease and injury risk assessment associated with travel for individuals, groups and operational units
* Assessment of effectiveness of interventional programs
PREVENTIVE MEDICINE - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

_____ Disaster preparedness design and management
_____ Implementation of disaster relief efforts
_____ Application group behavior modification techniques
_____ Advanced epidemiologic biostatistical methods
_____ Interventional drug or vaccine studies

Other:

Treatment Facility: ______________________________  Date Requested: __________
Practitioner Name: ______________________________ Date Approved: __________
DEPARTMENT OF THE NAVY
PRIMARY CARE SPORTS MEDICINE - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

* Primary care privileges in either Family Practice, Emergency Medicine, Internal Medicine or Pediatrics

_____ Examination, diagnosis and treatment of disorders of the musculoskeletal system including:
   _____ contusions, strains, sprains
   _____ sports medicine and related injuries
   _____ back and neck pain, chronic and acute
   _____ neuromuscular disease and demyelinating disease
   _____ nonsurgical musculoskeletal problems, e.g., rheumatic diseases, collagen diseases and foot disorders
   _____ peripheral nervous system disorders and myoneural junction disorders, e.g., radiculopathies and myasthenia gravis
   _____ generalized deconditioning
   _____ evaluation and management of chronic pain conditions
   _____ pediatric diagnosis, treatment and rehabilitation

_____ Prescription of modalities, including hydrotherapy, ultraviolet and infrared light, microwave, short-wave and ultrasound diathermy, heat and cold modalities, electrical stimulation, transcutaneous electrical nerve stimulation, phonophoresis and iontophoresis

_____ Local infiltration of steroids and local anesthetic mixtures into joint, facet, subacromial space, trigger point, tendon sheath or perineural tissue

_____ Arthrocentesis

_____ Management of simple closed fractures with closed reduction, not requiring general anesthesia

_____ Local hematoma anesthetic block of a fractured bone

_____ Prescription of over-the-counter orthotics, prosthetics and adaptive equipment, e.g., crutches and wheelchairs

_____ Prescription of exercise protocols including range of motion, strengthening and stretching

_____ Initial evaluation of radiographic studies

Treatment Facility: ______________________________  Date Requested: _________

Practitioner Name: ______________________________  Date Approved: _________
Assessment, evaluation, consultation, differential diagnosis, and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders (current edition) published by the American Psychiatric Association:

* Cognitive impairment disorders
* Schizophrenia and other psychotic disorders
* Mood disorders
* Anxiety disorders
* Combat stress reactions
* Somatoform disorders
* Psychological or behavioral factors affecting a nonpsychiatric medical condition
* Dissociative disorders
* Factitious disorders
* Sexual disorders
* Gender identity disorders
* Eating disorders
* Sleep disorders
* Impulse control disorders not elsewhere classified
* Adjustment disorders
* Personality disorders
* Disorders usually first diagnosed in infancy, childhood, or adolescence (mental retardation, learning disorders, tics, etc.)
* Other clinically significant problems that may be a focus of diagnosis and treatment (movement disorders, relationship problems, bereavement, etc.)

Diagnostic and therapeutic procedures:

* Clinical interviewing
* Psychosocial history taking
* Mental status examination
* Physical examination
* Neurological examination
* Interpretation of psychological testing results
* Clinical case formulations
* Interpretation of radiological testing
* Interpretation of laboratory testing
Major types of psychotherapy including:
Individual therapy  Group therapy
Marital therapy  Short-term therapy
Family therapy  Psychodynamic therapy
Behavior therapy

* Crisis intervention
* Community outreach (health promotion, command consultation)
* Pharmacotherapy
* Drug and alcohol detoxification
* Medical, drug and alcohol rehabilitation
* Evaluations for suitability and fitness for duty
* Evaluations for special military programs (Personnel Reliability Program, weapons, etc.)
* Incapacitation determinations
* NCM Article 706 boards (sanity boards)

**PSYCHIATRY - SUPPLEMENTAL PRIVILEGES**
Write “Yes” or “No” by each supplemental privilege

_____ Child and adolescent psychiatry
_____ Forensic psychiatry
_____ Addiction psychiatry
_____ Geriatric psychiatry
_____ Clinical neurophysiology
_____ Pain management
_____ Administrative psychiatry
_____ Psychoanalysis
_____ Electroconvulsive therapy
_____ Hypnosis
_____ Biofeedback

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY
PULMONARY MEDICINE - CORE PRIVILEGES

* Diagnosis and medical management of all categories of respiratory diseases, including chronic and acute respiratory failure
* Thoracentesis
* Transthoracic needle aspiration of lung parenchyma
* Endotracheal intubation
* Closed tube thoracostomy
* Arterial cannulation
* Central venous catheterization
* Fiberoptic biopsy, including endobronchial and transbronchial biopsies, brushing, bronchoalveolar lavage and transbronchial needle aspiration
* Pulmonary artery catheter placement
* Conscious sedation, analgesia and use of neuromuscular blocking agents
* Pulmonary function testing and interpretation
* Cardiopulmonary exercise testing
* Mechanical ventilatory support (invasive and noninvasive)

PULMONARY MEDICINE - SUPPLEMENTAL PRIVILEGES

_____ Full polysomnographic testing and interpretation
_____ Interpretation of sleep studies for obstructive sleep apnea
_____ Medical thoracoscopy with pleural biopsy
_____ Closed pleural biopsy
_____ Photodynamic therapy
_____ Cryotherapy
_____ Laser bronchoscopy
_____ Argon plasma coagulation
_____ Rigid bronchoscopy
_____ Brachytherapy
_____ Tracheobronchial stent placement
_____ Balloon bronchoplasty

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
Consultation, diagnostic workup planning, radiation monitoring, performing and interpreting the following diagnostic and therapeutic procedures:

* Routine radiographic studies including the head, neck, spine, chest, abdomen, pelvis and extremities
* Fluoroscopic procedures of the gastrointestinal tract, e.g., barium swallow, enteroclysis, upper gastrointestinal series, small bowel follow through, air contrast and solid column barium enemas
* Radiologic procedures of the genitourinary tract, e.g., intravenous pyelogram, voiding cystourethrogram, hystero-salpingogram and nephrostogram
* Radiologic procedures of the musculoskeletal system, e.g., arthrography, intra-articular aspirations and infusions
* Myelograms of the cervical, thoracic and lumbar spine via a lumbar puncture using fluoroscopic guidance
* Radioimmuneassays using Chromium-51, Iodine-125, and Cobalt radionuclides**
* Ultrasound examinations and ultrasound guided procedures including abdominal, small parts, vascular, pelvis and musculoskeletal ultrasound and neurosonology.
* Computed axial tomography images of the head, vascular system, neck, spine, chest, abdomen, pelvis, and extremities.
* Magnetic resonance imaging studies of the vascular system, head, neck, spine, chest, abdomen, pelvis and extremities.

** These procedures require the concurrent approval of the Radiation Safety and Radiisotope Committee following applicable Nuclear Regulatory Commission (NRC) regulations
DEPARTMENT OF THE NAVY
DIAGNOSTIC RADIOLOGY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

Mammographic studies and procedures (must be on a Food and Drug Administration (FDA) mammography license for all privileges in this category):

_____ Interpretation of mammograms
_____ Breast procedures including mammographic guided-wire localizations, ultrasound-guided aspiration, biopsy or localization and stereotactic-guided localizations and biopsies (requires signature of lead interpreting physician on FDA certificate ______________)

Advanced neuroradiological procedures:
_____ Cervical myelography via second cervical space puncture
_____ Diagnostic cerebral and spinal angiography
_____ Balloon test occlusion, intracranial balloon angioplasty and stenting
_____ Intracranial thrombolysis
_____ Intracranial and spinal arterial and venous embolization and chemoembolization
_____ Head and neck arterial and venous embolization and chemoembolization
_____ Advanced spinal interventions, such as kyphoplasty, vertebroplasty and discography

Advanced angiographic procedures:
_____ Performance and interpretation of angiography of the thoracic and abdominal aorta, extracranial carotid, vertebral, iliofemoral and peripheral arteries
_____ Transluminal angioplasty and stenting of the thoracic and abdominal aorta, extracranial carotid, vertebral, iliofemoral and peripheral arteries
_____ Performance and interpretation of visceral and renal angiography
_____ Transluminal angioplasty and stenting of the visceral and renal arteries
_____ Non-neurologic arterial embolization procedures
_____ Performance and interpretation of contrast venography of the major vessels
_____ Placement of vena caval filters
_____ Venous access procedures including Peripheral Inserted Central Catheter (PICC) lines, tunneled catheters, and Portacaths
DEPARTMENT OF THE NAVY  
DIAGNOSTIC RADIOLOGY - SUPPLEMENTAL PRIVILEGES  
(Continued)

Advanced interventional procedures:
_____ Guided biopsies using fluoroscopy, computerized tomography, or ultrasound of deep solid masses, organs or bones
_____ Imaging-guided pulmonary biopsies
_____ Puncture and drainage of fluid collections and abscesses
_____ Percutaneous biliary procedures including drainage, cholangiography, and cholecystostomy
_____ Percutaneous nephrotomy and subsequent drainage
_____ Transjugular intrahepatic portosystem shunts
_____ Percutaneous placement of enteric tubes

** Advanced nuclear medicine studies:
_____ Use of Iodine 131 for therapy in Graves or Plummer's disease (less than 30 millicuries)
_____ Use of Phosphorus-32 for intravenous and intraperitoneal use
_____ Use of Iodine-131 for therapy in thyroid carcinoma in amounts greater than 30 millicuries or in diagnosis of thyroid cancer in amounts less than 30 microcuries
_____ Use of Strontium-89 or Samarium-153 for metastatic disease to bone
_____ Use of Yttrium-90 for therapy of lymphoma

** These procedures require the concurrent approval of the Radiation Safety and Radioisotope Committee following applicable NRC regulations.

Other:

Treatment Facility: ______________________________ Date Requested: __________
Practitioner Name: ______________________________ Date Approved: __________
Management of cancer patients and treatment of malignant and appropriate benign conditions, including:

* Consultation and diagnostic workup
* Simulation and treatment planning, including use of radiation therapy simulator
* External beam megavoltage radiation therapy, including linear accelerator (photon and neutron) and Cobalt-60 unit
* Orthovoltage and superficial therapy
* Brachytherapy, including permanent and temporary implants or intracavity treatment with the following sources (with concurrent approval of the Radiation Safety and Radioisotope Committee following applicable NRC regulations):
  - Cesium-137
  - Iridium-192
  - Strontium-90
  - Iodine-125
  - Paladium-103

THERAPEUTIC RADIOLOGY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

[ ] High dose rate after loading brachytherapy
[ ] Whole body photon therapy for bone marrow transplant
[ ] Whole body electron therapy for mycosis
[ ] Systemic radionuclide administration (Iodine-131, Strontium-89, Samarium-153)

Other:

Treatment Facility: ______________________________ Date Requested: _________
Practitioner Name: ______________________________ Date Approved: _________
DEPARTMENT OF THE NAVY

RHEUMATOLOGY - CORE PRIVILEGES

* Comprehensive examination, consultation, diagnosis, and treatment of disorders of connective tissue and autoimmune disease
* Arthrocentesis
* Soft tissue injections
* Assessment of bone and joint imaging studies
* Applied use of immunosuppressive, specific disease remittive agents and immunomodulatory agents

RHEUMATOLOGY - SUPPLEMENTAL PRIVILEGES

Write “Yes” or “No” by each supplemental privilege

_____ Arthroscopy
_____ Synovial biopsy
_____ Arthrogram completion and interpretation

Other:

Treatment Facility: ______________________________ Date Requested: __________
Practitioner Name: ______________________________ Date Approved: __________
Operational Medicine and Primary Care Medicine Core Privileges

Preliminary diagnosis, limited treatment, and stabilization of:
* Acute ionizing radiation injuries (internal or external contamination) and irradiation injuries in conjunction with traumatic injuries
* Emergencies for which hyperbaric oxygen therapy is indicated as a primary or adjunct therapeutic modality, including exceptional blood loss, anemia, acute carbon monoxide poisoning, surgical intravascular gas embolus, gas gangrene, radio-osteonecrosis and soft tissue necrosis
* Acute barotraumatic injuries, including pulmonary and nonpulmonary barotrauma, e.g., injury of sinuses, internal organs, or the ears, using needle or open thoracostomy
* Near drowning
* Acute or chronic hypothermia or hyperthermia
* Corneal and other ophthalmic foreign bodies, contact lens injuries and associated infections
* Dental procedures including extractions, emergency management of fractured teeth and fractured or missing restorations and prosthetics, analgesia and local anesthesia blocks, emergency care of dental abscesses
* Endotracheal intubation
* Bladder catheterization
* Emergency reduction of fractures and dislocations with circulatory compromise
* Acute above or underwater blast injury management
* Care of injury or toxic state caused by dangerous marine life, extraordinary parasitic and tropical diseases
* Preliminary interpretations of audiogram

Comprehensive examination, diagnosis, and management of:
* Hyperbaric and hypobaric related casualties or injuries, including decompression sickness (all types), gas embolism, dysbaric osteonecrosis, compression arthralgia and high pressure nervous syndrome
* Complete history and physical for special duties for submarine duty, diving duty, combat swimming and occupational exposure to ionizing radiation, including the proper certification of physically qualified and proper consultation and preparation of waiver of physical standards when appropriate
Comprehensive examination, diagnosis, and management of:
* Complete neurological evaluation for deficits or compromise of the central nervous and peripheral nervous systems
* Recognition and treatment of toxic atmospheric and hyperbaric condition, caused by oxygen, carbon dioxide, carbon monoxide, inert gases and other atmospheric contaminants

Medical support evaluations:
* Public health and sanitation inspections of food services, berthing areas, heads, and showers, ashore and afloat
* Environmental and occupational medicine examinations and site evaluations for personnel reliability program, toxic hazards and gas-free engineering hazards, radiation health programs, sight and hearing conservation programs and preventive medicine programs
* Investigation of biological aspects of submarine and diving-related mishaps when appropriate, participation as a member of accident investigation boards and accurate completion of required medical reports
* Advice and instruction of submarine and diving personnel on proper care and use of life support and survival equipment
* Performance of basic psychological and psychiatric evaluations on self-referred or command-referred patients
* Evaluation of biomedical hazards associated with submarine, diving, rescue, or escape operations, preparation and training
* Instruction of personnel regarding potential hazards associated with submarine and diving environments and methods of preventing injury
* Medical support and evaluation of combat swimming operation, including special, unique one-time hazards associated with equipment and geographic location
* Supervision and instruction of independent duty corpsmen

Other:

Treatment Facility: ______________________________ Date Requested: __________
Practitioner Name: ______________________________ Date Approved: __________
DEPARTMENT OF THE NAVY
UROLOGY - CORE PRIVILEGES

Comprehensive examination, consultation, diagnosis and treat-ment of urologic disorders

Major procedures:
* Lymphadenectomy, pelvic
* Lymphadenectomy, inguinal
* Lymphadenectomy, ilioinguinal
* Lymphadenectomy, retroperitoneal
* Drainage of retroperitoneal abscess
* Excision of retroperitoneal tumor or cyst
* Exploratory laparotomy
* Closure of evisceration
* Herniorrhaphy, incisional
* Adrenalectomy, unilateral
* Adrenalectomy, bilateral
* Drainage of renal or perirenal abscess
* Nephrostomy, open
* Nephrolithotomy, simple
* Nephrolithotomy, staghorn
* Nephrolithotomy, percutaneous
* Pyelolithotomy
* Renal biopsy, open
* Nephrectomy, single, unilateral
* Nephrectomy, simple, bilateral
* Nephrectomy, radical
* Nephrectomy, partial
* Nephroureterectomy
* Nephrectomy, donor
* Harvest of cadaver kidneys
* Ureterolithotomy
* Ureteroscopy with calculus removal, biopsy, or fulguration
* Ureterolysis
* Uretoureterostomy
* Transureteroureterostomy
* Ureteroneocystostomy, unilateral
* Ureteroneocystostomy, bilateral
* Ureteroneocystostomy, with bladder flap (Boari Psoas)
* Ureterosigmoidostomy
* Ileal conduit, separate procedure, bilateral
* Bilateral colon conduit, separate procedure
* Replacement of ureter with bowel
Major procedures: (Continued)
* Cutaneous pyelo or ureterostomy, unilateral
* Cutaneous pyelo or ureterostomy, bilateral
* Urethroscopy
* Cystolithotomy (open, percutaneous)
* Excision urachal cyst
* Diverticulectomy
* Partial cystectomy
* Partial cystectomy, with ureteroneocystostomy
* Simple cystectomy complete
* Simple cystectomy with ileal conduit
* Simple cystectomy with ureterosigmoidostomy
* Pyeloplasty, open
* Percutaneous nephrostomy
* Percutaneous nephroscopy
* Heminephroureterectomy
* Renal cyst, unroofing
* Ureterectomy (separate procedure)
* Radical cystectomy with urinary diversion
* Pelvic exenteration with (male) urinary diversion
* Vesical neck plasty
* Urethropexy (Marshall-Marchetti)
* Vaginal urethropexy (Stamey-Raz)
* Repair rupture of bladder
* Repair of vesicovaginal fistula (vaginal)
* Repair of vesicovaginal fistula (abdominal)
* Entercystoplasty
* Vesicostomy
* Open biopsy
* Prostatectomy, perineal, simple
* Prostatectomy, perineal, radical
* Prostatectomy, retropubic, simple
* Prostatectomy, retropubic, radical
* Prostatectomy, suprapubic
* Urethrectomy, separate procedure
* Diverticulectomy
* Open repair of membranous stricture
* Vasoepididymostomy (standard, microsurgical)
* Vasovasostomy (standard, microsurgical)
Major procedures: (Continued)
* Radical cystectomy with ileal conduit
* Simple cystectomy with cutaneous ureterostomy
* Epididymectomy
* Major Urethroplasty
* Urethroplasty for anterior stricture, one stage
* Urethroplasty for anterior stricture, staged
* Hypospadias repair
* Chordee correction with dorsal plication or corporotomy with flap/graft repair
* Meatoplasty
* Urethrococutaneous fistula repair
* Closure, urethro-vaginal fistula
* Closure of urethro-rectal fistula
* Repair of urethral injury
* Penile amputation, partial or complete
* Penile amputation plus ilioinguinal (inguinofemoral) lymphadenectomy
* Correction of chordee without hypospadias
* Insertion of penile prosthesis
* Repair of major injury
* Shunt of cavernosum to spongiosum, open
* Shunt, cavernosum to spongiosum percutaneous
* Orchietomy, inguinal (radical)
* Orchiopexy, unilateral
* Orchiopexy, bilateral
* Scrotal excision, complete
* Transurethral resection of the prostate
* Transurethral resection of bladder tumor (greater than 2 cm)
* Transurethral resection of valves
* Ligation of internal spermatic vein (varicocelectomy)
* Ligation of internal spermatic vein (varicocelectomy)
* Continent urinary diversion, separate procedure
* Radical cystectomy with continent diversion
* Percutaneous nephrostomy tube placement/access
* Percutaneous nephrostolithotomy
* Percutaneous resection of renal pelvic lesion
* Circumcision
* Inguinal hernia repair
DEPARTMENT OF THE NAVY
UROLOGY - CORE PRIVILEGES
(Continued)

Major procedures: (Continued)
* Radical cystectomy with continent diversion, and catheterizable abdominal stoma
* Radical cystectomy with colon conduit
* Radical cystectomy with orthotopic urinary diversion
* Pubovaginal sling for treatment of urinary incontinence
* Urethroplasty for anterior stricture diversion with use of buccal mucosal graft
* Insertion of prosthetic sling material for treatment of urinary incontinence
* Insertion of prosthetic sphincteric device for treatment of urinary incontinence
* Correction of penile curvature with plication techniques or patch/graft techniques
* Cystocele Repair
* Rectocele Repair
* Abdomino sacrocolpopexy
* Cystoscopy, use of laser phototherapy for resection of prostate
* Cystoscopy, transurethral needle ablation of prostate
* Continent urinary diversion, separate procedure
* Creation of continent catheterizable abdominal stoma, separate procedure

Minor Procedures:
* Cystostomy, open
* Cystostomy closure
* Cystostomy, trochar
* Needle biopsy of prostate
* Incise and drain prostatic abscess
* Urethrostomy, internal
* Urethrostomy, external
* Urethrostomy, perineal
* Meatotomy
* Incise and drain periurethral abscess
* Biopsy of urethra
* Excision of urethral prolapse
* Biopsy of testis
* Vasotomy for vasogram plus biopsy
* Excision of testis lesion
* Orchiectomy, simple, unilateral or bilateral
* Insertion of testicular prosthesis
* Repair of testis (trauma)
* Reduction plus fixation of torsion
* Excision of epididymis lesion
Minor Procedures: (Continued)
* Biopsy of epididymis
* Excision of spermatocele
* Vasectomy
* Hydrocelectomy
* Repair of scrotal trauma (scrotal exploration)
* Partial excision of the scrotum
* Cystoscopy
* Cystoscopy with placement of ureteral stent
* Cystoscopy plus ureteral catheterization, retrograde pyelogram
* Cystoscopy plus cup biopsy of the bladder
* Cystoscopy and fulguration
* Cystoscopy, calibration, incision or dilation of stricture
* Cystoscopy, litholapaxy, simple
* Cystoscopy, removal of foreign body, simple
* Cystoscopy, extraction ureteral calculus
* Cystoscopy, hydrodistention of bladder
* Cystoscopy, transurethral resection of bladder tumor (less than 2 cm small)
* Cystoscopy, endoscopic injections for treatment of urinary incontinence
* Biopsy of penis
* Excision, biopsy of perineal mass
* Transrectal ultrasound of prostate with or without biopsy (TRUS)
* Cystoscopy, retrograde endopyelotomy
DEPARTMENT OF THE NAVY
UROLOGY - SUPPLEMENTAL PRIVILEGES
Write “Yes” or “No” by each supplemental privilege

General:

_____ Appendicovesicostomy
_____ Antegrade continence emema (ACE-Malone) procedure for treatment of fecal incontinence
_____ Extracorporeal Shock-Waves lithotripsy
_____ Repair of enterovesical fistula
_____ Repair of extrophy, initial
_____ Repair of extrophy, continence procedure
_____ Insertion of radioactive materials open vs. percutaneous
_____ Major urethroplasty
_____ Reconstruction for incontinence
_____ Repair of epispadias
_____ Repair of epispadias with incontinence
_____ Homotransplantation - kidney
_____ Autotransplantation - kidney
_____ Conscious sedation

Percutaneous renal procedures:

_____ Percutaneous nephrostomy tube placement/access
_____ Cryotherapy treatment of prostate, kidney
_____ Insertion of electro-neurostimulating device for treatment of urinary/fecal incontinence
_____ Other percutaneous procedure___________________________

Miscrosurgical procedures:

_____ Microsurgical revascularization
_____ Other microsurgical procedure
Laser certification – certified in use of the following laser types:

- [ ] Nd: YAG laser
- [ ] CO₂ laser
- [ ] Holmium laser
- [ ] Pulsed-dye laser
- [ ] KTP laser
- [ ] Other _____________________________________________________________________

Laparoscopy – Basic:

- [ ] Diagnostic laparoscopy
- [ ] Laparoscopic varicocele ligation
- [ ] Laparoscopic orchietomy
- [ ] Laparoscopic orchiopexy
- [ ] Other laparoscopic procedure _____________________________________________________________________

Laparoscopy – Advanced:

- [ ] Laparoscopic pelvic lymphadenectomy
- [ ] Laparoscopic renal cyst decortication
- [ ] Laparoscopic nephrectomy (radical, partial)
- [ ] Laparoscopic renal biopsy
- [ ] Laparoscopic retroperitoneal biopsy, lymph, lymph node dissection
- [ ] Laparoscopic retroperitoneal lymph node dissection
- [ ] Laparoscopic adrenalectomy
- [ ] Laparoscopic pyeloplasty
- [ ] Laparoscopic nephroureterectomy
- [ ] Laparoscopic prostatectomy
- [ ] Robot assisted laparoscopic surgery for all listed in basic and advanced laparoscopic procedures
- [ ] Other laparoscopic procedure _____________________________________________________________________

Treatment Facility: ____________________________ Date Requested: ________

Practitioner Name: ____________________________ Date Approved: ________