EVALUATION OF CLINICAL PRIVILEGES - GENERAL MEDICAL OFFICER For use of this form, see AR 40-68; the proponent agency is OTSG.					
1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EVALUATION (YYYYMMDD)			
		FROM	TO		
4. DEPARTMENT/SERVICE	5. FACILITY (Name and Address: City/State/ZIP Code)				

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, <u>line through and initial</u> any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

	SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATIO	N	1	
CODE	PRIVILEGES	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABL
	a. Perform history and physical examination to include pelvic, genitourinary, and rectal examination.			
	b. Order and initially interpret diagnostic tests and procedure results, to include:			
	(1) Basic EKGs			
	(2) Diagnostic laboratory tests			
	(3) Radiological tests (including contrast material) which do not require hospitalization			
	(4) Basic radiographical films (skull, spine, chest, abdomen and extremities)			
	(5) Other (Specify)			
	c. Manage drug and/or fluid therapy for acute and chronic common illnesses not requiring hospitalization.			
	(1) Initiate therapy, as appropriate			
	(2) Continue therapy initiated by a consultant			
	d. Administer anesthetic agents, such as:			
	(1) Local and digital block anesthesia			
	(2) Other (Specify)			
	e. Perform emergency resuscitation, stabilization and management.			
	(1) Nasotracheal intubation			
	(2) Orotracheal intubation			
	(3) Defibrillation			
	f. Manage uncomplicated conditions of the:			
	(1) Respiratory tract			
	(2) Gastrointestinal tract (3) Genitourinary tract			
	(4) Musculoskeletal system			
	(5) Cardiovascular system			
	(6) Skin			
	(7) Special senses			
	g. Initially stabilize and manage conditions, to include:			
	(1) Altered level of consciousness			
	(2) Suspected cervical injury			
	(3) Uncomplicated pneumothorax (with or without tension)			
	(4) Acute hypotension or hypertension			
	(5) Animal, insect, or human bites (with appropriate referral for hand injuries)			

CODE	PRIVILEGES	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
	(6) Heat or cold injury	ACCEL TABLE	ACCEL TABLE	ALLEGABLE
	(7) Minor burns			
	(8) Caustic ingestion			
	(9) Allergic disorders (e.g., asthma, urticaria, sinusitis/rhinitis)			
	(10) Other (Specify)			
	h. Perform general medical procedures appropriate to a clinic setting, to include:			
	(1) Central venous access			
	(2) Venous cutdown			
	(3) Interosseous infusion			
	(4) Lumbar puncture			
	(5) Gastric cannulation and lavage			
	(6) Anoscopy			
	(7) Thoracostomy			
	(8) Other (Specify)			
	i. Evaluate and treat minor dermatological conditions, to include:			
	(1) Recommend shaving profile			
	(2) KOH prep			
	(3) Wart removal			
	(4) Shave biopsy			
	(5) Topical drug therapy			
	(6) Skin infection			
	(7) Other (Specify)			
	j. Evaluate and treat minor GYN problems, to include:			
	(1) Perform bimanual pelvic exam, Pap smear, breast exam			
	(2) Treat pelvic inflammatory disease (PID), nonsurgical, with consultation as required			
	(3) Prescribe oral contraceptives			
	(4) Remove intrauterine device (IUD)			
	(5) Other (Specify)			
	k. Perform minor surgical procedures, appropriate to a clinic setting, to include:			
	(1) Incision and drainage (I&D), simple abscess			
	(2) I&D external thrombotic hemorrhoids, pilonidal cyst, with referral as appropriate			
	(3) Manage infected ingrown nails			
	(4) Excision of superficial subcutaneous lesions for pathologic study			
	(5) Excision of foreign bodies from exposed and/or superficial soft tissue			
	(6) Suture skin and superficial lacerations (except eyelid, ear, lip, central face, palm of hand)			
	(7) Vasectomy			
	(8) Other (Specify)		<u> </u>	
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CODE		PRIVILEGES		ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
		orm initial and emergency management of r, pending transfer, to include:	musculoskeletal trauma, minor or			
	(1)	Suture digital/extremity lacerations not in repair	nvolving nerve, tendon, or vessel			
	(2)	Provide non-surgical management of nec	k and back pain			
	(3)	Aspirate and/or inject joints				
	(4)	Initial management (including casting) of referral	closed orthopedic injuries, with			
	(5)	Closed reduction of digits, shoulder, or h	ip (with immediate consultation)			
	(6)	Other (Specify)				
	m. Othe					l
	(1)	Triage and manage mass casualty situati				
	(2)	With Flight Surgeon, plan and conduct m				
	(3)	Supervise the administration of immuniza				
	(4)	Supervise/conduct Soldier Readiness Pro				
	(5)	Serve as profiling officer IAW AR 40-50				
	(6)	Provide health maintenance and disease counseling				
	(7)	Conduct occupational medicine surveillar	псе			
	(8)	Provide routine prenatal care				
	(9)	Perform emergency childbirth				
	(10)	Care for infants under two years of age				
	(11)	Other (Specify)				1
		SECTION II - COMME	NTS (Explain any rating that is "Unacceptable"	.J		
NAME AND	TITLE OF	EVALUATOR	SIGNATURE		DATE	(YYYYMMDD)

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