

DELINEATION OF CLINICAL PRIVILEGES - NURSE PRACTITIONER

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

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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INSTRUCTIONS:
PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.
SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform 2 - Modification requested <i>(Justification attached)</i> 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support/mission	1 - Approved as fully competent 2 - Modification required <i>(Justification noted)</i> 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support/mission

SECTION I - CLINICAL PRIVILEGES

CORE PRIVILEGES

Requested	Approved	
		a. Provide primary and preventive care to the following categories of beneficiaries:
		(1) Pediatric (Newborn to _____ years of age)
		(2) Adolescent (_____ to _____ years of age): _____ Female / _____ Male
		(3) Adult: _____ Female / _____ Male
		(4) Geriatric: _____ Female / _____ Male
		(5) Women's Health
		(a) Uncomplicated obstetrical care
		(b) Routine postpartum care
		(c) Routine gynecological care
		b. Assess health status
		(1) Obtain relevant health and medical history
		(2) Perform physical examination based on age and history
		(3) Perform or order preventive and diagnostic procedures based on age and risks
		(4) Identify health and medical risk factors
		c. Diagnose acute and chronic health conditions and diseases
		(1) Formulate a differential diagnosis based on history, physical examination, and diagnostic tests
		(2) Establish priorities to meet the health and medical needs of the individual, family or community
		d. Develop and implement a treatment plan
		(1) Order, conduct, and/or interpret diagnostic laboratory and electrocardiographic tests
		(2) Order radiographic and ultrasonic tests and procedures
		(3) Prescribe appropriate pharmacologic interventions (Note exceptions in the "Comments" section on page 2.)
		(4) Prescribe appropriate non-pharmacologic interventions
		(5) Provide relevant patient education or refer as appropriate
		(6) Refer and consult with other health professionals and community agencies
		e. Follow-up and evaluate patient status
		(1) Determine effectiveness of treatment plan and document patient care outcomes
		(2) Reassess and modify plan as necessary to achieve health and medical goals

SUPPLEMENTAL PRIVILEGES

Requested	Approved	
		a. Place patients in and release from observation status
		b. Admit and manage inpatient care for the following conditions <i>(specify)</i> :

PROCEDURES

Requested	Approved			
		a. Colposcopy		n. Skin biopsy
		b. Cryosurgery for dermatological growths		o. Suturing of minor lacerations
		c. Cyst removal		p. Waived testing of specimens (e.g., wet smear, microscopic exam, hemocult, fingerstick blood glucose) IAW organizational guidelines
		d. Digital anesthesia		
		e. Fitting of diaphragm for contraception		
		f. Flexible sigmoidoscopy		q. Wound care and debridement
		g. Incision and drainage of abscess or cyst		r. Joint injections
		h. Insertion and removal of IUD		s. Clinical pelvimetry
		i. Insertion and removal of Norplant device		t. Endometrial biopsy
		j. Local anesthesia		
		k. Nail removal		
		l. Pelvic exam		
		m. Pap smear		

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)
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SECTION II - SUPERVISOR'S RECOMMENDATION

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

COMMENTS

DEPARTMENT/SERVICE CHIEF <i>(Typed name and title)</i>	SIGNATURE	DATE (YYYYMMDD)
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SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION

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

COMMENTS

COMMITTEE CHAIRPERSON <i>(Name and rank)</i>	SIGNATURE	DATE (YYYYMMDD)
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