

DELINEATION OF CLINICAL PRIVILEGES - CARDIOLOGY

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.

NOTE: This document is to be used in conjunction with DA Form 5440-3, Delineation of Clinical Privileges - Internal Medicine.

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

Categories of privileges. Privileges are granted to provide Cardiology health care and services based on patient acuity and for specific diagnostic and interventional procedures.

Category I.

Uncomplicated illnesses or problems which have low risk to the patient. Non-specialists with little or no residency training but with experience in the care of these conditions.

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.

Major illnesses, injuries, conditions, or procedures with no substantial threat to life. Significant graduate training in the specialty related to the conditions, or considerable experience in the care of the conditions.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.

Major illnesses, injuries, conditions, or procedures with substantial threat to life. Extensive training and experience to include completion of a certified Cardiology residency training program and board eligibility are required.

Requested	Approved	
		Category III clinical privileges

Category IV. Includes Categories I, II, and III.

Unusually complex or critical diagnoses or treatments with serious threat to life. Board certification in Cardiovascular Diseases is required.

Requested	Approved	
		Category IV clinical privileges

Exercise Testing/Echocardiographic Procedures

Requested	Approved		Requested	Approved	
		a. Exercise stress testing (GXT)			g. Intravascular ultrasound, interpretation only
		b. Thallium/persantine nuclear studies			h. Other <i>(Specify)</i>
		c. Exercise stress echocardiography			
		d. Transthoracic echocardiography, including M-mode two-dimensional echocardiography and Doppler techniques			
		e. Transesophageal echocardiography			
		f. Pharmacologic stress echocardiography			

Cardiac Catheterization/Interventional Procedures

Requested	Approved		Requested	Approved	
		a. Diagnostic right and left heart catheterization, coronary angiography, ventriculography			d. Temporary transvenous pacemaker insertion
		b. Pulmonary angiography			e. Aortography (ascending)
		c. Interpret coronary/pulmonary angiograms			f. Endomyocardial biopsy
					g. Coronary angioplasty

Cardiac Catheterization/Interventional Procedures (Continued)

Requested	Approved		Requested	Approved	
		h. Directional atherectomy - coronary			(2) Mitral
		i. Rotational coronary atherectomy			(3) Pulmonic
		j. TEC catheter insertion			(4) Tricuspid
		k. Coronary stent placement			(5) Coarctation
		l. Peripheral arterial angiography			r. Electrophysiologic study (EPS)
		m. Interpret arteriograms			s. Radiofrequency ablation
		n. Peripheral balloon angioplasty and atherectomy/Urokinase installation			t. Permanent pacemaker insertion
		o. Greenfield/inferior vena caval filter placement			u. AICD (<i>Implant</i>) insertion
		p. Peripheral intravascular stent insertion			v. PFO closure device insertion
		q. Valvuloplasty			w. Other (<i>Specify</i>)
		(1) Aortic			

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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