

EVALUATION OF CLINICAL PRIVILEGES - CERTIFIED NURSE MIDWIFE

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

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

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

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
Primary Care				
	a. Perform patient screening to determine need for medical care			
	b. Supervise immunizations (AR 40-562)			
	c. Recommend temporary profiles to include pregnancy profiles for the duration of pregnancy and standard postpartum profiles			
	d. Diagnose and treat acute/minor and chronic illnesses			
	e. Treat minor primary care problems in accordance with Nurse-Midwifery guidelines			
Adolescent and Adult Women				
	f. Diagnose and treat gynecologic illnesses			
	g. Manage care of uncomplicated obstetric and postpartum clients			
	h. Perform history and physical examinations			
	i. Prescribe and administer P&T committee approved medications			
	j. Order routine laboratory tests			
	k. Order routine x-rays and imaging studies			
	l. Order other diagnostic tests (e.g., EKG, Holter monitor, 24-hr BP monitoring, sleep studies)			
	m. Initiate referral to other medical, nursing, and social services			
	n. Provide health maintenance and disease preventive care			
	o. Perform health teaching and counseling			
	p. Place outpatients in observation status			
	q. Evaluate, examine and admit patients to Labor Ward			
	r. Conduct postpartum ward visits and examinations			
	s. Manage the care of normal (low-risk) labor and delivery patients per Nurse-Midwifery guidelines			
	t. Manage the care of and discharge uncomplicated postpartum patients			
	u. Manage the care of medically non-complicated women seeking contraceptive advice and interconceptual well-women care			
	v. Participate in preparation for childbirth and breast feeding classes			
	w. Co-manage other than low-risk labor and delivery patients in need of both medical and midwifery care			
	x. Provide well women care for peri- and post-menopausal women			
Ambulatory				
	a. Incision and drainage (I&D) of abscess			
	b. Local anesthesia			
	c. Cryosurgery to dermatological growths			
	d. Skin/vulvar/perineal biopsies			

CODE	Ambulatory (Continued)	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	e. Cyst removal			
	f. Clinical pelvimetry			
	g. Pap smear for cytology			
	h. Microscopic examinations			
	i. Conduct and interpret electronic fetal monitoring (e.g., NST, OCT, intrapartum surveillance)			
	j. Perform and interpret limited third trimester obstetrical ultrasound tests			
	k. Select and insert intrauterine contraceptive device for parous women			
	l. Insert and remove Norplant (or comparable) device			
	m. Remove intrauterine device			
	n. Measure for amniotic fluid index			
	Inpatient			
	o. Augmentation of dysfunctional labor			
	p. Placement of internal fetal and uterine monitoring devices			
	q. Amniotomy			
	r. Local perineal anesthesia			
	s. Pudendal block anesthesia			
	t. Episiotomy and repair (midline and medio-lateral)			
	u. Normal spontaneous delivery from OA or OP positions			
	v. Cervical inspection			
	w. Manual removal of placenta			
	x. Uterine exploration and gauze "curettage"			
	y. Bimanual compression for postpartum hemorrhage			
	z. Resuscitation to include intubation of newborn			
	aa. Repair lacerations:			
	(1) Cervical			
	(2) Third degree			
	(3) Fourth degree			
	(4) Vaginal			
	(5) Labial and periurethral			
	ab. Provide lactation education and support			
	ac. First assist for Cesarean section (C-section)			
SECTION II - COMMENTS (Explain any rating that is "Unacceptable".)				
NAME AND TITLE OF EVALUATOR		SIGNATURE		DATE (YYYYMMDD)