

EVALUATION OF CLINICAL PRIVILEGES - ALLERGY/IMMUNOLOGY

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	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
	CLINICAL PRIVILEGES			
	a. Allergy-Immunology			
	SPECIAL PROCEDURES			
	a. Complete allergy evaluation to include prick and intradermal skin testing and nasal smears			
	b. Comprehensive asthma evaluation			
	(1) Spirometry interpretation			
	(2) Prick & intradermal skin testing in asthmatics			
	c. Allergen, food and/or exercise challenges			
	(1) Inhalation			
	(2) Oral			
	(3) Parenteral			
	(4) Topical			
	(5) Exercise			
	d. Drug and immunization special skin testing, challenges, and desensitization procedures			
	(1) Inhalation			
	(2) Oral			
	(3) Parenteral			
	(4) Topical			
	e. Allergen Immunotherapy (All ages except neonate)			
	(1) Inhalant			
	(2) Insect			
	(3) RUSH Immunotherapy			
	f. Fiberoptic rhinolaryngoscopy (NOT for neonates)			
	g. Immunologic evaluation and interpretation of diagnostic laboratory data			
	h. Special skin testing using human sera			
	(1) Autologous serum testing for autoimmune urticaria			
	i. Immunization health care delivery			
	(1) For healthy individuals - all ages			
	(2) For patients with complex medical problems including primary or secondary immunodeficiency disorders			
	(3) For overseas travel specific requirements, including malaria diarrhea chemoprophylaxis			

CODE	SPECIAL PROCEDURES <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	j. Immunoglobulin therapy (High dose & deficiency replacement)			
	(1) Intravenous			
	(2) Subcutaneous			
	(3) Intramuscular			
	k. Complex vaccine related adverse events diagnosis and management to include medical exemption assessments			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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