

## DELINEATION OF CLINICAL PRIVILEGES - EMERGENCY MEDICINE

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
--	---------------	-------------

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

### SECTION I - CLINICAL PRIVILEGES

Requested	Approved		Requested	Approved	
		a. Altered levels of consciousness			w. Severe head and neck trauma
		b. Eye trauma or illness			x. Multiple trauma victims
		c. Dermatologic problems without systemic involvement			y. Thermal injuries and possible related inhalation injury
		d. Acute respiratory illnesses including acute respiratory failure			z. Critically burned patient
		e. Acute cardiac emergencies including cardiac failure, myocardial infarction, and cardiac arrhythmias			aa. Gunshot wounds or knife injuries excluding chest or neck
		f. Acute abdominal disorders/injury			ab. Uncomplicated pneumothorax (with or without tension)
		g. Gastrointestinal illness			ac. Acute compartment compression syndrome
		h. Poisoning			ad. In the absence of immediate consultant care, surgically manage leaking or ruptured thoracic aneurysm in life-threatening situations, inclusive of emergency thoracostomy and cross-clamping of the aorta, open cardiac massage, but not inclusive of bypass techniques or definitive repair
		i. Caustic ingestions			
		j. Electrical injury			
		k. Chemical or nuclear exposure/injury			
		l. Near drowning			
		m. OB problems IAW local policy			
		n. GYN problems (select one) including/excluding gravid patients			ae. In the absence of consultant care, surgically manage through-and-through wounds to the chest not inclusive of bypass techniques or definitive repair
		o. Management of rape or sexual assault victim			af. In the absence of consultant care, appropriately apply ER techniques for evaluation of acute subdural hematomas
		p. Acute psychiatric illness, suicidal patients			
		q. Alcohol and drug overdose, and withdrawal syndromes			ag. Management and supervision of mass casualty and triage
		r. Abscesses, thrombosed hemorrhoids, infected ingrown nails			ah. Supervision of pre-hospital and other EMT-provided care
		s. Lacerations to include those involving more than one layer of closure			
		t. Animal and human bites			ai. Management of routine ER administrative matters
		u. Musculoskeletal injury/trauma			
		v. Management of suspected cervical spine injury			

### PROCEDURES

Requested	Approved		Requested	Approved	
		a. All appropriate diagnostic testing			e. Arterial puncture
		b. X-ray and EKG interpretation			f. Arterial catheter placement
		c. Peripheral intravenous access			g. Cardioversion
		d. Central venous catheter placement			h. Lumbar puncture

PROCEDURES (Continued)					
Requested	Approved		Requested	Approved	
		i. Pericardiocentesis			t. Transvenous and transthoracic temporary cardiac pacemaker placement
		j. Paracentesis			
		k. Thoracentesis			u. Ultrasound to include:
		l. Arthrocentesis			(1) Focused abdominal sonography in trauma (FAST)
		m. Gastric lavage			(2) Limited transvaginal and trans-abdominal ultrasound in pregnancy
		n. Peritoneal lavage			(3) Limited biliary ultrasonography
		o. Use of MAST device in managing severe hypotension			(4) Limited aortic ultrasonography
		p. Airway maintenance including emergency crico-thyrotomy, nasotracheal and orotracheal intubation			(5) Limited echocardiography
		q. Thoracostomy with/without intrathoracic suction			(6) Limited procedural ultrasound (e.g., central venous access)
		r. Ventilator management IAW arterial and venous blood gas data			v. Sedation and analgesia for diagnostic/interventional procedures
		s. Reduction of fractures/dislocations causing neurovascular compromise			w. Rapid sequence induction (RSI) with intubation

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)
--	-----------------------	-----------------

**SECTION II - SUPERVISOR'S RECOMMENDATION**

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

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)	SIGNATURE	DATE (YYYYMMDD)
---	-----------	-----------------

**SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION**

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

COMMENTS

COMMITTEE CHAIRPERSON (Name and rank)	SIGNATURE	DATE (YYYYMMDD)
---------------------------------------	-----------	-----------------