

DELINEATION OF CLINICAL PRIVILEGES - OBSTETRICS AND GYNECOLOGY

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

1. NAME OF PROVIDER	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.

GENERAL: Obstetric and gynecologic clinical privileges are divided into four categories (levels). These categories are based on classification developed by the American College of Obstetricians and Gynecologists and published in "Standards for Obstetric-Gynecologic Services", current edition.

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

Category I. Includes emergency care.
 Diagnosis and therapy of conditions with minimal threat to life. Physician has minimal formal training in the discipline, but has training and experience in the care of patients with specific conditions.

Requested	Approved		Requested	Approved	
		Category I clinical privileges			h. Sigmoidoscopy
		a. Normal Antepartum and Postpartum Care			i. Biopsy of Cervix, Endometrium, Vagina or Vulva
		b. Normal Labor and Delivery			j. Cervical Cryosurgery or Electrosurgical Excision (LEEP)
		c. Maternal-Fetal Monitoring			k. Colposcopy
		d. Episiotomy and Repair of Second Degree Laceration			
		e. Local Infiltration Anesthesia			
		f. Pudendal Block Anesthesia			
		g. Use of Oxytocic Drugs After Completion of Third Stage			

Category II. Includes Category I.
 Diagnosis and therapy of major conditions but with no significant threat to life. Physician has the necessary training and experience in the care of specific conditions.

Requested	Approved		Requested	Approved	
		Category II clinical privileges			i. Fetal Scalp pH Sampling
		a. Cervical Dilatation and Curettage (Including Vacuum)			j. Neonatal Resuscitation
		b. Abdominal Salpingo-oophorectomy, Ovarian Cystectomy			k. Elective Low Forceps Use
		c. Abdominal Tubal Interruption			l. Manual Removal of Placenta/Postpartum Uterine Exploration
		d. Incidental Appendectomy			m. Circumcision of Newborn
		e. Amniocentesis			n. Intrauterine Insemination
		f. Paracervical Anesthesia			
		g. Repair of Third and Fourth Degree Lacerations			
		h. Drainage/Marsupialization of Bartholin Cyst			

Category III. Includes Categories I and II.

Diagnosis and therapy of major conditions with possible threat to life. Physician has completed residency training in the specialty or has extensive training/experience in the care of specific conditions.

Requested	Approved	Requested	Approved
		Category III clinical privileges	
		a. Hysterosaplingography	p. Partial (simple) Vulvectomy
		b. Hysteroscopy, Diagnostic and Operative	q. Cervical Conization
		c. Laparoscopy, Diagnostic and Operative	r. Cervical or Abdominal Cerclage
		d. Urethroscopy and Cystoscopy	s. All Vaginal Deliveries
		e. Laparoscopic Assisted Vaginal Hysterectomy	t. All Cesarean Deliveries
		f. Abdominal Hysterectomy	u. Tubal Reconstructive Procedures Not Using Microsurgery
		g. Vaginal Hysterectomy	v. Colpocleisis
		h. Partial Omentectomy	w. Urodynamic Examination
		i. Myomectomy and Uterine Plastic Procedures	x. Obstetric Ultrasound Imaging
		j. Uterine or Vaginal Suspension	y. Gynecologic Ultrasound Imaging
		k. Urethrovvesical Suspension	z. Sonohysterography
		l. Surgical Repair of Cystocele, Rectocele	aa. Moderate sedation
		m. Surgical Repair of Bladder	ab. Central and Peripheral Venous Access Device Placement
		n. Repair of Injury to Bladder	ac. Intra-arterial Catheter Placement
		o. Vaginal Tubal Interruption	

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

Diagnosis and therapy of unusually complex or critical conditions with possible serious threat to life. Physician has formal training in specific diagnosis or therapy. This training must have been within a residency or fellowship.

Requested	Approved	Requested	Approved
		Category IV clinical privileges	
		a. Extirpative and Reconstructive Gynecologic Surgery including Radical Hysterectomy, Vulvectomy, Radical Vulvectomy, and Exenteration	n. Supraclavicular or Other Superficial Lymph Node Biopsy
		b. Pelvic/para-node Lymph Node Sampling	o. In-vitro Fertilization
		c. Inguinal, Pelvic and Para-aortic Lymphadenectomy (not endoscopic)	(1) Follicle puncture for oocyte retrieval
		d. Surgical Repair of Injury to Bowel, Ureter, and Pelvic Vessels	(2) Embryo transfer, intrauterine
		e. Surgical Repair of the Ureter Including Reimplantation	(3) Gamete, zygote, or embryo intrafallopian transfer
		f. Bowel Resection and Bypass	p. Repair of Fascial Dehiscense
		g. Gastrostomy	q. Repair of Wound Dehiscense
		h. Cecostomy	r. Supra- and Infra-colic Omentectomy
		i. Incontinent Urinary Conduits	s. Presacral Neurectomy
		j. Continent Urinary Conduits	t. Vaginal Fistula Repair
		k. Tubal Reconstructive Procedures Using Microsurgery	u. Hypogastric Artery Ligation
		l. Intra-amniotic Operative Procedures	v. Therapeutic Abortion
		m. Regional Anesthesia	w. Hymeneal Operations
			x. Radioactive Source Application

SPECIAL PROCEDURES

Requested	Approved	Requested	Approved
		a. Chest Tube Placement with Pleurodesis	(2) Complete staging procedures
		b. Intraperitoneal Catheter Placement for Chemotherapy Infusion	(3) Hand assisted laparoscopic surgery (HALS)
		c. Advanced Diagnostic and Operative Laparoscopy to include:	(4) Total laparoscopic hysterectomy
		(1) Pelvic and periaortic lymphadenectomy	(5) Laparoscopic radical hysterectomy

SPECIAL PROCEDURES (Continued)

Requested	Approved		Requested	Approved	
		(6) Laparoscopic-assisted radical vaginal hysterectomy			j. Full and Split Thickness Skin Graft for Vaginal, Vulvar and Abdominal-pelvic Reconstruction
					k. Myocutaneous Flaps for Reconstruction
		d. Radical Vaginal Hysterectomy			l. Fascia Latte Harvest
		e. Radical Trachelectomy			m. Splenectomy
		f. Laterally Extended Endopelvic Resection (LEER)			n. Nephrectomy
		g. Liver Mobilization with Biopsy/Wedge Resection			o. Chorionic Villus Sampling
		h. Gastrojejunostomy			p. Surgical Application of Laser <i>(Specify)</i>
		i. Total Abdominal-pelvic Peritoneal Resection			

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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