

**EVALUATION OF CLINICAL PRIVILEGES - NURSE PRACTITIONER**

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	CORE PRIVILEGES	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Provide primary and preventive care to the following categories of beneficiaries:			
	(1) Pediatric			
	(2) Adolescent			
	(3) Adult			
	(4) Geriatric			
	(5) Women's Health (Uncomplicated obstetrical, postpartum, gynecological care)			
	(a) Uncomplicated obstetrical care			
	(b) Routine postpartum care			
	(c) Routine gynecological care			
	b. Assess health status			
	(1) Obtain relevant health and medical history			
	(2) Perform physical examination based on age and history			
	(3) Perform or order preventive and diagnostic procedures based on age and risks			
	(4) Identify health and medical risk factors			
	c. Diagnose acute and chronic health conditions and diseases			
	(1) Formulate a differential diagnosis based on history, physical examination, and diagnostic tests			
	(2) Establish priorities to meet the health and medical needs of the individual, family or community			
	d. Develop and implement a treatment plan			
	(1) Order, conduct, and/or interpret diagnostic laboratory and electrocardiographic tests			
	(2) Order radiographic and ultrasonic tests and procedures			
	(3) Prescribe appropriate pharmacologic interventions (Note exceptions in the "Comments" section on page 2.)			
	(4) Prescribe appropriate non-pharmacologic interventions			
	(5) Provide relevant patient education or refer as appropriate			
	(6) Refer and consult with other health professionals and community agencies			
	e. Follow-up and evaluate patient status			
	(1) Determine effectiveness of treatment plan and document patient care outcomes			
	(2) Reassess and modify plan as necessary to achieve health and medical goals			

CODE	SUPPLEMENTAL PRIVILEGES	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Place patients in and release from observation status			
	b. Admit and manage inpatient care for the following conditions <i>(specify):</i>			
	<b>PROCEDURES</b>			
	a. Colposcopy			
	b. Cryosurgery for dermatological growths			
	c. Cyst removal			
	d. Digital anesthesia			
	e. Fitting of diaphragm for contraception			
	f. Flexible sigmoidoscopy			
	g. Incision and drainage of abscess or cyst			
	h. Insertion and removal of IUD			
	i. Insertion and removal of Norplant device			
	j. Local anesthesia			
	k. Nail removal			
	l. Pelvic exam			
	m. Pap smear			
	n. Skin biopsy			
	o. Suturing of minor lacerations			
	p. Waived testing of specimens (e.g., wet smear, microscopic exam, hemocult, fingerstick blood glucose) IAW organizational guidelines			
	q. Wound care and debridement			
	r. Joint injections			
	s. Clinical pelvimetry			
	t. Endometrial biopsy			
<b>SECTION II - COMMENTS</b> <i>(Explain any rating that is "Unacceptable".)</i>				
NAME AND TITLE OF EVALUATOR		SIGNATURE		DATE (YYYYMMDD)