

EVALUATION OF CLINICAL PRIVILEGES - NEPHROLOGY

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			
	Common General Internal Medicine Outpatient Procedures:			
	Biopsy or other tissue sampling			
	a. Arterial puncture			
	b. Arthrocentesis & injection			
	c. Flexible sigmoidoscopy			
	d. Sigmoidoscopic biopsy			
	e. Punch skin biopsy			
	Special testing with interpretation			
	a. Electrocardiogram (EKG)			
	b. Expiratory spirometry			
	Other			
	a. Nasogastric (N/G) tube placement			
	b. Foley catheter placement			
	Additional Procedures			
	Biopsy or other tissue sampling			
	a. Bone marrow biopsy & aspiration at posterior iliac crest			
	b. Abdominal paracentesis			
	c. Lumbar puncture			
	d. Thoracentesis			
	Central Venous Lines			
	a. Femoral vein puncture and cannulation			
	b. Internal jugular vein puncture and cannulation			
	c. Subclavian vein puncture and cannulation			

CODE	Common Nephrology Procedures	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Arterial puncture and cannulation			
	b. Hemodialysis			
	c. Hemofiltration/hemoperfusion			
	d. Peritoneal dialysis			
	e. Therapeutic plasma exchange (plasmapheresis)			
	f. Continuous renal replacement therapy (CRRT).			
	g. Percutaneous native kidney biopsy			
	h. Percutaneous transplant kidney biopsy			
	Special testing with interpretation			
	a. Urinalysis			
	Emergency Procedures			
	a. Emergency procedures			
	Critical Care Procedures			
	a. Pulmonary artery catheter placement and interpretation			
	b. Elective cardioversion			
	c. Ventilator management			
SECTION II - COMMENTS <i>(Explain any rating that is "Unacceptable".)</i>				
NAME AND TITLE OF EVALUATOR		SIGNATURE		DATE (YYYYMMDD)