EVALUATION OF CLINICAL PRIVILEGES - CLINICAL PHARMACY For use of this form, see AR 40-68; the proponent agency is OTSG.					
1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EVALUATION (YYYYMMDD)			
		FROM	TO		
4. DEPARTMENT/SERVICE	5. FACILITY (Name	and Address: City/State/ZIP Code)			

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, <u>line through and initial</u> 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	CLINICAL PRIVILEGES	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABL	
	<ul> <li>Conduct comprehensive appraisal of patient health status by taking health histories, drug histories, and performing physical examinations necessary to assess drug therapy.</li> </ul>				
	b. Document relevant finding of the patient's health status in the patient's medical record.				
	c. Prepare pharmaceuticals for inpatient and outpatient use.				
	d. Conduct patient assessment and renew prescriptions IAW local policy.				
	e. Evaluate the effectiveness of drug therapy through assessment of subjective and objective patient findings, communication of findings as appropriate, and documentation of clinical findings and recommendations in the patient's medical record.				
	f. Develop, document and execute therapeutic plans utilizing the most effective, least toxic, and most economical medication treatments as per national or DoD/VA guidelines, or MTF protocol.				
	g. Provide ongoing pharmaceutical care for chronic stable or acute minor health problems as delineated in established protocols/procedures. (See Section II)				
	h. Provide clinical pharmacy consultation and health care professional education.				
	i. Counsel patients/caregivers regarding the therapeutic effects and the possible drug interactions/adverse effects associated with various foods, alcohol, tobacco, over-the-counter medications, herbals, and other natural remedies.				
	j. Evaluate and document the patient's/caregiver's ability to understand medication instructions and provide oral and written counseling on prescribed medications.				
	k. Refer patients by consult to specialty clinics, order appropriate laboratory tests and other diagnostic studies necessary to monitor and support the patient's drug therapy.				
	I. Perform finger sticks for the purpose of withdrawing blood for clinical laboratory testing.				
	m. Perform venipuncture for the purpose of withdrawing blood for clinical laboratory testing.				
	n. Prescribe medications including initiation, continuation, discontinuation, and altering therapy based upon established protocols, clinical practice guidelines (CPGs), or local MTF policy as approved by the Pharmacy & Therapeutics (P & T) Committee and delineated by individual clinical privileges.				
	Administer oral, topical, or parenteral medications IAW approved research protocols, CPGs, or local MTF policy and delineated by individual clinical privileges.				
	<ul> <li>Conduct and coordinate research drug investigations and research IAW FDA guidelines, current Federal/military regulations and local guidance.</li> </ul>				
	<ul> <li>q. Analyze laboratory and diagnostic test data in order to modify drug therapy and dosing as necessary.</li> </ul>				
	r. Perform physical measurement and or patient physical assessment necessary to assure the patient's response to drug therapy.				
	s. Implement and manage drug protocols approved by the P & T Committee or other MTF committee regarding drug therapy.				
	t. Assist in the management of medical emergencies (to include administration of emergency medications for anaphylactic reactions while awaiting the attendance of a physician) and adverse drug reactions, and submit the appropriate reports documenting identified drug reactions.				

CLINICAL PRIVILEGES (Continued)	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABL
u. Identify and take specific preventive/corrective action(s) to monitor, prevent, reduce or correct drug-induced problems.			
v. In conjunction with the attending physician, serve as clinical manager/consultant for drug and drug-related programs in clinics and on wards.			
w. Other clinical pharmacist privileges may be established and approved locally as appropriate for the pharmacist to successfully complete patient care duties and responsibilities, such as:			
(1) Administration of intravenous fluids			
 (2) Initiation and/or adjustment of inpatient and outpatient medication orders			
(3) Preparation and administration of oncology medication			
(4) Preparation and administration of radio-pharmaceuticals (nuclear pharmaceuticals)			
 (5) Administration of oral or IV medications for nausea associated with oncology (antineoplastic) or radiation therapy			
 (6) Ordering of appropriate tests and laboratory studies associated with the adjustment or renewal of medication orders			
(7) Administration of emergency medications for anaphylactic drug reactions or drug extravasations while awaiting the attendance of a physician.			
 (8) Other (Specify)			
 x. Perform primary clinical Pharmacist duties and responsibilities in the specialized area of Nuclear Pharmacy with specific duties, responsibilities and clinical privileges approved locally based on the pharmacist completion of the American Society of Health System Pharmacist (ASHP) Nuclear Pharmacy residency and National Board Certification [Board of Pharmaceutical examiners (BPS)] in Nuclear Pharmacy, or comparable clinical training and work experience in the area of nuclear pharmacy.			
y. Perform primary clinical Pharmacist duties and responsibilities in the specialized area of Oncology Pharmacy with specific duties, responsibilities and clinical privileges approved locally based on the pharmacist completion of the American Society of Health System Pharmacist (ASHP) Oncology Pharmacy residency and National Board Certification [Board of Pharmaceutical examiners (BPS)] in			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:  (1) Chronic Heart Failure  (2) Chronic Obstructive Pulmonary Disease			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:  (1) Chronic Heart Failure  (2) Chronic Obstructive Pulmonary Disease  (3) Diabetes Mellitus (Type 2)			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:  (1) Chronic Heart Failure  (2) Chronic Obstructive Pulmonary Disease  (3) Diabetes Mellitus (Type 2)  (4) Gastro-esophageal Reflux Disease			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:  (1) Chronic Heart Failure  (2) Chronic Obstructive Pulmonary Disease  (3) Diabetes Mellitus (Type 2)  (4) Gastro-esophageal Reflux Disease  (5) H. pylori in PUD and Dyspepsia			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:  (1) Chronic Heart Failure  (2) Chronic Obstructive Pulmonary Disease  (3) Diabetes Mellitus (Type 2)  (4) Gastro-esophageal Reflux Disease			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:  (1) Chronic Heart Failure  (2) Chronic Obstructive Pulmonary Disease  (3) Diabetes Mellitus (Type 2)  (4) Gastro-esophageal Reflux Disease  (5) H. pylori in PUD and Dyspepsia  (6) Hyperlipidemia  (7) Hypertension			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:  (1) Chronic Heart Failure  (2) Chronic Obstructive Pulmonary Disease  (3) Diabetes Mellitus (Type 2)  (4) Gastro-esophageal Reflux Disease  (5) H. pylori in PUD and Dyspepsia  (6) Hyperlipidemia			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:  (1) Chronic Heart Failure  (2) Chronic Obstructive Pulmonary Disease  (3) Diabetes Mellitus (Type 2)  (4) Gastro-esophageal Reflux Disease  (5) H. pylori in PUD and Dyspepsia  (6) Hyperlipidemia  (7) Hypertension  b. VHA Clinical Practice Guidelines** for the Management of:			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:  (1) Chronic Heart Failure  (2) Chronic Obstructive Pulmonary Disease  (3) Diabetes Mellitus (Type 2)  (4) Gastro-esophageal Reflux Disease  (5) H. pylori in PUD and Dyspepsia  (6) Hyperlipidemia  (7) Hypertension  b. VHA Clinical Practice Guidelines** for the Management of:  (1) COPD/Asthma			
Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.  SPECIFIC CLINICAL CONDITIONS  a. VHA Treatment Guidelines* Pharmacologic Management of:  (1) Chronic Heart Failure  (2) Chronic Obstructive Pulmonary Disease  (3) Diabetes Mellitus (Type 2)  (4) Gastro-esophageal Reflux Disease  (5) H. pylori in PUD and Dyspepsia  (6) Hyperlipidemia  (7) Hypertension  b. VHA Clinical Practice Guidelines** for the Management of:  (1) COPD/Asthma			

<sup>\*</sup> Available at http://www.dppm.med.va.gov/
\*\* Available at http://www.va.gov/HEALTH/clinical.htm

CODE	SPECIFIC CLINICAL CONDIT	TIONS (Continued)	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
	(2) Back Pain				
	(3) Asthma				
	(4) Other, e.g., polypharmacy, as determine	ed and approved locally (Specify)			
	SECTION II - COMMI	ENTS (Explain any rating that is "Unacceptable".	J		
NAME AND TITI	E OF EVALUATOR	SIGNATURE		DATE /	YYYYMMDD)
WILL AND THE	_ 0	5.5.0		DAIL	

**DA FORM 5441-38, FEB 2004** Page 3 of 3