| DELINEATION OF CLINICAL PRIVILEGES - THORACIC SURGERY 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. 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, <u>line through and initial</u> 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: Thoracic surgical privileges involve pre-operative preparation, surgical management, and post-operative care of patients with diseases of the chest wall, lung, trachea, esophagus, mediastinum, and diaphragm. In addition, this includes the total management of trauma of the thorax and its associated structures.

| PROVIDER CODES | SUPERVISOR CODES |
|---|---|
| 1 - Fully competent to perform | 1 - Approved as fully competent |
| 2 - Modification requested (Justification attached) | 2 - Modification required (Justification noted) |
| 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 | ENDOSCOPY | Requested | Approved | CHEST WALL |
|-----------|--------------------|---|-----------|-----------------------------------|---|
| | | a. Bronchoscopy (flexible, rigid) | | | a. Resection of tumor |
| | | b. Esopgagoscopy (flexible, rigid) | | | b. Thoracoplasty |
| | | c. Laryngoscopy (direct, indirect) | | | c. Resection of first rib - thoracic outlet |
| | | d. Mediastinoscopy (direct, video assisted) | | | syndrome d. Resection of rib(s) - tumor |
| | | e. Thoracoscopy (direct, video assisted) | | | e. Resection of rib and drainage - Eloesser |
| | | f. Esophagogastroduodenoscopy (EGD) | | | flap |
| | | g. Colonoscopy | | | f. Repair of chest wall deformity (pectus |
| | | h. Sigmoidoscopy | | | excavatum, carinatum) g. Open reduction, internal fixation of sternal |
| | | | | | fracture |
| | | MINOR PROCEDURES | | | h. Sternal debridement and rewiring |
| | | a. Thoracentesis | | | i. Sternal resection (partial or complete, |
| | | b. Tube thoracotomy | | | with primary or secondary closure, with or without pectoralis muscle |
| | | c. Pleural biopsy (closed, open) | | | advancement) |
| | | d. Lymph node biopsy | | | |
| | | e. Tracheotomy | | | TRACHEA |
| | | f. Needle biopsy - lung | | | a. Repair trachea/ bronchus - trauma |
| | | g. Insertion of esophageal bypass tube | | | b. Repair tracheoesophageal fistula |
| | | h. Drainage of lung abscess | | | c. Resection for tumor |
| | | i. Esophageal dilatation | | | |
| | | | | | MEDIASTINUM |
| | | LUNGS | | | a. Cervical mediastinotomy |
| | a. Thoracotomy | | | b. Anterior mediastinostomy | |
| | | b. Pleurectomy/ pleurodesis | | | c. Thymectomy |
| | c. Wedge resection | | | d. Excision of mediastinal tumors | |
| | | d. Segmental resection | | | e. Pericardial window |
| | | e. Lobectomy | | | |
| | f. Pneumonectomy | | | ESOPHAGUS | |
| | | g. Reduction pneumoplasty | | | a. Repair of esophageal trauma/ perforation |
| | | h. Decortication | | | b. Ligation of varices |
| | | 4 EER 2004 | | | c. Esophageal anti-reflux procedures (intra/ extra-thoracic) |

| Requested Approved ESOPHAGUS (Continued) | | | Requested | Approved | DIAPHRAGM | | | | | | |
|--|-------------|-------|---|----------------|-----------------------|---|--------------|--|-------------|-----------|--|
| | | | d. Esophagostomy e. Esophageal diverticulectomy (intra/extra-thoracic) f. Esophagectomy g. Esophagogastrostomy | | | | | a. Repair esophageal and paraesophageal | | | |
| | | | | | | | | hiatial hernia (intra/ extra-thoracic) b. Plication/ resection/ repair diaphragma | | | |
| | | | | | | | | hernias/ rupture/ tume | | | |
| | | | | | | | | c. Insertion of diaphragn | natic pacer | • | |
| | | | h. Esophageal bypass or replacement (co | | | lon/ | | | | | |
| | | | small int | estine) | | | | | | | |
| | | | | | | | | | | | |
| Requests | for lacer n | rivil | ages may re | quire the a | | SER PRIVILEGES | rogram(s) s | upporting documentation | of training | and | |
| | | | | | | | | review and approval by ap | | | |
| personnel | with over | sigh | t responsibil | ity for lase | r therapy. The nec | essary documenta | tion in supp | ort of this request is attac | hed. | | |
| | | | ested | | | | | | | Approved | |
| ARGON | ND:YAG | СО | 2 | | | | | | | 7.66.0100 | |
| | | | | | a. Restoration of | airway patency | | | | | |
| | | | | | b. Treatment of p | pulmonary tumor | | | | | |
| | | | | | c. Other (Specify) | | | | | | |
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| | | | | | SECTION II - SUPER | RVISOR'S RECOM | MENDATIO | N | | | |
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| DEPARTM | MENT/SER | VICE | CHIEF (Typed | d name and tit | (le) | SIGNATURE | | | DATE (YY | YYMMDD) | |
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| | | | SI | ECTION III | - CREDENTIALS CO | MMITTEE/FUNCT | ION RECOM | IMENDATION | | | |
| Approv | val as requ | ueste | | | val with Modification | | = | Disapproval (Specify below) | | | |
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Page 2 of 2 APD V1.00 DA FORM 5440-54, FEB 2004