DELINEATION OF PRIVILEGES - NURSE PRACTITIONERS *(Adult)*

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

(DA Form 5440A-R Must be Completed and Attached to this Form)

REQUESTED BY	DATE

PRIVILEGES	RECOMMENDATIONS BY DEPT./ SVS. CHIEF	
Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.	APPROVED REQUIRES QUAL. SUPRV. PER AR 40-48	NOT APPROVED
Clinical Privileges ***(Check)***		
1. Routine physical examination.		
2. Problem-specific physical examinations.		
3. Prescribe and administer TAB approved medications *(attach listing).*		
4. Initiate referral to other medical/nursing services.		
5. Health maintenance/disease prevention counseling.		
6. Chronic disease self-management counseling.		
Diagnosis and Treatment ***(Check)***		
1. Acute Illnesses *(Attach Protocol(s))*		
a. Back pain.		
b. Otitis external.		
c. Otitis media.		
d. Function bowel.		
e. Gastroenteritis.		
f. Hiatal hernia/esophageal reflux.		
g. Singultus.		
h. Acute simple gastritis.		
i. Chronic gastritis.		
j. Hemorrhoids.		
k. Constipation.		
l. Diarrhea.		
m. Vaginal Infections.		
n. Trichimonas.		
o. Monilia.		
p. Nonspecific bacterial vaginitis.		
q. Atropic vaginitis.		
r. Cervicitis.		
s. Menstrual cramps.		
t. Hyperventilation.		
u. Acute pneumonia.		
v. Viral infections--respiratory.		
w. Bacterial infections--respiratory.		
x. Viral pharyngitis.		
y. Presumptive strep pharyngitis.		
z. Pharyngitis secondary to PND.		
aa. Exudative tonsillitis.		
bb. Sinusitis.		
cc. Infectious mononucleosis.		

PRIVILEGES	APPROVED REQUIRES QUAL. SUPRV. PER AR 40-48	NOT APPROVED
dd. Influenza.		
ee. Urinary tract infection.		
ff. Cystitis.		
gg. Ingrown toenail.		
hh. Fungal infection.		
ii. Common dermatology problems.		
jj. Sebaceous cyst.		
kk. Lipoma.		
ll. Keratitis.		
mm. Basal cell.		
nn. Ganglion.		
oo. Tension headaches.		
pp. Other *(Specify)*		
2. Stable Chronic Illnesses *(Attach Protocol(s)).*		
a. Anemia.		
b. Angina.		
c. Chemotherapy.		
d. Congestive heart failure.		
e. Chronic obstructive pulmonary disease.		
f. Diabetes.		
g. Estrogen therapy.		
h. Gout.		
i. Hyperlipoproteinemia.		
j. Hypertension.		
k. Hyperthyroidism.		
l. Hypothyroidism.		
m. Migraines.		
o. Obesity.		
p. Osteoarthritis.		
q. Osteoporosis.		
r. Uncomplicated Peptic Ulcer Disease.		
s. Rheumotoid Arthritis.		
t. Tuberculosis Prophylaxis.		
u. Other *(Specify)*		
Diagnostic Procedures *(Check)*		
a. Order routine lab tests on blood, secretions, and urine.		
b. Order selected radiologic studies.		
c. Order EKGs.		
d. Collect culture and smear specimens.		
e. Perform PAP smears.		
f. Other *(Specify)*		