

## DELINEATION OF CLINICAL PRIVILEGES - AEROSPACE MEDICINE

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. FACILITY
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**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, line through and initial 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:** Aerospace Medicine practitioners will demonstrate skills in interviewing, examination, assessment, and management of patients with general medical, minor surgical, and psychiatric health problems. Full privileges may include admission privileges to the general medical service. Seriously ill patients will be managed in consultation with or direct referral to appropriate specialty physicians. Aerospace Medicine clinical privileges are divided into four major categories. The category of privileges requested should be specified.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested <i>(Justification attached)</i>	2 - Modification required <i>(Justification noted)</i>
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

**Category I. Aviation Medicine.**  
 Evaluation and follow-up of medical conditions affecting flying status of Army aircrew members. Preparation of prescribed medical reports and recommendations to the appropriate aviation unit commander and to the US Army Aeromedical Center. Responsible for conducting basic aviation preventive medicine and occupational medicine programs. Requires successful completion of the US Army basic flight surgeon course but does not require residency training in Aerospace Medicine.

Requested	Approved	
		Category I clinical privileges
		a. Perform flying duty medical examinations IAW AR 40-501
		b. Serve as medical member on Flying Evaluation Boards
		c. Serve as medical member on Mishap Investigation Boards
		d. Prepare and submit Aeromedical Summaries
		e. Perform medical in-flight evaluations of individual aviators
		f. Conduct occupational medicine surveys of flight line activities
		g. Conduct medical portion of aviation hearing conservation program
		h. Determine individual patient suitability for aeromedical evacuation
		i. Review all medical care provided to personnel on flight status
		j. Participate regularly as medical observer in flight operations
		k. Conduct aeromedical training of aircrew members as described in AR 95-1
		l. If certified by the FAA, perform First and Second Class Federal Aviation Administration (FAA) flight physicals

**Category II. General Medical Care.** Includes Category I.  
 Acute and chronic care of uncomplicated illnesses or problems which have low risk to the patient. Inpatient care of uncomplicated conditions may be appropriate for selected practitioners. Residency training beyond PGY-1 is not required, but reasonable experience in the care of patients with these problems or in the performance of these procedures is required.

Requested	Approved		Requested	Approved	
		a. Medical Procedures			(5) Naso- or orogastric lavage and/or drainage
		(1) ECG performance and initial interpretation			(6) Management of uncomplicated conditions of the:
		(2) Basic initial radiological interpretation (Skull, spine, chest, abdomen, IVP and extremity)			(a) Respiratory tract
		(3) Arterial or venous puncture			(b) Gastrointestinal tract
		(4) KOH preps: Wright's and Gram's			(c) Genitourinary tract, including PID
					(d) Skin and mucous membranes

Category II. (continued)					
Requested	Approved		Requested	Approved	
		(e) Bones and joints			(b) Shoulder
		(f) Inpatient management of the above conditions			(c) Hip
		(7) Arthrocentesis, diagnostic			(13) Emergency myringotomy ( <i>barotrauma</i> )
		(8) Noncontact tonometry			(14) Repair of cutaneous lacerations--multiple layers not involving tendons or nerves
		(9) Slit lamp exam			(15) Vasectomy
		(10) Flexible sigmoidoscopy			
		(11) Lumbar puncture, diagnostic			
					c. Pediatrics ( <i>excluding neonates</i> )
		b. Surgical Procedures			(1) Manage uncomplicated infections of:
		(1) Local infiltration anesthesia			(a) Respiratory tract
		(a) Cutaneous			(b) Gastrointestinal tract
		(b) Digital block			(c) Genitourinary
		(2) Repair of cutaneous lacerations, one layer			(d) Skin and mucous membranes
		(3) Splinting/immobilizing of simple fractures and sprains			(2) Manage allergic disorders
		(4) Incision and drainage of localized cutaneous and subcutaneous abscesses or thrombosed hemorrhoids			(a) Uncomplicated asthma
		(5) Excision of cutaneous and subcutaneous cysts			(b) Urticaria
		(6) Excision biopsy of skin or subcutaneous tumors			(c) Allergic reaction to drugs
		(7) Removal of foreign body by speculum, forceps, or superficial incision including corneal foreign bodies			(d) Allergic rhinitis/sinusitis
		(8) Trephination or removal of nail			(3) Provide routine well-child care
		(9) Injection of bursa or joint			(a) Examination
		(10) Normal antepartum and postpartum care			(b) Nutrition and growth assessment
		(11) Emergency venous access			(c) Developmental landmarks assessment
		(a) Central venous line placement			(4) Perform the following procedures:
		(b) Cut down, venous			(a) Bladder catheterization
		(c) Intraosseous infusion			(b) Suprapubic bladder aspiration
		(12) Closed reduction of fractures/dislocations			(c) IV therapy for fluid and electrolyte disturbances
		(a) Digits			(d) Lumbar puncture, diagnostic
					(e) Needle aspiration for cultures
					(f) Assist uncomplicated delivery
					(5) Perform routine immunizations

**Category III. Aerospace Medicine.** Includes Categories I and II.

Advanced care and follow-up of medical conditions affecting flying status of aircrew members and their families. Provide regional oversight of the practice of aerospace medicine. Requires successful completion of residency training in Aerospace Medicine or eligibility to take a recognized certifying board examination in Aerospace Medicine.

Requested	Approved		Requested	Approved	
		a. Medical/Surgical Procedures			(4) Non-healing wounds
		(1) Conduct aeromedical treadmill tests			(5) Symptomatic carbon monoxide poisoning
		(2) Initial interpretation of aeromedical treadmill tests			(6) Suspected gas gangrene
		(3) Interpret audiologic testing			c. Medical Evacuation (MEDEVAC)
		b. Hyperbaric Medicine--Initial consultation for:			(1) Consultation for patients/passengers and their physicians regarding the stresses of aerospace travel and associated aeromedical issues
		(1) Suspected decompression sickness			(2) Consultation on optimal transportation for complicated patients
		(2) Suspected air or gas embolism			
		(3) Acute traumatic ischemia			

Category III. (continued)		
Requested	Approved	
		(3) Oversight and quality assurance for overall MEDEVAC services
		(4) Quality assurance for MAST-air ambulance medical operations
		d. Hypobaric Medicine
		(1) Low atmospheric tension injuries (e.g., barotrauma, bends)
		(2) Evaluate students for medical conditions precluding low atmospheric training
		(3) Supervise operation of a hypobaric (altitude) chamber
		e. Mishap Investigation/Safety Program
		(1) Consultation to mishap boards to assess crash kinematics, crash survivability, and human factors
		(2) Review local mishap and disaster response plans
		(3) Quality assurance of crash site medical operations
		(4) Medical liaison with AFIP and USASC
		(5) Participation in aviation unit safety programs
<b>Category IV. Supplemental.</b> Includes Categories I, II, and III. Provision of Occupational Medicine and general Preventive Medicine services, usually in the absence of such specialists. Requires successful completion of residency training in Aerospace Medicine or certification by a recognized Board of Preventive Medicine.		
Requested	Approved	
		a. Occupational Medicine
		(1) Identify occupational and environmental hazards, illnesses and injuries in defined populations; assess and respond to identified risks
		(2) Assess individual risk for occupational/environmental disorders using an occupational and environmental
		(3) Assist with occupational health promotion and disease/injury prevention programs
		(4) Consultation for hazardous materials handling
		b. Preventive Medicine
		(1) Provide oversight for travel medical services
		(2) Consultation for medical planning for deploying personnel
		(3) Design and/or conduct an outbreak and/or cluster investigation
		(4) Identify ethical, social and cultural issues relating to policies, risks, research and interventions in public and preventive medicine contexts.
		(5) Develop, implement and refine screening programs for groups to identify risks for disease or injury and to promote wellness
		(6) Implement community-based interventions to modify or eliminate identified risks for disease or injury and to promote wellness
		(7) Design and implement clinical preventive services for individuals
COMMENTS		

COMMENTS *(Continued)*

SIGNATURE OF PROVIDER

DATE *(YYYYMMDD)*

**SECTION II - SUPERVISOR'S RECOMMENDATION**

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*

SIGNATURE

DATE *(YYYYMMDD)*

**SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION**

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

COMMITTEE CHAIRPERSON *(Name and rank)*

SIGNATURE

DATE *(YYYYMMDD)*