

## DELINEATION OF CLINICAL PRIVILEGES - CARDIOVASCULAR SURGERY

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:** Cardiovascular surgical privileges involve pre-operative preparation, surgical management, and post-operative care of patients with diseases or defects of the heart, its vascular and conduction systems, great and peripheral vessels, and the pericardium.

**NOTE:** This document is to be used in conjunction with DA Form 5440-13, Delineation of Clinical Privileges - General Surgery.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform 2 - Modification requested <i>(Justification attached)</i> 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support/mission	1 - Approved as fully competent 2 - Modification required <i>(Justification noted)</i> 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support/mission

### SECTION I - CLINICAL PRIVILEGES

MINOR PROCEDURES			REPAIR OF CONGENITAL DEFECTS IN CHILDREN <i>(Continued)</i>		
Requested	Approved		Requested	Approved	
		a. Subxyphoid window			f. Aortic vascular anomalies (coarctation, rings, aberrancies)
		b. Cardioversion			
		c. Insertion of arterial (e.g., Swan-Ganz) catheter	<b>CARDIAC REVASCULARIZATION (w/CPB, OPCAB, MIDCAB)</b>		
		d. Intra-aortic balloon pump insertion	Requested	Approved	
					a. Coronary artery bypass
<b>VALVE SURGERY WITH CARDIOPULMONARY BYPASS</b>					b. Coronary artery endarterectomy
Requested	Approved		<b>CONDUCTION SYSTEM CARDIAC SURGERY</b>		
		a. Commissurotomy	Requested	Approved	
		b. Valve replacement			a. Pacemaker (transvenous, epicardial)
		c. Valve repair/ reconstruction			b. AICD (transvenous, epicardial)
		d. Homograft/ autograft replacement			c. Maze procedure
<b>REPAIR OF CONGENITAL DEFECTS IN ADULTS</b>					d. WPW/ accessory pathway division
Requested	Approved				e. Ventricular aneurysmorrhaphy with ablation
		a. Atrial septal defects (primum, secundum)	<b>SURGERY OF THE GREAT AND PERIPHERAL VESSELS</b>		
		b. Ventricular septal defect	Requested	Approved	
		c. Patent ductus arteriosus			a. Aortic replacement (ascending, descending)
		d. Sinus venosus			b. Aortic arch replacement
		e. Bicuspid aortic valve (commissurotomy, replacement)			c. Aortic root replacement
		f. Aortic vascular anomalies (coarctation, rings, aberrancies)			d. Thoracoabdominal aneurysmorrhaphy
<b>REPAIR OF CONGENITAL DEFECTS IN CHILDREN</b>					e. Inominate/ carotid/ subclavian artery endarterectomy, repair, replacement, bypass
Requested	Approved				f. Abdominal aortic/ iliac artery repair, replacement, bypass
		a. Atrial septal defects (primum, secundum)			g. Femoral artery endarterectomy, repair, replacement, bypass
		b. Ventricular septal defect			
		c. Patent ductus arteriosus			
		d. Sinus venosus			
		e. Bicuspid aortic valve (commissurotomy, replacement)			



**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)*