

EVALUATION OF CLINICAL PRIVILEGES - DIETETICS
 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. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

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, line through and initial 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	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	a. Evaluation			
	(1) Classify clinical nutrition category			
	(2) Recommend referral to community support programs			
	(3) Evaluate diet orders for appropriateness			
	(4) Classify stages of change			
	b. Procedures			
	(1) Perform anthropometric measurements			
	(2) Measure body composition			
	(3) Conduct blood glucose monitoring using glucometer			
	c. Order			
	(1) Diet as per verbal order of physician			
	(2) Calorie level within diet prescription			
	(3) Additional high calorie/protein supplements/snacks			
	(4) Weight/height			
	(5) Calorie counts			
	(6) Laboratory studies to evaluate response to nutritional therapy:			
	(a) Albumin			
	(b) Prealbumin			
	(c) Blood glucose			
	(d) HgA1c			
	(e) Lipid Profile			
	(f) Triglycerides			
	(g) 24-hour Urine Urea Nitrogen			
	(h) Thyroid Function Test			
	(7) Blood glucose monitoring using glucometer			
	(8) Vitamin/mineral supplements			
	(9) Referrals to other HCPs			
	(10) P&T committee approved pharmaceuticals			

CODE	PRIVILEGE CATEGORY <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	d. Medical Nutrition Therapy			
	(1) General diets for the life cycle			
	(2) Modified consistency diets			
	(3) Neonatal nutrition			
	(4) Pediatric diets			
	(5) Geriatric diets			
	(6) Cardiovascular diets			
	(7) Gastrointestinal diets			
	(8) Renal diets			
	(9) Hepatic diets			
	(10) Calorie-controlled diets			
	(11) Diabetic diets			
	(12) Psychiatric diets			
	(13) Test diets			
	(14) Nutrition support			
	Category II clinical privileges			
	a. Order (with physician co-signature)			
	(1) Tube feedings IAW local policy			
	(2) Parenteral formulas IAW local policy			
	(3) Transitional feedings			
	b. Teach patients blood glucose monitoring			
	c. Conduct indirect calorimetry			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
-----------------------------	-----------	-----------------