

DELINEATION OF CLINICAL PRIVILEGES - CLINICAL PHARMACY

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: The pharmacist who practices as a clinical pharmacist has received either specialty or on-the-job training in a recognized area of clinical pharmacy practice to include but not limited to--pharmacokinetics, oncology, nuclear pharmacy, nutrition, pharmacotherapy, anticoagulation, diabetes, asthma, polypharmacy, hyperlipidemia, and other areas. He/she is a Pharm. D. graduate or possesses a B.S. degree in Pharmacy with comparable professional skills and experience, has completed an accredited pharmacy residency, is a specialty board certified pharmacist, or has equivalent education, training and experience functioning as a clinical pharmacist.

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

Privileges evaluation will be based on a thorough appraisal of clinical performance.

Requested	Approved	
		a. Conduct comprehensive appraisal of patient health status by taking health histories, drug histories, and performing physical examinations necessary to assess drug therapy.
		b. Document relevant finding of the patient's health status in the patient's medical record.
		c. Prepare pharmaceuticals for inpatient and outpatient use.
		d. Conduct patient assessment and renew prescriptions IAW local policy.
		e. Evaluate the effectiveness of drug therapy through assessment of subjective and objective patient findings, communication of findings as appropriate, and documentation of clinical findings and recommendations in the patient's medical record.
		f. Develop, document and execute therapeutic plans utilizing the most effective, least toxic, and most economical medication treatments as per national or DoD/VA guidelines, or MTF protocol.
		g. Provide ongoing pharmaceutical care for chronic stable or acute minor health problems as delineated in established protocols/procedures. <i>(See Section II)</i>
		h. Provide clinical pharmacy consultation and health care professional education.
		i. Counsel patients/caregivers regarding the therapeutic effects and the possible drug interactions/adverse effects associated with various foods, alcohol, tobacco, over-the-counter medications, herbals, and other natural remedies.
		j. Evaluate and document the patient's/caregiver's ability to understand medication instructions and provide oral and written counseling on prescribed medications.
		k. Refer patients by consult to specialty clinics, order appropriate laboratory tests and other diagnostic studies necessary to monitor and support the patient's drug therapy.
		l. Perform finger sticks for the purpose of withdrawing blood for clinical laboratory testing.
		m. Perform venipuncture for the purpose of withdrawing blood for clinical laboratory testing.
		n. Prescribe medications including initiation, continuation, discontinuation, and altering therapy based upon established protocols, clinical practice guidelines (CPGs), or local MTF policy as approved by the Pharmacy & Therapeutics (P & T) Committee and delineated by individual clinical privileges.
		o. Administer oral, topical, or parenteral medications IAW approved research protocols, CPGs, or local MTF policy and delineated by individual clinical privileges.
		p. Conduct and coordinate research drug investigations and research IAW FDA guidelines, current Federal/military regulations and local guidance.
		q. Analyze laboratory and diagnostic test data in order to modify drug therapy and dosing as necessary.
		r. Perform physical measurement and or patient physical assessment necessary to assure the patient's response to drug therapy.
		s. Implement and manage drug protocols approved by the P & T Committee or other MTF committee regarding drug therapy.

CLINICAL PRIVILEGES (Continued)		
Requested	Approved	
		t. Assist in the management of medical emergencies (to include administration of emergency medications while awaiting the attendance of a physician) and adverse drug reactions, and submit the appropriate reports documenting identified drug reactions.
		u. Identify and take specific preventive/corrective action(s) to monitor, prevent, reduce or correct drug-induced problems.
		v. In conjunction with the attending physician, serve as clinical manager/consultant for drug and drug-related programs in clinics and on wards.
		w. Other clinical pharmacist privileges may be established and approved locally as appropriate for the pharmacist to successfully complete patient care duties and responsibilities, such as:
		(1) Administration of intravenous fluids
		(2) Initiation and/or adjustment of inpatient and outpatient medication orders
		(3) Preparation and administration of oncology medication
		(4) Preparation and administration of radio-pharmaceuticals (<i>nuclear pharmaceuticals</i>)
		(5) Administration of oral or IV medications for nausea associated with oncology (antineoplastic) or radiation therapy
		(6) Ordering of appropriate tests and laboratory studies associated with the adjustment or renewal of medication orders
		(7) Administration of emergency medications for anaphylactic drug reactions or drug extravasations while awaiting the attendance of a physician.
		(8) Other (<i>Specify</i>)
		x. Perform primary clinical Pharmacist duties and responsibilities in the specialized area of Nuclear Pharmacy with specific duties, responsibilities and clinical privileges approved locally based on the pharmacist completion of the American Society of Health System Pharmacist (ASHP) Nuclear Pharmacy residency and National Board Certification [Board of Pharmaceutical examiners (BPS)] in Nuclear Pharmacy, or comparable clinical training and work experience in the area of nuclear pharmacy.
		y. Perform primary clinical Pharmacist duties and responsibilities in the specialized area of Oncology Pharmacy with specific duties, responsibilities and clinical privileges approved locally based on the pharmacist completion of the American Society of Health System Pharmacist (ASHP) Oncology Pharmacy residency and National Board Certification [Board of Pharmaceutical examiners (BPS)] in Oncology Pharmacy, or comparable clinical training and work experience in the area of oncology pharmacy.

SECTION II - SPECIFIC CLINICAL CONDITIONS

The Pharmacist may be granted clinical privileges to participate in the treatment of various acute and chronic disease states. The following is a list of clinical conditions that the Clinical Pharmacist may be directly involved in evaluating and managing utilizing the standardized treatment protocols or CPGs, as indicated. Other AMEDD-endorsed or locally approved treatment protocols or CPGs may also be utilized and are the basis for the clinical pharmacist's privileges.

Requested	Approved		Requested	Approved	
		a. VHA Treatment Guidelines* Pharmacologic Management of:			(1) COPD/Asthma
		(1) Chronic Heart Failure			(2) Diabetes Mellitus
		(2) Chronic Obstructive Pulmonary Disease			
		(3) Diabetes Mellitus (<i>Type 2</i>)			c. Other Clinical Disease States:
		(4) Gastro-esophageal Reflux Disease			(1) Anticoagulation
		(5) H. pylori in PUD and Dyspepsia			(2) Back Pain
		(6) Hyperlipidemia			(3) Asthma
		(7) Hypertension			(4) Other, e.g., polypharmacy, as determined and approved locally (<i>Specify</i>)
		b. VHA Clinical Practice Guidelines** for the Management of:			

* Available at <http://www.dppm.med.va.gov/>

** Available at <http://www.va.gov/HEALTH/clinical.htm>

COMMENTS

SIGNATURE OF PROVIDER

DATE (YYYYMMDD)

SECTION III - 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 IV - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

COMMITTEE CHAIRPERSON *(Name and rank)*

SIGNATURE

DATE (YYYYMMDD)