



**DEPARTMENT OF THE ARMY  
Walter Reed Army Medical Center  
Walter Reed Health Care System  
Washington, DC 20307-5001**

REPLY TO  
ATTENTION OF:

MCHL-K

11 July 2006

MEMORANDUM FOR RECORD

RE: Guidance in completing DA form 5440-8, Pediatrics: Delineation of Clinical Privileges - Pediatrics

PURPOSE: To provide instruction and guidance for physicians applying or reapplying for clinical privileges in Pediatrics, Walter Reed Army Medical Center

1. Comment regarding "provider codes"; all providers should annotate each skills with one of the 5 following codes:

- a. **"1, Fully competent to perform"**. Self-explanatory. This should be based upon your clinical experience, training, and additional certifications such as PALS.
- b. **"2, Modification requested"**. Do not use this code. If you are unsure, please contact me in advance.
- c. **"3, Supervision requested"**. If the scope of your training and/or practice has allowed you develop familiarity with a skill but would not do it as an independent operator, this is appropriate.
- d. **"4, Not requested due to lack of expertise"**. Self-explanatory.
- e. **"5, Not requested due to lack of facility support/mission"**. Should be used only for the following:
  - i. Neonatal Critical Care: "Admitting privileges to NICU"
  - ii. Neonatal Critical Care: "ECMO -- Pediatric"
  - iii. All other capabilities current exist at WRAMC. Other provider codes should be used instead.

2. Category I

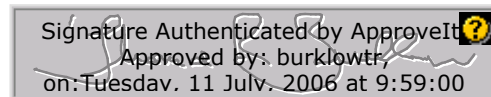
- a. Category I privileges include the "supervision and care of routine newborns and uncomplicated pediatric/adolescent patients". These privileges can be extended to general medical officers and family practitioners. Pediatric residency training is not required.
- b. All Army pediatricians should request "General Medical Officer – Adult patients" skills approval. This provides privileging when in deployed or operational taskings or assignments. All other pediatricians do not need to request this unless your primary credentialing institution is WRAMC.

3. Category II

- a. Category II skills are granted to those who have completed Pediatrics residency and who are board eligible/board certified in pediatrics.
- b. A physician should request approval for those skills that one has competency to perform and/or supervise in an inpatient or outpatient setting. This category requires a level of competency expected of general pediatrician, and not that of a subspecialist. For example, all privileged staff pediatricians can be expected to serve an inpatient attending and should seek approval for "child abuse evaluation" and "management of complex disabled patient".
- c. "Moderate Sedation for Procedures" is granted as a "1" ONLY to those providers who have completed the Dept of Pediatrics sedation competency training.

- d. Some invasive skills are rarely used in Pediatrics and unless you have specific competencies focused training or clinical experience, these should not be requested. These may include “chest tube insertion”, “chemotherapy”, and “tympanocentesis”.
  - e. Under “Emergent/Life Threatening Event Procedures”, it would be my expectation that pediatricians who maintain PALS certification should be competent to perform and/or supervise a majority of these on an emergent basis. Exceptions may include, but are not limited to, “pericardiocentesis”, “nasotracheal intubation”, and “venous cutdowns”.
4. Category III
- a. Category III skills are granted to those with and/or “subspecialty training”, and “subboard eligibility or certification”. Items are listed by subspecialty but other items may be qualified for any individual skill. If you are not a subspecialty trained in a category but are requesting a specific skill under that category may be required to demonstrate evidence of “extensive experience/training”.
  - b. “Deep sedation” (listed under Critical Care) is a privilege granted only to intensivists and neonatologists. Any requests for this privilege will require proof of experience.
  - c. Since there is not a Neonatal Intensive Care Unit located at WRAMC, a “5” should be annotated for “admitting privileges to NICU”. However, individual skills may be requested since critical care can be administered to infants one month and younger.
  - d. Those who are currently fellows in training should not request Category III skills since these are those skills reserved for those who have completed fellowship training. Fellows need only to apply for privileges in Category I and II only, not Category III.

5. If there are any further questions, I can be contacted at 202-782-6248, or at [thomas.burklow@us.army.mil](mailto:thomas.burklow@us.army.mil).



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